

Carson City, A Consolidated Municipality

Application for

Community Support Services Funding Fiscal Year 2010-2011

Name of Organization: Big Brothers Big Sisters of Northern Nevada

Amount Requested: \$10,000

Contact Person: Pat Fling, President/CEO

Mailing Address: 813 N. Carson Street

City: Carson City State: NV Zip Code: 89701

Phone Number: (775) 283-0606 E-mail: pat.fling@bbbs.org

501(c)3 Taxpayer I.D. Number: 32-0147198

Date Submitted: 424/10

Please mail completed application and attachments to:
Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701

Carson City Community Support Services APPLICATION FOR GRANT FUNDS

Fiscal Year 2010-2011

Organization Information

1. What is the overall purpose or goal of your organization?

As a donor and volunteer supported organization, Big Brothers Big Sisters is proven to help vulnerable children of single, low-income and/or incarcerated parents succeed through one to one relationships. Children matched with a Big Brother or a Big Sister achieve higher levels of education as adults, enjoy a higher standard of living as adults and create strong relationships with their spouses, children and families as adults. Former Littles are also more likely to be involved in their communities than non-alumni peers. The sooner these children are matched with mentors, the greater the outcomes for them and our community.

- How long has your organization been in existence? <u>8</u> Years <u>4</u> Months
 How long has your organization been in Carson City? <u>3</u> Years <u>4</u> Months
- 3. Describe in general the activities or services of your organization:

General activities for our mentoring program include identifying and enrolling new Bigs and Littles; screening and background checks; and training and coaching for adults and their Littles. In 2009-10, our goal is to change the perspectives of over 1,000 children living in poverty by matching them with a Big Brother or Big Sister. In Carson City our goal is to change the perspectives of 75 children through a Community Based mentoring program.

4.	How many people do you intend to serve during this Fiscal Year 2010-2011?						
	# of Youth <u>1,100</u>	# of Adults	# of Seniors				
5.	How many people ser	rved this Fiscal Year 2010-20	11 will be Carson City residents?				
	# of Youth <u>75</u>	# of Adults	# of Seniors				
6.	How many paid empl	oyees/volunteers does your o	organization employ?				
	# of full-time employ	ees 20 # of part-time emp	loyees <u>6</u>				
7.	Percentage of organiz travel, training, etc):	cational funds to be utilized fo	or administrative costs (i.e., salaries,				

8. Describe how your organization is managed and governed (i.e., Board of Directors).

Big Brothers Big Sisters is governed by a 15-member Board of Directors comprised of prominent members of the business community. The Board meets every other month in addition to serving on at least one of our standing committees including executive, budget and finance, board development or fundraising committees. Our Board of Directors is expected to provide leadership gifts and fundraise in addition to governance and planing. The Board is responsible for hiring the CEO/President and the CEO/President provides leadership for the day-to-day operations of the agency.

9. Please provide information on your Executive Board members or contact person:

Name <u>Title</u>	<u>Phone</u>
Mr. Ted Stoever Chair	(775)787-7167
Ms. Amy Tirre Chair Elect	(775)828-0909
Mr. Kevin LeVezu Secretary	(775)224-1700
Mr. Gene Burger Treasurer	(707)584-5123
Mr. Robert Levy Member at Larg	ge (775)686-5400 x105

Program/Proposal Information

- 10. Amount of funds requested? \$ 10,000
- 11. <u>Purpose of Program/Proposal</u>: Describe the program/proposal, target population, number to be served, what the grant will specifically fund. Explain your organization's qualifications to deal with the issue.

Program description:

Big Brothers Big Sisters matches each child with a caring adult. Together they meet every week for at least one year. The results are profound and life changing. A study conducted by Harris Interactive for Big Brothers Big Sisters finds that adults who were Littles in our mentoring program perform better than their peers in the following ways:

- -75% more likely to have received a four-year college degree
- -39% more likely to have a current household income of \$75,000 or higher
- -52% more likely to be engaged in their community in the past 12 months

Additionally adult Littles report being extremely or very satisfied with their relationships to friends (72%), family (65%) and spouses (62%).

Target Population: Vulnerable children in Carson City ages 4-20 years old living in poverty. This population also includes children living in single parent families, children in foster care, children who are being raised by someone other than a parent, children of incarcerated parents or where a sibling is incarcerated.

A high proportion of the youth we serve have experienced stress, trauma or loss associated with child abuse or neglect, domestic violence, divorce, death or other parental absences. Many of the youth have lived -- or currently live -- in families where problems of substance abuse, unemployment, prostitution, rape, violence and other crimes have occurred. The families are low-income. These youths are at serious risk for failing in school and beyond or becoming a drain on our community, lost to drugs, alcohol and gangs.

Number to be served: 75 children in poverty

What the grant will fund: Carson City Community Support Services funds will be used to cover a portion of occupancy cost of the office space in Carson City. This includes a portion of rent of office space and utilities. This will enable us to have a convenient, local presence from which to recruit volunteers, screen them, enroll children, match the volunteers and children, provide match support and plan group match activities.

Qualifications:

Our mentoring service is an evidence-based program proven to be effective in reducing substance abuse, disruptive behavior and violence.

1. Big Brothers Big Sisters is listed on SAMHSA's National Registry of Evidence Based Programs and Practices. (www.nrepp.samhsa.gov/legacy_browse.asp)

- 2. BBBS is listed as a model, science-based program by The University of Colorado's Center for the Study and Prevention of Violence. This is attributed to our positive, broadbased one-to-one mentoring program "that focuses less on specific problems after they occur, and more on meeting youths' most basic developmental needs." (http://www.colorado.edu/cspv/blueprints/model/overview.htm.)
- 3. The Office of Juvenile Justice and Delinquency Prevention notes BBBS programming has demonstrated its effectiveness in reducing adolescent violent crime, aggressive delinquency, substance abuse, and predelinquent aggression and conduct disorders. (www.ncjrs.gov/pdffiles1/ojjdp/187079.pdf)
- 4. The National Resilience Resource Center, University of Minnesota found that intentionally created caring relationships between adult mentors and youths can protect healthy development. (www.ccapt.org/res_papers/mentoring.pdf)
- 5. Big Brothers Big Sisters of Northern Nevada (BBBSNN) is currently managing a Substance Abuse Prevention and Treatment Agency (SAPTA) grant.
- Big Brothers Big Sisters results are well-documented and remarkable. A study conducted by Harris Interactive for Big Brothers Big Sisters finds that adults who were Littles in our program perform better than their peers not matched with a Big in the following ways:
 - -75% more likely to have received a four-year college degree
 - -39% more likely to have a current household income of \$75,000 or higher
 - -52% more likely to be engaged in their community over the past 12 months.
- Additionally adult Littles report being extremely or very satisfied with their relationships to friends (72%), family (65%) and spouses (62%).
- National studies have shown that at-risk Little Brothers and Little Sisters are less likely to initiate drug and alcohol use, to hit someone or cut school and more likely to improve in their grades and in their relationships with peers and family.
- Locally, we use pre/post surveys to determine the changes in each Little's life since being matched with a Big. The children we served last year produced the following outcomes:
- 91% showed improved self confidence
- 72% showed an increased ability to avoid substance abuse
- 68% showed improvement in academic performance
- By improving children's abilities in these areas, the program will prevent educational failure, early parenthood and juvenile delinquency, and decrease risky behaviors like substance abuse and underage drinking. These important changes become the cornerstone for Littles' future success as adults, allowing them to escape the cycle of poverty.
- 12. <u>Goals, Objectives & Measurable Outcomes</u>: The events and/or services must assist the City to fulfill its vision statement and accomplish one or more of the City's Goals. Please indicate which goal(s) will be met. Clearly state measurable outcomes of the project. Tell how you propose to achieve the outcomes of the project in terms of specific activities, including a timetable (proposed starting date and duration of the project):

Goals and Objectives:

Big Brothers Big Sisters programs help fulfill Carson City's vision of creating an inviting, prosperous community. Adults who were matched with a Big Brother or Big Sister as children have a higher income, achieve greater levels of education and have better relationships than their non-mentored peers.

Specifically, Big Brothers Big Sisters addresses the following Carson City objectives:

- 1- (CCO3) Residents and visitors are safe from criminal activity.
- 2- (CCO4) Property is secure from criminal activity
- 3- (CCO6) Residents engage in healthy lifestyles.
- 4- (CCO45) Assistance and support of the K-12 educational entities and the Western Nevada College is provided where possible.

Measureable Outcomes:

75 % of Littles served in Carson City will resist initiation into behaviors leading to juvenile delinquency.

The project will be evaluated based on the use of two tools: a monthly statistical report and a pre- and post-evaluation form that will be completed before the Little is matched and again on the first anniversary of the match. The monthly statistical report will track all volunteer inquiries, inquiries for children, new matches made, match closures, and open matches. The pre- and post-evaluation tool was developed by Big Brothers Big Sisters of America and is completed by the child and parent prior to the match being made and again by the child, parent and volunteer at the anniversary date of all matches. This form measures improvement in the areas of academic performance, alcohol and drug use, decision making, self-confidence.

Program Activities:

- 1-Recruit Big Brothers and Big Sisters (Bigs)
- 2-Enrollment of the Children and Background checks, screening and training Bigs
- 3-Matching
- 4-Match Supervision

Timeline:

The project will begin July 1, 2010 and go through June 30, 2011.

13. Indicate who will benefit from the use of these funds, and how they will benefit. If this is an ongoing event, please state how you intend to fund the program in future years.

Who Will Benefit and How They Will Benefit:

Matching a disadvantaged child with a caring adult will reap returns for generations to come. Children living in poverty in Carson City will benefit greatly from having a Big Brother or Big Sister. They are more likely to graduate from high school, have higher incomes and have better relationships with their loved ones and friends, but Littles aren't the only ones who will gain. The schools they attend and the neighborhoods they live in benefit too as this child is engaged in constructive behaviors as opposed to destructive behaviors. As the Little grows into adulthood and has a family of their own, their children benefit from having a parent who has better earning

potential, is better educated and models appropriate conflict resolution skills. These former Littles are also more likely to volunteer and be active members of their communities.

An investment in a disadvantaged child's life now can prevent escalating costs for our community in the future. According to the Sheriff's Department it costs a minimum of \$46,000 per year to incarcerate an adult in Nevada for one year. (Source: Conversation with Sheriff Mike Haley, October 2009). A child who becomes a career criminal costs \$3.2 million to \$5.7 million, heavy drug user costs more than \$1 million, high school drop out costs \$675,000 to \$1 million. It costs \$222.67 per day to detain a youth in juvenile detention in Washoe County(Source: Sept. 22, 2008 Reno Gazette-Journal, (Pg. 4A)).

An investment in Carson City's children living in poverty is a smart and strategic investment to break the cycle of poverty. Nevada's children living in poverty face a crisis unlike any past generations have faced. With record foreclosures, downturns in major industries of gaming and construction, Nevada's children in poverty are more at-risk than ever. The volume of children in poverty in Northern Nevada is too great and the reprecussions of doing nothing are devastating to the nation in terms of the costs of another generation doomed to lives of poverty, incarceration and reliance on public welfare programs.

Funding in Future Years:

Big Brothers and Big Sisters of Northern Nevada's community-based mentoring program is a continuing program that dates back to 2001. Big Brothers Big Sisters of Northern Nevada has a diversified funding strategy in place to ensure that the agency is not wholly dependent on any one funding source. This helps to ensure program preservation and long-term organizational sustainability. Since our goal is to serve record numbers of children each year, we pursue multiple-funding sources.

Individuals: Our annual Big Magic Giving Program – which requires a minimum five-year \$5,000 pledge – since November 2006 50 members have joined.

Grants: We pursue federal, state and private foundation sources with human services/youth activities funding priorities. Several state and private funding sources have made repeat awards over the last six years.

Events: We hold two major events during the year. Bowl for Kids' Sake is an annual fall fundraiser and a spring formal gala.

Donation Center: In April 2006, Big Brothers Big Sisters of Northern Nevada began a Donation Center for gently used clothing and household items. Savers purchases the used goods for resale in their stores.

14. Are you aware of any other private sector/nonprofit/governmental/agencies in the area providing the same services as your program/proposal? If yes, please explain how your project will compliment other existing programs?

As we served 940 children in 2009, 500 children with a parent in prison and 50 children with a sibling involved in juvenile services and drawing on 106 years of experience

changing the lives of at-risk youth, Big Brothers Big Sister of Northern Nevada is uniquely positioned to change the way children grow up.

Locally, the Boys and Girls Club has created a Mentor Center, to provide mentors for children who have a parent in prison. Even if both Big Brothers Big Sisters and the Mentor Center were working at full capacity, there would still be many children who would be unserved. The needs are deep and it is an advantage for parents or guardians to have a choice of service provider.

Big Brothers Big Sisters of Northern Nevada follows national standards for one to one mentoring and uses an evidenced based model, with quantifiable, measurable results. Big Brothers Big Sisters is listed on Substance Abuse and Mental Health Services' (SAMHSA's) National Registry of Evidence Based Programs and Practices. (www.nrepp.samhsa.gov/legacy_browse.asp).

15. Please include a detailed budget for this program/event, and detailed list of intended expenditures and revenues.

Program Revenues- Carson City

Federal Funding Special Events Donation Center Community Services Grant	\$53,000 \$2,072 \$2,928 \$10,000
TOTAL	\$68,000
Dragona Exercised toward Course	on City

Program Expenditures - Carson City

Program Personnel and Fringe	\$52,072
Rent	\$10,800
Electric	\$1,200
Gas	\$1,800
Phones	\$2,128

TOTAL \$68,000

16.	Has your organization been funded by Carson City previously? Yes If yes, please list:						
	Year	<u>Amount</u>	Program/Event				
	N/A						

Required Attachments:

- X A copy of your 501(c)3 Designation Letter from the IRS. For branches of a larger organization (i.e., local troop of Boy Scouts of America), please provide the letter for your umbrella organization.
- X A copy of your most recent audited financial statement. For smaller organizations, or branches, a more simple budget showing income and expenses is acceptable. Also include an IRS form 990.
- X Previous Grantees: If your organization received grant funding in Fiscal Year 2009-2010 you must complete and submit an Annual Report form detailing how those funds were spent. Applications for former grantees will not be considered if an Annual Report has not been included.
- X Signed Guidelines for Grants (please keep a copy for your files).

Guidelines for Grants

Fiscal Year 2010-2011

Vision

A leader among cities as an inviting, prosperous community where people live, work and play!

Mission

Preserve and enhance the quality of life and heritage of Carson City for present and future generations of residents, workers and visitors.

City's Goals

A Safe and Secure Community
A Healthy Community
An Active and Engaged Community
A Clean and Healthy Environment
A Vibrant, Diverse and Sustainable Economy
A Community Rich in History, Culture and the Arts
A Community Dedicated to Excellence in Education
A Physically and Socially Connected Community
A Community Where Information is Available to All

- 1. The competitive grant review process seeks to identify and fund those projects and programs with the greatest potential for furthering the City's goals while benefitting the community.
- 2. Funding is provided on a year to year basis only. Funding is strictly limited by the availability of funds.
- 3. Upon approval by the Board of Supervisors of the request, the grant money will be included in the next succeeding year's budget and will be dispensed by the City Manager's Office without further hearing. However, the Board shall continue to retain the prerogative and authority to deny any payment, if in the opinion of the Board, the applicant is not making a "good faith" effort in meeting the obligations and commitments outlined by said applicant within the application process. All grants approved shall be subject to funding availability.
- 4. The Board of Supervisors may in any event decide by majority vote to conduct a subsequent hearing concerning the application and, if so, the applicant will be notified as to the date of the subsequent hearing.
- 5. The applicant will utilize the grant monies solely for the general benefit of Carson City and the purpose set forth in the grant application.
- 6. These guidelines shall not prevent the City from entering into a contract to provide grant money for a term of years.
- 7. These guidelines shall not control any grants of money provided by any other public or private entity.

- 8. Approval of each request for funds and/or other forms of consideration shall have a condition that the applicant must complete an Annual Report form detailing all funds utilized, measurable outcomes and benefit to the citizens of Carson City. The completed Annual Report must be submitted to the City Manager's Office no later than March 1, 2011.
- Any and all individuals and/or entities desiring a grant from the City must complete and execute an "Application for Grant Funds" form and include the required attachments as listed in the application.
- 10. The <u>original and nine (9) copies</u> of the application packet must be submitted to the City Manager's Office no later than 5:00 p.m. on February 25, 2010. An electronic pdf version may also be emailed to cceo@ci.carson-city.nv.us.

I have read and understand the Guidelines for Grants. The information that is included within this application and its attachments are true to my knowledge.

s of Northern Nwada

Name of Program

Project Director Signature

Carson City Executive Offices
201 N. Carson Street, Suite 2
Carson City, NV 89701
775-887-2100
775-887-2286 (fax)
cceo@ci.carson-city.nv.us
www.carson-city.nv.us

FUN

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

JUN 1 5 2005

BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA 495 APPLE ST STE 104 RENO, NV 89502 DEPARTMENT OF THE TREASURY

Employer Identification Number:
.32-0147198
DLN:
17053124088025
Contact Person:
JOAN C KISER ID# 31217
Contact Telephone Number:

(877) 829-5500
Accounting Period Ending:
JUNE 30

Public Charity Status: 170(b)(1)(A)(vi) Form 990 Required: YES

Effective Date of Exemption: APRIL 21, 2005 Contribution Deductibility: YES

Advance Ruling Ending Date: JUNE 30, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

BIG BROTHERS BIG SISTERS OF

If you distribute funds to individuals, you should keep case histories showing the recipient's name and address; the purpose of the award; the manner of selection; and the relationship of the recipient to any of your officers, directors, trustees, members, or major contributors.

Sincerely,

Lois G. Larner Director, Exempt Organizations

Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

AUDITED FINANCIAL STATEMENTS

June 30, 2009

Big Brothers Big Sisters of Northern Nevada Table of Contents June 30, 2009

Independent Auditor's Report
Financial Statements:
Statements of Financial Position
Statements of Activities
Statements of Functional Expenses
Statements of Cash Flows
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Supplementary Information:
Summary Schedule of Prior Audit Findings



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors

Big Brothers Big Sisters of Northern Nevada, Inc.

We have audited the accompanying Statement of Financial Position of Big Brothers Big Sisters of Northern Nevada, Inc. (a nonprofit organization) as of June 30, 2009, and the related Statements of Activities, Functional Expenses, and Cash Flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative data has been derived from Big Brothers Big Sisters of Northern Nevada, Inc.'s financial statements, and were audited by us and our opinion dated November 12, 2008, was unqualified.

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

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Big Brothers Big Sisters of Northern Nevada, Inc., as of June 30, 2009, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

PANGBORN & CO., LTD.

Reno, Nevada December 3, 2009

Statement of Financial Position June 30, 2009

With Summarized Financial Information for the Year Ended June 30, 2008

Assets				
		2009		Total (Memorandum Only) 2008
A LANGE		2009	_	2006
Current Assets Cash and cash equivalents	\$	308,277	\$	229,316
Accounts receivable	Ψ	50,024	Ψ	19,495
Other receivable		3,478		-
Grants receivable		70,986		83,078
Pledge receivable		52,380		49,880
Prepaid expenses		17,384		17,125
Investments		19,138		96,199
Total Current Assets		521,667		495,093
Property and equipment				
Equipment and furniture, net		96,866		59,007
Long-term Assets				
Pledges receivable, net of current portion		70,231		86,404
Investments		600,200		600,000
Deposits		3,440		2,070
Total Long-term Assets		673,871		688,474
Total Assets	\$	1,292,404	\$	1,242,574
Liabilities and Net Assets				
Current Liabilities				
Accounts payable	\$	25,279	\$	17,140
Note Payable		7,380		-
Lease Payable		6,008		-
Accrued expenses		92,231		87,171
Deferred revenue		-		6,250
Due to grantor		10,672		10,672
Total Current Liabilities		141,570		121,233
Long-term Liabilities				
Note Payable		9,225		-
Lease Payable	_	24,526		
Total Long-term Liabilities		33,751		
Net Assets				
Unrestricted -				
Designated		600,200		600,000
Undesignated		516,883		370,417
Temporarily restricted		<u> </u>	_	150,924
Total Net Assets		1,117,083		1,121,341
Total Liabilities and Net Assets	\$	1,292,404	\$	1,242,574

The attached auditor's report and notes should be read with the financial statements.

Statement of Activities

For the Year Ended June 30, 2009

With Summarized Financial Information for the Year Ended June 30, 2008

•					. (/\	Total /lemorandum
			Temporarily			Only)
		Inrestricted	Restricted	Total		2008
Operating Revenues and Support:						
Contributions	\$	306,062		\$ 30	6,062 \$	190,187
Grants		746,565		74	6,565	852,640
Donation center, net expenses of \$331,113		136,637			6,637	56,800
Special events		228,140		22	8,140	234,135
Investment income		1,808			1,808	3,253
Unrealized loss on investments		(6,984)		(6,984)	(1,656)
Net assets released from restrictions		150,924	(150,924)		-	-
Total Operating Revenues and Support		1,563,152	(150,924)	1,41	2,228	1,335,359
Operating Expenses:						
Program services		942,339		94	2,339	906,052
Management and general		214,139		21	4,139	209,523
Fund raising		194,149		19	4,149	158,101
Payment to affiliated organizations		12,005		1	2,005	11,420
Total Operating Expenses	_	1,362,632	-	1,36	2,632	1,285,096
Change in Net Assets from Operations		200,520	(150,924)	4	9,596	50,263
Other Changes:						
Investment income		18,816		1	8,816	21,436
Unrealized loss on investments		(72,670)		(7	2,670)	(10,909)
Total Other Changes		(53,854)		(5	3,854)	10,527
Change in Net Assets		146,666	(150,924)	{	4,258)	60,790
Net Assets, Beginning of Year		970,417	150,924	1,12	1,341	1,060,551
Net Assets, End of Year	\$	1,117,083	-	\$ 1,11	7,083 \$	1,121,341

Statement of Functional Expenses For the Year Ended June 30, 2009

With Summarized Financial Information for the Year Ended June 30, 2008

					2009				_	2008
•		_	S	uppo	rting Service	s _				
	Program Services		nagement d General	Fı	ınd Raising		Total upporting Services Expense	Total Expenses	(Me	Total emorandum Only)
Salaries and wages	\$ 579,382	\$	97,576	\$	152,220	\$	249,796	\$ 829,178	\$	755,219
Payroll taxes	39,600		11,038		11,777		22,815	62,415		77,635
Employee benefits	82,812		26,244		12,356		38,600	121,412		90,354
Total Salaries and										
Related Expenses	701,794		134,858		176,353		311,211	1,013,005		923,208
Advertising	32,023		8,410		1,725		10,135	42,158		86,487
Awards	237		-		49		49	286		630
Bank fees	2,715		3,002		669		3,671	6,386		3,174
Conferences and meetings	3,370		3,644		8,394		12,038	15,408		18,302
Depreciation	18,278		11,686		-		11,686	29,964		18,822
Dues and subscriptions	806		1,712		-		1,712	2,518		2,464
Insurance	17,785		5,930		~		5,930	23,715		31,579
Occupancy	40,353		18,571		431		19,002	59,355		58,686
Postage	3,851		793		210		1,003	4,854		4,642
Printing	8,991		2,052		2,182		4,234	13,225		9,572
Professional fees	45,649		18,473		755		19,228	64,877		69,462
Program expenses	3,600		-		-		-	3,600		11,430
Supplies	9,025		634		2,921		3,555	12,580		14,967
Telephone	7,051		1,100		25		1,125	8,176		6,765
Training	185		1,454		150		1,604	1,789		3,101
Travel	8,418		582		285		867	9,285		9,455
Equipment	3,947		1,238		-		1,238	5,185		930
Uncollectible pledges	34,261				-			34,261		-
Total	\$ 942,339	\$	214,139	\$	194,149	\$	408,288	\$ 1,350,627	\$	1,273,676

Statement of Cash Flows

For the Year Ended June 30, 2009

With Summarized Financial Information for the Year Ended June 30, 2008

		Total (Memorandum Only)
	 2009	2008
Cash Flows From Operating Activities		
Change in net assets	\$ (4,255)	\$ 60,790
Adjustments to reconcile change in net assets to cash		
provided by operating activities:		40.000
Depreciation	29,963	18,822
Unrealized loss on investments	79,654	12,564
(Increase) decrease in operating assets -		
Accounts receivable	(30,531)	(19,498)
Pledges receivable	13,673	697
Grants receivable	12,092	(79,070)
Other receivable	(3,478)	-
Prepaid expenses	(2,999)	(10,792)
Deposits	1,370	-
(Decrease) increase in operating liabilities -		
Accounts payable	8,139	3,704
Note payable	16,605	~
Lease payable	30,534	-
Accrued liabilities	5,060	7,629
Deferred revenue	(6,250)	6,250
Net Cash Provided by Operating Activities	149,577	1,096
Cash Flows from Investing Activities		
Purchase of property and equipment	(67,822)	(6,647)
Proceeds from investments	423,958	314,943
Purchase of investments	(426,752)	(682,867)
Net Cash Used in Investing Activities	(70,616)	(374,571)
Net increase (decrease) in cash and cash equivalents	78,961	(373,475)
Cash, Beginning of Year	 229,316	602,791
Cash, End of Year	\$ 308,277 \$	229,316

Notes to Financial Statements June 30, 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Activities

Big Brothers Big Sisters of Northern Nevada, Inc., (the organization) was originally formed as the northern branch of the Big Brothers Big Sisters of Nevada In June 2001. In March 2005, it began the process of becoming a separate entity by filing its own Articles of Incorporation and By-Laws. On June 30, 2005, it formally split off from Big Brothers Big Sisters of Nevada and taking with it the assets, liabilities, and net assets relating to the northern branch. The organization is a non-profit corporation that provides caring volunteers to children in need of positive role models to assist them in achieving their full potential. The organization serves the Reno, Carson City, Minden, and Gardnerville areas of northern Nevada, and received approximately 21% of its support from the federal government during the fiscal year ended June 30, 2009.

Basis of Accounting

The financial statements of the organization have been prepared on the accrual basis of accounting and, accordingly, reflect all significant receivables, payables, and other liabilities.

Basis of Presentation

The financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements for Not-for-Profit Organizations. Under SFAS No. 117, the organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. As of June 30, 2009, there are no permanently restricted net assets.

Combined Statement Total Columns

The "Total (Memorandum Only)" columns presented in the financial statements are presented only to facilitate financial analysis and not to purport to present financial position, results of operations, or cash flows. Accordingly, such information should be read in conjunction with the audited financial statements for the year ended June 30, 2008, from which the summarized information was derived.

Reclassifications

Certain reclassifications have been made to the June 30, 2008, financial statements in order to conform to the June 30, 2009, presentation.

Cash and Cash Equivalents

Cash and cash equivalents include both unrestricted and restricted cash. The organization considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents.

Tax Status

The organization is exempt from income tax under Section 501(c)(3) of the Internal Revenue Code (IRC). Accordingly, no income tax is reflected in the accompanying financial statements. It is classified as a publicly supported charitable organization under the IRC Section 509(a)(1); therefore, donations qualify for maximum charitable contribution deduction under IRC Section 170(b)(1)(A)(vi).

Notes to Financial Statements June 30, 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Donated Assets

Donated property, marketable securities, and other non-cash donations are recorded as contributions at their estimated date of donation.

Use of Estimates

Timely preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions, some of which may require revision in future periods.

Investments and Investment Return

Investments are carried at fair value based on current market quotes. Investment return includes interest and dividends and is classified as an unrestricted net asset.

Revenue Recognition

The organization reports contributions of cash and other assets as unrestricted support if the contributions are received with donor stipulations that limit the use of the donated assets. Donations designed for remittance to specific organizations or agencies are excluded from contribution revenue, except for a service change, and accounted for as agency transactions and obligations. When a donor restriction expires, that is, when a stipulated time restriction ends of purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions, unless the donor restriction is met within the same accounting period. In this case, the contribution is recorded as an increase in unrestricted net assets.

As required under Statement of Financial Accounting Standards, (SFAS) No. 116, Accounting for Contributions Received and Contributions Made, all contributions are recognized as support in the Statement of Activities in the period received, including bequests and unconditional pledges receivable, at their estimated net realizable value, discounted to present value if due in more than one year. Uncollectible pledges receivable, if any, are charged as a reduction of revenue in the Statement of Activities. Bequests are recognized at the time the organization's right to them is established by a court and to the extent the value of the proceeds is subject to reasonable estimation.

Contributed Services

A substantial number of unpaid volunteers have made significant contributions of time to assist the organization's services and programs. No amounts have been included in the financial statements for these donated services since no objective basis is available to measure the value of such services.

Property and Equipment

Property and equipment are carried at cost or, if donated, at the approximate fair value at the date of donation. Fixed asset acquisitions in excess of \$500 are capitalized and depreciation is provided using the straight-line method over the estimated useful lives of the assets. The depreciation expense on assets acquired under capital leases is included with the depreciation expense on owned assets.

Notes to Financial Statements June 30, 2009

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the Statement of Functional Expenses and Statement of Activities. Accordingly, certain costs have been allocated among the programs and supported services benefitted, based on the time devoted to such functions by the Chief Executive Officer and staff and nature of the expense itself.

Promises to Give (Pledges Receivable)

Unconditional promises to give are recognized as revenues or gains in the period received and as assets, decreases of liabilities, or expenses, depending on the form of the benefits received. Conditional promises to give are recognized only when the conditions on which they depend are substantially met and the promises become unconditional. The discounts on those amounts are computed using risk-free interest rates applicable to the year in which the promises are received. Amortization of the discounts is included in contribution revenue.

NOTE 2 - EMPLOYEE BENEFIT PLAN

The organization has a Section 403(b) retirement plan covering all employees who are at least twenty-one years of age and have one year of service. Employer contributions are up to 3.0% of participant compensation and totaled \$13,766 for the year ended June 30, 2009.

NOTE 3 - PROPERTY AND EQUIPMENT

At June 30, 2009, property and equipment consist of:

Equipment, furniture and fixtures	>	145,011
Vehicle		33,925
Less: accumulated depreciation	(82,070)
Net book value	\$	96,866

NOTE 4 - CONCENTRATION OF CREDIT RISK

The organization maintains funds at financial institutions located in northern Nevada. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At June 30, 2009, the uninsured balances were zero.

NOTE 5 - LEASES

Operating Leases:

The organization maintains lease agreements for its administrative office, program office, and donation center. The lease agreement with The Children's Museum of Northern Nevada, Inc., expired on March 31, 2009, and reverted to a month-to-month agreement.

In October 2008, the organization leased one vehicle with a term of twelve months. Monthly lease payments are \$600. Vehicle lease expense for the year ended June 30, 2009, was \$15,710.

Notes to Financial Statements June 30, 2009

NOTE 5 – LEASES (continued)

Future minimum lease payments are:

<u>Year</u>		 Offices	Truck
2010		\$ 71,963	\$ 2,400
2011		21,049	-
2012		 7,000	_
	r e e e e e e e e e e e e e e e e e e e	\$ 100.012	\$ 2.400

Capital Lease:

The organization had lease obligations totaling \$30,534 at June 30, 2009, related to the purchase of a vehicle.

The capitalized cost of the vehicle under capital lease is \$33,925 at June 30, 2009, and is included in the property and equipment account on the Statement of Financial Position. Amortization of the capitalized cost of the vehicle is charged to depreciation expense. The accumulated depreciation on the vehicle at June 30, 2009, was \$4,523.

Future minimum payments under the capitalized lease obligations are:

<u>Year</u>	<u>Principal</u>	Interest	Total
2010 2011 2012 2013	\$ 6,008 6,504 7,040 7,621	\$ 2,212 1,716 1,180 599	8,220 8,220 8,220
2014 Total minimum lease payments Less: current portion	3,361 30,534 (6,008)	64 \$ 5,771	3,424 \$ 36,305
Long-term portion of minimum lease obligations	\$ 24,526		

Total rent expense incurred for the year ended June 30, 2009, for the above leases was \$59,355.

NOTE 6 - NOTE PAYABLE

Note payable outstanding at June 30, 2009, consists of:

Interest-free note payable over thirty-six payments of \$615 beginning October 2008 Less: current portion Long-Term Portion	\$ 16,605 <u>(7,380)</u> <u>\$ 9,225</u>
The note is secured by twenty clothing bins.	
At June 30, 2009, future maturities of long term debt were:	
2010 2011 2012	\$ 7,380 7,380 <u>1,845</u> <u>\$ 16,605</u>

Notes to Financial Statements June 30, 2009

NOTE 7 - INVESTMENTS

The organization's investments are comprised of certificates of deposit, mutual funds, and corporate bonds and are recorded at fair value. At June 30, 2009, the summary information is:

	Cost		Fair Market Value
Certificates of deposit Mutual funds	\$ 25,000 568,972	\$	27,500 524,330
Fixed rate cap securities Total	70,467 \$ 664.439	\$	67,508 619,338
Designated for:		•	
Current operations		\$	19,138
Future operations			600,200
. Total		\$	619,3 <u>38</u>

The following schedule summarizes investment income for the fiscal year ending June 30, 2009:

	Designated for Current Operations	Designated for Future Operations	Total
Interest and dividends	\$ 1,808	\$ 18,816	\$ 20,624
Loss on investment	<u>(6,984)</u>	<u>(72,670)</u>	(79,654)
Total	<u>\$(5,175)</u>	<u>\$(53,854</u>)	\$(59,030)

NOTE 8 - BOARD DESIGNATED FUNDS

At June 30, 2009, the Board designated funds are restricted for the following purposes:

Future maintenance	\$ 200
Future purchase of a building	200,000
Future operations	 400,000
	\$ 600,200

NOTE 9 - TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are released from restrictions at such time that the purpose of the gift has been accomplished. Temporarily restricted net assets released during the year include:

Hispanic Mentoring Network	\$ 6,500
Pledges receivable	 144,424
	\$ 150,924

At June 30, 2009, temporarily restricted net assets equal zero.

Notes to Financial Statements June 30, 2009

NOTE 10 - PLEDGES RECEIVABLE

The organization conducts an annual fund-raising campaign for general operating funds entitled Big Magic Pledges. Promises to give to be received after one year are discounted based on the year promised at the five-year T-Bill rate of 4.25%.

Pledges receivable to give are summarized below:

Receivable in less than one year	\$	53,280
Receivable in one to five years		73 <u>,349</u>
		125,728
Less: discount to net present value		<u>3,117</u>)
		122,611
Current		52,380
Long-term	<u>\$</u>	70.231

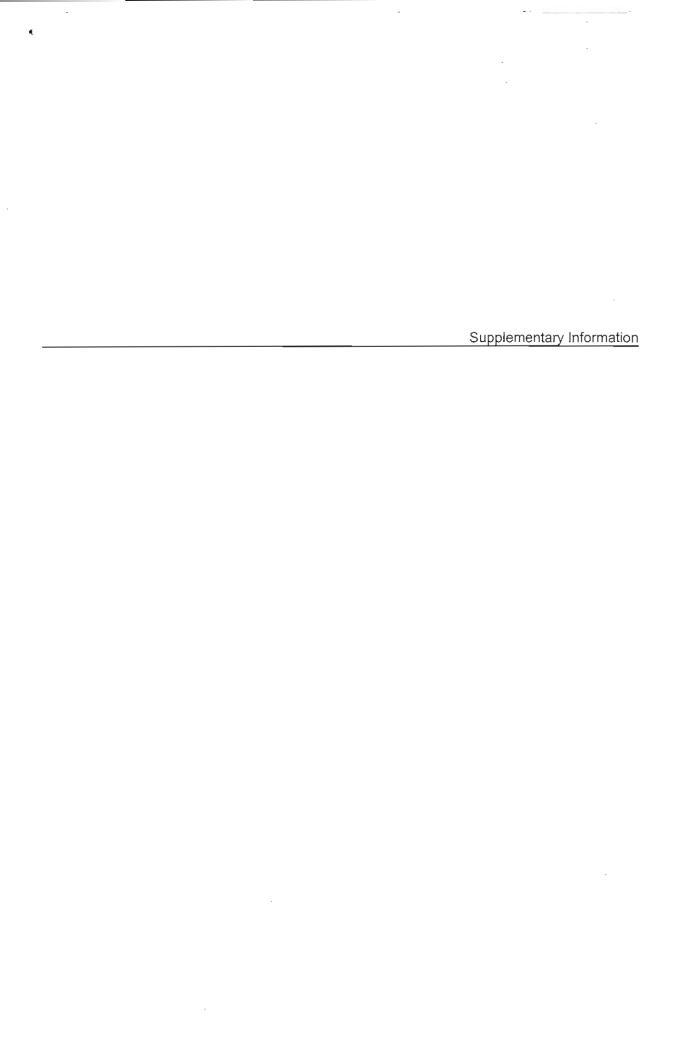
At June 30, 2009, uncollectible pledges receivable in the amount of \$34,261 were written off. The write-offs were due to unusual unforeseen circumstances. Management has re-evaluated its pledges receivable for collectability and believes that as of June 30, 2009, pledges receivable are substantially collectible. Accordingly, no allowance for uncollectible pledges exists at June 30, 2009.

NOTE 11 - ADVERTISING COSTS

Advertising costs are for the solicitation of volunteers and are expensed as incurred. Total advertising expense for the year ended June 30, 2009, was \$42,157, including \$15,000 of in-kind donations.

NOTE 12 - DONATED SERVICES

The organization receives a significant amount of donated services from unpaid volunteers who assist in fund raising and special projects. No amounts have been recognized in the Statements of Activities because the criteria for recognition under generally accepted accounting principles have not been recognized.



Summary Schedule of Prior Audit Findings Year Ended June 30, 2009

We have categorized the implementation status of the prior year's recommendations on conditions requiring attention into the following categories:

Implemented - We found the recommendation to be implemented and consider the condition cleared.

Partially Implemented - We found the organization had made significant progress toward implementation of the recommendation.

Not Implemented - Our testing of the organization's records reflects no progress made toward implementing the recommendation.

The recommendations listed as "Schedule of Findings" from the audit report for the fiscal year ended June 30, 2007, are:

Finding 07-02: Funds overdrawn from grantor

Condition: During the audit, the prior auditor noted that the organization was not using the accounting software program to prepare draw-down requests. This procedure has caused the organization to overdraw funds from one of its grantors in the amount of \$10,672. Review of all other grants found them to be in compliance. The grantor will need to be notified of this issue and the grantor will need to determine if the organization needs to repay the agency or carry the funds forward for future use.

Recommendation: It was recommended that the organization contact the grantor and propose either rolling the additional funding into the next year or reimburse the grantor.

Partially implemented.

beparanent of the Treasury nternal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Públic Inspection

Remai Aeveno	e dervice			
4 For the 2	2008 calendar year, or tax year beginning JUL 1, 2008	and ending	JUN 30, 2	009
3 Check il	Please C Name of organization		D Employer id	entification number
applicable	USE RS BIG BROTHERS BIG SISTERS			
Agoress	punt of OF NORTHERN NEVADA, INC.			
Name	Type Doing Business As		32	2-0147198
initiar	See Number and street (or P.O. box if mail is not delivered to street addre	ss) Room/suite	E Telephone nu	umber
Termin- ation	Specific 495 APPLE STREET		77	75-352-3202
Amenoed	City or town, state or country, and ZIP + 4		G. Gross receipts \$	1,769,140.
Applica-	RENO, NV 89502-3527		H(a) is this a gro	oup return
pending	F Name and address of principal officer:PAT_FLING		for affiliates	? Yes X No
	SAME AS C ABOVE		H(b) Are all affiliate	es included? Yes No
Tax-exem	of status: [X] 501(c) (3) ◀ (insert no.) [4947(a)(1) or []	527	li "No," atta	ich a list. (see instructions)
	► WWW.BBBSNN.ORG		1	nedanun nortan
. Type of pro:		L Year (5 M State of legal domicine: NV
Part II St				
1 Pric	rifly describe the organization's mission or most significant activities: SEI	E PAGE 2	, PART II	I, LINE 1.
2 Che 3 Num 4 Num 5 Total 6 Total 7a Total	The describe the organization of modern of mode organization as the organization of th			
E 2 Che	eck this box. Fig. if the organization discontinued its operations or dis	sposed of more	than 25% of its as	ssets.
3 Nun				3 17
5 4 Nun	nber of independent voting members of the governing body (Par. VI, line 1			4 17
% 5 Tota	al number of employees (Part V, line 2a)		1	5 45
6 Tota	Il number of volunteers (estimate if necessary)		1	6 1000
7a Tota	Il gross unrelated business revenue from Part VIII, line 12. column (C)			7a 0.
b Net	unrelated business taxable income from Form 990-T. line 34		······	7b 0.
D IVEC	Uniteracted business taxable plosition from 500 (1,1115 V-1, 115 III)	1	Prior Year	Current Year
, B Con	tributions and grants (Part VIII, line 1h)		989,531	
7	ram service revenue (Part VIII, line 2g)		2027202	1 1 1 0 0 2 1 0 2 3 1
10 1000		11-11	24,689	20,624.
2 1	stment income (Part VIII, column (A), lines 3, 4, and 7d)		290,935	
1	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,305,155	
	revenue - add lines 8 through 11 (must equal Part VIII. column (A), line 12		2/303/132	1,130,02,1
	ts and similar amounts paid (Part IX, column (A), lines 1-3)			
	fits paid to or for members (Part IX, column (A), line 4)		845,574	1,013,005.
U	ies, other compensation, employee benefits (Part IX, column (A), lines 5-10	<i>"</i>	040,0/4	1,013,003.
	ssional fundraising fees (Part IX, column (A), line 11e)	1/0	707 TO 18 ST. 18 CH. 18 F.	
	fundraising expenses (Part IX, column (D), line 25) 194,		386,229	349,624.
I	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,231,803	
	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	··· · · · · · · · · ·	73,352	
	nue less expenses. Subtract line 18 from line 12			
Saures 20 Total:	1. ID 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		ginning of Year 1,242,572	End of Year 1,292,404.
E 20 Total	assets (Part X, line 16)		121,233	
_	labilities (Part X, line 26)		$\frac{121,233}{1,121,339}$	
	sets or fund balances. Subtract line 21 from line 20		1,141,339	-1 1,117,003.
	PRAILURE DIOCK penalties of perjury, Localere that I have examined this return, including accompanying schedules a	and statements, and	to the bart of my knowle	and had being the man and
	mplete. Declaration of preparer (other than officer) is based on all information of which preparer has		to the best orthy knowle	rage and belle, it is true, correct,
,			1	
an 🕨 🥫	Signature of officer		Date	
10			Date	
	PAT FLING, PRESIDENT/CEO			
	ype or print name and title	I Charl	d In	ara's ramillions and
d Prepar		Check self-	(256)	ater's identifying number nstructions)
narezis Signali		employ		
Only yours if	randbolm & co., Lib., cra b		EIN	
self-em;				
ZIP + 4	RENO, NV 89502-2416		Phone no.	
y the IRS disc	uss this return with the preparer shown above? (see instructions)	<u> </u>	<u> </u>	X Yes No

=0	om 990 (2008) OF NORTHERN NEVADA, INC.	<u>32-(</u>)147198	Page
P	artilli Statement of Program Service Accomplishments (see instructions)			
1	Briefly describe the organization's mission: HELP CHILDREN REACH THEIR POTENTIAL THROUGH PROFESSION ONLY THE OWNER PROFESSION OF THE OWNER PROFESSION	NALLY S	UPPORTE	D
	ONE-TO-ONE RELATIONSHIPS WITH MEASUREABLE IMPACT.			
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		Yes	X No
2	If "Yes", describe these new services on Schedule C.	ne 2	Yes	Γ Σ α
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service if "Yes", describe these changes on Schedule O.		LI Yes	<u> </u>
4	Describe the exempt purpose achievements for each of the organization citizens three largest program services by Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount		-}	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	3,2,,,,		
 4a	(Code.)(Expenses \$ 942,339. including grants of \$) DURING THE YEAR 838 HIGH RISK CHILDREN WERE PROVIDED B SISTER MENTORS.	(Revenue \$ IG BRO	THER OR	BIG
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-	Described Constitution (Constitution Constitution Constit			
	her program services. (Describe in Schedule O.) spenses \$including orants of \$) (Revenue \$	1		
	tal program service expenses S 942,339. (Must equal Part IX, Line 25, coiumn (Bl.)			
			Form 990 (2	(800

2

BIG BROTHERS BIG SISTERS

orni 990 (2008)

			,	Yes	No
	1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Ì		
	If "Yes." complete Schedule A		;_	X	
	2 Is the organization required to complete Schedule B. Schedule of Contributors?	2	2_ _	X	
	3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for				
	public office? If "Yes," complete Schedule C. Part I	_ 3	1		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Scheoule C, Part II	_4			X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6003(e) notice and		ĺ		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	. 5			
e		l			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		[_	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		i		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_ _	<u> </u>	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	ĺ	į		
	Schedule D, Part III	8			X
g	Did the organization report an amount in Part X, line 21; serve as a dustodian for amounts not listed in Part X, or provide		-	- }	
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	ō			X
0	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>i</u>	<u>X</u> _
1	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			í	
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	. 11	X		
2	Did the organization receive an audited financial statement for the year for which it is completing this return that was		İ		
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X		
3	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	!]	χ
1a		14a		2	χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business,			į	
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		2	X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entit	ty			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		>	ζ
ò	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals				_
	located outside the United States? If "Yes," complete Schedule F, Part III	16	İ	X	<u>′</u>
,	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X	,
}	Did the organization report more than \$15,000 total on Part VIII, lines 15 and 827 If "Yes," complete Schedule G. Part II	18	į	X	,—
)	Dic the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	1	X	
)	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X	
	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X	.—
	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts i and III	22		X	_
	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		İΧ	_
а	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				_
	last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.	i			
	If "No", go to question 25	24a		X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b			_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease				_
	any tax-exempt bonds?	24c		ĺ	
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d			_
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a				
	disqualified person during the year? If "Yes," complete Schedule L, Part i	25a	- 1	Х	
	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	230		-11	-
		25b	f	Х	
	prior year? If "Yes," complete Schedule L, Part I	200		77	-
	overson outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х	
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial	20		-11	-
	contributor, or to a person related to such an Individual? If "Yes." complete Schedule L. Part III	27	1	Х	
	Symmotor, or to a delison related to such an individual? It is resistant established by Part III	21	1	V	_

orm 990 (2008) Rart IV Checklist of Required Schedules (continued)

- 17	angly : Offeckrist of Required Schedules (commune)			
			Yes	No
:8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an	369		
	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)? If "Yes," complete Schedule L. Part IV	28a		X
Į	Have a family member who had a direct or indirect business relationship with the organization?	i	.	
	If "Yes," complete Schedule L, Part IV	28b		_X_
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity for a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L. Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	,		
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and dease operations?			
	If "Yes," complete Schedule N, Part I	31		X
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
1	Was the organization related to any lax-exempt or taxable entity?			-
	li "Yes," complete Schedule R, Paris II, III, IV. and V, line 1	34		X
5	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	-		
	If "Yes," complete Schedule R, Part V, line 2	35	Ì	X
;	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax ourposes? If "Yes," complete Schedule R. Part VI	37	{ ,	X

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orm 990 (2008)

' BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA, INC.

Part[V:] Statements Regarding Other IRS Filings and Tax Compliance	
	Yes No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	0
U.S. Information Returns. Enter 0: if not applicable	0
b Enter the number of Forms W-2G included in line 1a. Enter -6 if not applicable	
c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ga	177
(gambling) winnings to prize winners?	1c X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	45
filed for the calendar year ending with or within the year covered by this return 2a	
b If at least one is reported on fine 2a, did the organization file all required federal employment tax returns?	The same of the same of the same of
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by this return to the control of \$1,000 or more during the year covered by the control of \$1,000 or more during the year covered by the control of \$1,000 or more during the year covered by this control of \$1,000 or more during the year covered by the control of \$1,000 or more during the year covered by the yea	
bill "Yes." has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b
4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	
financial account in a foreign country (such as a bank account, securities account, or other financial account)?	48 X
b If "Yes," enter the name of the foreign country: ►	
See the instructions for exceptions and filling requirements for Form TD F 90:22.1. Report of Foreign Bank and	
Financial Accounts.	
5a Was the organization a party to a pronibited tax shelter transaction at any time during the tax year?	5a X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	
c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Pr	
Tax Sheller Transaction?	
6a Did the organization solicit any contributions that were not tax deductible?	6a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	
were not tax deductible?	6b
7 Organizations that may receive deductible contributions under section 170(c).	71
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_
to file Form 8282?	7c X
d If "Yes," indicate the number of Forms 8282 filed during the year	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	22 SE STEEL SECTION
benefit contract?	7e X
i Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	i
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	
h For contributions of cars, boats, airplanes, and other venicles, did the organization file a Form 1098-C as required?	the state of the s
3 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	
supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, hav	
excess business holdings at any time during the year?	8
Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	Sheet to the
a Did the organization make any taxable distributions under section 4966?	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b
) Section 501(c)(7) organizations. Enter: N/A	
a Initiation (ees and capital contributions included on Part VIII, line 12	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
Section 501(c)(12) organizations. Enter: N/A	**************************************
a Gross income from members or shareholders	
b Gross income from other sources (Do not net amounts due or paid to other sources against	BELLE BY THE
amounts due or received from them.)	
a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b. If "Yes." enter the amount of tax-exempt interest received or accrued during the year N/A 112b	

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Form 990 (2008)

OF NORTHERN NEVADA, INC. 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			
		Yes	;
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,	17.00		
processes, or changes in Schedule O. See instructions.	1 -		
1a Enter the number of voting members of the governing body	17		
b Enter the number of voting members that are independent	1/		Ŀ
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2.50	Field	13
officer, director, trustee, or key employee?	. 2	-	1
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision			
of officers, directors or trustees, or key employees to a management company or other person?			L
Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	-	_
Did the organization become aware during the year of a material diversion of the organization's assets?	. 5		
Does the organization have members or stockholders?	6		
a Dues the organization have members, stockholders, or other persons who may electione or more members of the		1 3	
governing body?	7a		
b. Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
Did the organization contemporaneously document the meetings held c: written actions undertaken during the year			ė
by the following:		1	
a The governing body?	. 88	X	_
b Each committee with authority to act on behalf of the governing body?		X	
Does the organization have local chapters, branches, or affiliates?	. 9a		_}
of 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?	9ь		_
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	. 10	X	_
Is there any officer, director or trustee, or key employee listed in Part VII, Section A. who cannot be reached at the			
oroanization's mailing address? If "Yes." provide the names and addresses in Schedule C	11		Х
ction B. Policies			_
			N
Does the organization have a written conflict of interest policy? If "No." go to line 13	12a	X	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	:		
to conflicts?	12b	X	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
in Schedule O how this is done	12c	X	
Does the organization have a written whistleblower policy?	13	_	X
Does the organization have a written document retention and destruction policy?	14	X	
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:			3.
The organization's CEO, Executive Director, or top management official?	15a	X	_
Other officers or key employees of the organization?	15b	-10	X
Describe the process in Schedule O. (see instructions)	1.00		
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	the Li		
taxable entity during the year?	16a	_ [:	X
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			18
in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
exempt status with respect to such arrangements?	166		
ion C. Disclosure			
List the states with which a copy of this Form 990 is required to be filed ► NONE			
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 X Upon request			
Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, ar	nd financi:	al	
statements available to the public.			
State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ion: ►		
THE ORGANIZATION - 775-352-3202			
495 APPLE STREET, SUITE 104, RENO, NV 89502			_

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

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

orm 990 (2008).

- a 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, flustees (whether individuals or organizations), regardless of amount of compensation, adjurrent key employees. Enter $\cdot 0 \cdot$ 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 sportable 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 spanizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of portable 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, ore than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization d (A) Name and Title	(B) Average nours			Pos	(C) sitio		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of
·	per week	Indiadual lustee of titector			tevenumovee	Highest compensaled employse Formes			other compensation from the organization and related organizations
ORM PYTEL	3 00	1						0	
AAIRPERSON	1.00	X	-	X			0.	0.	0.
AUL DIFLO HAIRPERSON ELECT	1 00	1		X			0.	0.	^
DE JASMON	1.00	X	-	A			U -!		0.
REASURER	1.00	y		Х			0.	0.	0.
EVIN LEVEZU	1.00	X		Λ			0.1		<u> </u>
CRETARY	1.00	x		Х			0.	0.	0.
INE BURGER	1.00	- 41			i	1			
IMBER	1.00	ΕX					0.	0.	0.
RIS GAW			1		1				
IMBER	1.00	Х			- 1		0.	0.	0.
EL GIANDALIA		Ì	1						
MBER	1.00	X					0.	0.1	0.
CK JOSEPH, JR.				İ					
MBER	1.00	Х	_	_	_	_	0.	0.	0.
BERT LEVY	1 00								
MBER_	1.00	X	-	-	+		0.	0.	0.
NCY MCCORMICK	1 00	.,		1			^		
MBER	1.00	Х	-		-	1-1	0.	0.	0.
ETT SCOLARI MBER	1.00	X		0			0.	0.	0
D STOEVER	1.00	<u>-</u> -		-	+	+	0.	0.	0.
MBER	1.00	x l			-		0.	0.	0.
Y TIRRE	1.00	1,		-+-					
MBER	1.00	χ					0.	0.	0.
RIS WAIZMANN			-	一	1	- -			
MBER	1.00	Х					0.	0.	0.
RESA COURRIER					Ī				
MBER	1.00	Χ¦					0.	0.	0.
M CROWLEY		į	7			100			
MBER	1.00	X		<u> </u>			0.	0.	0.
RLA CULVER		}		1			_]		
MBER	1.00	<u> </u>					0.	0.	0.

orm 990 (2008)

Part VII Section A. Officers, Directors, Tr	ustees, Key E	mp	love	es,	and	High	est		yees (continu	edi	:
(A) Name and title	(B) Average	íc	hec	Pos	(C) sition that	n t app	poly)	(D) Reportable compensation	(E) Reportable compensation		(F) Estimated amount of
	per week	Individual hostee or director	Institutional surfre	Officer	Ker employee	High est companyated enployee	-	from the organization (W-2/1099-MISC)	from reia organizat (W-2/1099-	ned ions	other cornpensation from the organization and related organizations
AT FLING RESIDENT/CEO	40.00			Х				96,786.		0.	0
		1			1						
			-								
	<u> </u>		1	_							
	j						_				
		<u> </u>	1	<u> </u> -	 	-	-				
b Total						-	000	96,786.		0.1	0.
Did the organization list any former officer, dir line 1a? If "Yes," complete Schedule J for such For any individual listed on line 1a, is the sum and related organizations greater than \$150,00 Did any person listed on line 1a receive or accide organization? If "Yes," complete Schedule ction B. Independent Contractors	n <i>individual</i> of reportable (00? If "Yes," c rue compensa	omp	oen: lete fror	satio Sch man	n ar negu y ur	nd ot ile J i rrelat	her for s	compensation from the	organization		Yes No 3 X 4 X
Complete this table for your five highest complete organization. NONE	ensated indep	end	ent	conf	ract	ors t	hat	received more than \$10	00,000 of com	pensati	on from
(A) Name and business address						(B) Description of services			(C) Compensation		
•											
Total number of independent contractors (including from the organization) wh	10 1'6	eceiv	n be	more	lha	n \$100,000 in compens	sation		

	1990 (2008) OF NORTHERN	NEVADA,	INC.		32-01	47198 Page:
Pa	rt VIII Statement of Revenue					
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax uncler sections 512, 513, or 514
amounts	1 a Federated campaigns 1a					
OU	b Membership dues					
8	c Fundraising events 1c					
and other similar	d Related organizations	7.1.6 5.6.5	F. L. W. & F. L.			
Sirn	, ,	746,565.			1	
ē	f All other contributions, gifts, grants, and similar amounts not included above 11	306,060.				
101						
and	9 Noncash contributions included in times 1a-11 \$		1,052,625			
Ť	7 Total Perilines 18-11	Business Code	The second secon			4298
ļ	2 a	COSHTC:35 COC.		A 10 10 12 10 10 10 10 10 10 10 10 10 10 10 10 10		20000
	ь			1		
Revenue	С					
eve	d					
-	e					
	f All other program service revenue			10000000		
<u> </u>	g Total. Add lines 2a:2f			State of the state		
3	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		00 604			
	otner similar amounts).		20,624.	1	<u> </u>	20,624.
4		Г				!
5	,		and the second second	To say the say the say	E Assis Espain	Mark Strang Market
	(i) Rea!	(ii) Personal		ag w		
. 6	a Gross Rents					
	b Less: rental expenses					
i	d Nei rental income or (loss)	<u> </u>	New Triber State A		1	Files venskier wife.
7	a Gross amount from sales of (ii) Securities	(ii) Other		ik Miller Bartin		Street Carlotte
	assets other than inventory	(1) O (1) Si				
Ì	b Less: cost or other basis					
	and sales expenses	100		in Sulfaces		fix: As Here's L
	c Gain or (loss)	į.				
	d Net gain or (loss)					
8	a Gross income from fundraising events (not					
	including \$ of	5				
	contributions reported on line 1c). See	00 141				
		28,141.				
	b Less: direct expensesb		220 141	228,141.		
0 -	(***,	•	228,141.	220,141.		30 0 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9 ā	gen in ge	į.				
6	Part IV, line 19 a b b					
	Net income or (loss) from garning activities	•	Page policial designation (s)		alena ne sea . Pa al c	
	Gross sales of inventory, less returns					
		57,750.				
ь		31,113.			100	
	Net income or (loss) from sales of inventory	>	136,637.	136,637.		
		siness Code	Artistan I			ent saltana
11 a						
b						
С						
ď				Ţ		
е	Total. Add lines 11a-11d		100 000			
12	Total Revenue, Add lines 1h, 2p, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and	<u>d 11e</u> ► 1,	438,027.	364,778.	0.1	20,624.

orm 990 (2008) OF NORTHERN N 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).

All other organizations mus Do not include amounts reported on lines 68 7b, 8b, 9b, and 10b of Part VIII.	(4)	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments an	d			
organizations in the U.S. See Part IV, line 21				EL DE ALBERTA
2 Grants and other assistance to individuals	in			
the U.S. See Part IV, line 22				+3,022472145.0
3 Grants and other assistance to government	nts,			
organizations, and individuals outside the	J.S.			
See Part IV, lines 15 and 16				
Benefits paid to or for members				
Compensation of current officers, directors	,		The second secon	
trustees, and key employees				
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) an	d			
persons described in section 4958(c)(3)(B)				
Other salaries and wages	829,178.	579,382.	97,576.	152,220
Pension plan contributions (include section 401()	·			
and section 403(b) employer contributions)	404 420			N. A
Other employee benefits		82,812.	26,244.	12,356
Payroll taxes	62,415.	39,600.	11,038.	11,777
Fees for services (non-employees):				
Management				
Legal				
Accounting				
Lobbying				
Professional fundraising services. See Part IV, line	17			
investment management fees				
Other		<u> </u>		
Advertising and promotion		32,023.	8,410.	1,725 5,313
Office expenses	30,656.	21,867.	3,476.	5,313
Information technology				
Royalties				
Occupancy	59,355.	40,353.	18,571.	431
Travel		1		
Payments of travel or entertainment expenses	S			
for any feperal, state, or local public officials				
Conferences, conventions, and meetings	15,408.	3,370.	3,644.	8,394.
interest				
Payments to affiliates	12,005.		12,005.	
Depreciation, depletion, and amortization	29,964.	18,278.	11,686.	
Insurance				
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.)			114. 114.	
PROFESSIONAL FEES	64,877.	45,649.	18,473.	755.
UNCOLLECTIBLE PLEDGES R	34,261.	34,261.		
INSURANCE	23,715.	17,785.	5,930.	
TRAVEL	9,285.	8,418.	582.	285.
PROGRAM EXPENSE	3,600.	3,600.		
All other expenses	24,340.	14,941.	8,506.	893.
olal functional expenses. Add lines 1 through 24f	1,362,629.	942,339.	226,141.	194,149.
laint Costs. Check here 🕨 🔲 if following				
OP 98-2. Complete this line only if the organization				
eported in column (B) joint costs from a combined				
ducational campaign and fundraising solicitation.				

: ₀	rm 99	00 (2008) OF NORTHERN A	EVAD.	A, INC.		32	-0147198 Page 1
F	art i	X Balance Sheet					7
_		**************************************		 	(A) Beginning of year		(B) End of year
. ~		1 Cash - non-interest-bearing			104,80		117,332
	2			<u>[</u>	124,513		190,945
	3				219,362		193,597
	4			į.	19,493	3. 4	53,502
	5	Receivables from current and former officers, of	directors,	trustees, key			
		employees, or other related parties. Complete	Part II of	Scheoule L		5	
	6	- the second second					
		4958(f)(1)) and persons described in section 49					
		Part II of Schedule L				6	
85	7	Notes and loans receivable, net				7	
ASSEIS	8	inventories for sale or use				8	
3	9	Prepaid expenses and deferred charges			17,125	., 9	17,384.
	101	a Land, buildings, and equipment: cost basis	10a	178,937.			
	1	b Less: accumulated depreciation. Complete					
		Fart VI of Schedule D	10b	82,070.	59,007	- 10c	96,867.
	111	investments - publicly traded securities				111	
	12	Investments - other securities. See Part IV, line		1	696,200	. 12	619,337.
	13	Investments · program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,070		3,440.
	16	Total assets. Add lines 1 through 15 (must equa			<u>1,242,572</u>		1,292,404.
	17	Accounts payable and accrued expenses		1	104,311	- 17	117,510.
	18	Grants payable			10,672	. 18	10,672.
	19	Deferred revenue				1 19	
	20	Tax-exempt bond liabilities				20	
;]	21	Escrow account liability. Complete Part IV of Sch		21			
	22	Payables to current and former officers, directors	. trustees	s, key employees,			
;		highest compensated employees, and disqualifie	d person	s. Complete Part II			
i		of Schedule L			12.00	22	
	23	Secured mortgages and notes payable to unrelate	ed third ;	parties		23	47,139.
	24					24	
[25	Other liabilities. Complete Part X of Schedule D.			6,250.		0.
	26	Total liabilities. Add lines 17 through 25			121,233.	26	175,321.
\overline{T}		Organizations that follow SFAS 117, check her	e 🕨 🛚	X and complete			
		lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			970,415.	27	1,117,083.
	28	Temporarily restricted net assets			150,924.	28	0.
l	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, che	ck here	▶ and			
		complete lines 30 through 34.		*:1	والمناف والمسوورين		
	30	Capital stock or trust principal, or current funds				30	
;		Paid in or capital surplus, or land, building, or equi				31	
1		Retained earnings, endowment, accumulated inco				32	
		Total net assets or fund balances		ı	1,121,339.	33	1,117,083.
1:		Total liabilities and net assets/fund balances			1,242,572.	34	1,292,404.
art.		Financial Statements and Reporting					
_						· in the second	Yes No
A	ccou	nting method used to prepare the Form 990:	Cash	X Accrual Ot	her		
		he organization's financial statements compiled of					2a X
		he organization's financial statements audited by					
c if		" to lines 2a or 2b, does the organization have a co					
		or compilation of its financial statements and sele					2c X
		sult of a federal award, was the organization requi					
		d OMB Circular A-133?					3a X
		did the organization undergo the required audit				,.	3b
	2-18-08		. Lugito				Form 990 (2008)

SCHEDULE A

pepartment of the Treasury

nternal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2008 Openito Rublic

BIG BROTHERS BIG SISTERS Employer identification number Vame of the organization 32-0147198 OF NORTHERN NEVADA, INC. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) he organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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.) A (ederal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally received a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4), (see instructions) 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. а 💹 Туре І c Type III · Functionally integrated b Type II d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i) (ii) A (amily member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (t) or (ii) above? Provide the following information about the organizations the organization supports. (iii) Type of (iv) Is the organization (v) Did you notify the (vi) is the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization in col. organization hedgus (i) organized in the (described on lines 1-9) governing document?: (i) of your support? above or IRC section. Yes Yes No Yes Nο (see instructions))

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

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 OF NORTHERN NEVADA, INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Catendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006(d) 2007 (e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 954,679 | 1260702 | 989,533 | 1081415 | 4286329. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 1260702. 989,533. 1081415. 954,679. 4 Total. Add lines 1 · 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 1890490. 2395839. 6 Public Support. Subtract tine 5 from tine 4 ection B. Total Support (a) 2004 alendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 954,679. 1260702. 989,533. 1081415. Amounts from line 4 4286329. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 2,094. 9,374. 24,639. 20,624. 56,781. and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1 Total support. Add lines 7 through 10 4343110. 700,885. 2 Gross receipts from related activities, etc. (see instructions) 3 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(b)(3) organization, check this box and stop here ection C. Computation of Public Support Percentage % 5 Public support percentage from 2007 Schedule A, Part IV-A, line 26f % 3a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . 'a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2008

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

Datendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Tota
1 Gifts, grants, contributions, and	(a) 2004	1 (0) 2005	10/2000	10/2007] Jej 2006	ly rota
membership fees received. (Do not	•		1	1	Ì	
include any "unusual grants.")						
2 Gross receipts from admissions,		 	1	<u> </u>		1
merchandise sold or services per						
formed, or facilities furnished in						ĺ
any activity that is related to the organization's tax-exempt purpose			1	1	,	
3 Gross receipts from activities that		<u> </u>	1			· · · · · · · · · · · · · · · · · · ·
are not an unrelated trade or bus-						
iness under section 513			i			
4 Tax revenues ievied for the organ-		1				Ī
ization's benefit and either paid to		ı				
or expended on its behalf						
5 The value of services or facilities			<u></u>		l	Ī
furnished by a governmental unit to						
the organization without charge						!
6 Total Add lines 1 · 5	i			· <u>-</u> ··· ·		
7a Amounts included on lines 1, 2, and					-	1
3 received from disqualified persons						[
b Amounts included on lines 2 and 3 received	1					
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						
c Add lines 7a and 7b						
	that Chris	South Alexander L.				-
ection B. Total Support		2 2 1 1 1				
	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Amounts from line 6 a Gross income from interest, dividends, payments received on	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	le:cT (t)
alendar year (or fiscal year beginning in) Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Alendar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(t) Total
Alendar year (or fiscal year beginning in) Amounts from line 6 Be Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	le:cT (t)
Alendar year (or fiscal year beginning in) Amounts from line 6 Be Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses	(a) 2004	(b) 2005	(e) 2006	(d) 2007	(e) 2008	le:cT (t)
Alendar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2004	(b) 2005	(e) 2006	(d) 2007	(e) 2008	le:cT (t)
elendar year (or fiscal year beginning in) 9 Amounts from line 6 0a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	le:cT (t)
elendar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	le:cT (t)
Alendar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	le:cT (t)
Alendar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	le:cT (t)
Alendar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or ioss from the sale of capital	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	le:cT (t)
Amounts from line 6 The Gross Income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources burielated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Chaddlines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or ioss from the sale of capital assets (Explain in Part IV.)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	le:cT (t)
Alendar year (or fiscal year beginning in) Amounts from line 6 Ba Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12)						
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Employer identification number

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

BIG BROTHERS BIG SISTERS 32-0147198 OF NORTHERN NEVADA, INC. Organization type (check one) Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Dreck if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(a)(7), (8), or (10) organization can check boxes or both the General Rule and a Special Rule. See instructions.) ieneral 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. pecial 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, fine 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filling 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.) aution. 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 ey 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 ertify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

dA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

for Form 990. These instructions will be issued separately.

Page 1 of 2 of Part!

Name of organization
BIG BROTHERS BIG SISTERS
DF NORTHERN NEVADA, INC.

Employer identification number

32-0147198

Part	:I Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	- (c) Aggregale contributions	(d) Type of contribution
1	JOIN TOGETHER NORTHERN NEVADA 1325 AIRMOTIVE WAY #325 RENO, NV 89502	\$\$.	Person X Payroll Noncash (Complete Part It if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP = 4	(c) Aggregate contributions	(d) Type of contribution
2	CITY OF SPARKS 814 VICTORIAN AVE, 2ND FLOOR SPARKS, NV 89432	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP ± 4	(c) Aggregate contributions	(d) Type of contribution
3	E.L. CORD FOUNDATION ONE EAST FIRST STREET RENO, NV 89501	\$\$.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	FUND FOR A HEALTHY NEVADA 4126 TECHNOLOGY WAY, ROOM 100 CARSON CITY, NV 89706-2009	\$ 56,493.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	PARTNERSHIP OF COMMUNITY RESOURCES 1528 HIGHWAY 295 N, SUITE 100 GARDNERVILLE, NV 89410		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	JAN VAN SICKLE FOUNDATION 546 HUMBOLDT ST RENO, NV 89509	1.	Person X Payroll Noncash Complete Part II if there is a noncash contribution.)

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Name of organization
BIG BROTHERS BIG SISTERS
OF NORTHERN NEVADA, INC.

Employer identification number

32-0147198

Part	Contributors (see instructions)		
(a)	(b)	(c)	. (d)
No. 7		Aggregate contributions	Person X Payroll
	RENO, NV 89519	\$ 60,000	(Complete Part II if there is a noncesh contribution.)
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4 DEPARTMENT OF HEALTH & HUMAN SERVICES-RURAL 330 C STREET WASHINGTON, DC 20447	Aggregate contributions \$ 154,259.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	DEPARTMENT OF HEALTH & HUMAN SERVICES-STARS 330 C STREET WASHINGTON, DC 20447	\$49,222.	Person X Payroli Noncash (Complete Part Ii if there is a noncash contribution.)
(a) ! No.	(b) Name, address, and $ZP \pm 4$	(c) Aggregate contributions	(d) Type of contribution
10	WASHOE CO. JUVENILE SERVICES P.O. BOX 11130 RENO, NV 89520	\$108,521.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		,	Person Payroll Noncash Complete Part II if there s 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.

2008

Open to Public Inspection

Name of the organization BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA, INC.

Employer identification number 32-0147198

Schedule D (Form 990) 2008

Ĭ:F	Part 1. Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Accounts. Complete if the
. –	organization answered "Yes" to Form 990, Part IV, line 6		
		(a) Donor advised funds	(b) Funds and other accounts
	Total number at end of year		
2	2 Aggregate contributions to (during year)		
4			
5			sed junds
	are the organization's property, subject to the organization's exc		Yes No
6			
O	for charitable purposes and not for the benefit of the donor or do		
D	art III-II Conservation Easements. Complete if the organi		
7	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (e.g., recreation or please	-	torically important land area
	Protection of natural habitat	Preservation of certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conserva	ition contribution in the form of a cons	servation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure	re included in (a)	2c
ď	Number of conservation easements included in (c) acquired after	8/17/06	2d
3	Number of conservation easements modified, transferred, release	d, extinguished, or terminated by the	organization during the taxable
	yea.		
4	Number of states where property subject to conservation easeme	nt is located 🟲	
5	Does the organization have a written policy regarding the periodic		d
	enforcement of the conservation easements it holds?		
6	Staff or volunteer hours devoted to monitoring, inspecting, and en		
7	Amount of expenses incurred in monitoring, inspecting, and enforcement		
8	Does each conservation easement reported on line 2(d) above sat	_	V4V(B)(i)
	and section 170(h)(4)(B)(ii)?		
n	In Part XIV, describe how the organization reports conservation ea		
9			
	include, if applicable, the text of the footnote to the organization's	linanciai statements that describes th	e organization's accounting for
	conservation easements. till Organizations Maintaining Collections of Art.	Historical Transumas or Oth	or Similar Acasta
ai,			ier Similar Assets.
	Complete if the organization answered "Yes" to Form 990, F	ran IV, line 6.	
	If the organization elected, as permitted under SFAS 116, not to re		
	treasures, or other similar assets held for public exhibition, education	on, or research in furtherance of public	service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these items.		
Ь	f 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 resea	arch in fuitherance of public service, p	rovide the following amounts relating to
1	hese items:		
(i) Revenues included in Form 990, Part VIII, line 1		🕨 \$
(▶ \$
	the organization received or held works of art, historical treasures		
	he following amounts required to be reported under SFAS 116 rela		
	- · · · · · · · · · · · · · · · · · · ·	÷	> \$
	ssets included in Form 990, Part X		
. /-	assets instructed MTT Offit 550, Fatt A		Ψ

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds. Part[M] Investments - Land, Buildings, and Equipment. See Form 990. Part X. line 10. Description of Investment (a) Cost or other (b) Cost or other (c) Depreciation (d) Book value basis (investment) basis (other) Land b Buildings c Leasehold improvements 82,070. 178,937. 96,867. otal. Add lines 1a-1e. (Column (d) should equal Form 990, Part X. column (B). line 10(c).) 96,867.

(ii) related organizations

(i) unrelated organizations

Schedule D (Form 990) 2008

S BROTHERS BIG SISTERS	
NORTHERN NEVADA, INC.	32-01
Securities. See Form 990, Part X, line 12.	

 (a) Description of security or category (including name of security) 	(b) Book value			fetnod of valua nd-of-year mai	
Financial derivatives and other financial products					
Closely-held equity interests					
Other	100 711	777	7/7/20	NAME AND AND THE	Y 7 7 T T 1 1 1 1
CERTIFICATE OF DEPOSITS	127,711			MARKET	VALUE VALUE
MUTUAL FUNDS	491,626	. END-O	IF-IEAR	MARKET	VALUE
otal. (Col (b) should equal Form 990. Part X, col (B) line 12.)	619,337.				
Part VIII Investments - Program Related. 9					
(a) Description of investment type	(b) Book value			thod of valuati d-of-year mark	
- Col (b) should now Form 000 Part V and (B) the so					
ai. (Col /b) should equal Form 990, Part X, col /B) line 13.)					
art IX: Other Assets. See Form 990, Part X. line					(b) Book value
art IX: Other Assets. See Form 990, Part X. line	15.				(b) Book value
art IX: Other Assets. See Form 990, Part X. line	15.				
art IX: Other Assets. See Form 990, Part X. line	15.				
art IX: Other Assets. See Form 990, Part X. line	15.				
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art IX: Other Assets. See Form 990, Part X. line	15.				
art IX: Other Assets. See Form 990, Part X. line	15.				
art IX Other Assets. See Form 990, Part X. line (a)	15. Description				
art IX Other Assets. See Form 990, Part X. line (a) al. (Column (b) should equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, line	15. Description e 15.)				
art IX Other Assets. See Form 990, Part X. line (a) al. (Column (b) should equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, line (a) Description of liability	15. Description e 15.)	b) Amount	Harted 2 p. ma		
art IX Other Assets. See Form 990, Part X. line (a) al. (Column (b) should equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, line	15. Description e 15.)		Harted 2 p. ma		
art IX Other Assets. See Form 990, Part X. line (a) al. (Column (b) should equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, line (a) Description of liability	15. Description e 15.)				
art IX Other Assets. See Form 990, Part X. line (a) al. (Column (b) should equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, line (a) Description of liability	15. Description e 15.)				
art IX Other Assets. See Form 990, Part X. line (a) al. (Column (b) should equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, line (a) Description of liability	15. Description e 15.)				
art IX Other Assets. See Form 990, Part X. line (a) al. (Column (b) should equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, line (a) Description of liability	15. Description e 15.)				(b) Book value
art IX Other Assets. See Form 990, Part X. line (a) al. (Column (b) should equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, line (a) Description of liability	15. Description e 15.)			>	(b) Book value
art IX Other Assets. See Form 990, Part X. line (a) al. (Column (b) should equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, line (a) Description of liability	15. Description e 15.)				(b) Book value
art IX Other Assets. See Form 990, Part X. line (a) al. (Column (b) should equal Form 990, Part X, col (B) line art X Other Liabilities. See Form 990, Part X, line (a) Description of liability	15. Description e 15.)				(b) Book value

ota n Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions

inder FIN 48 32053 2-23-08

	edule D (Form 990) 2008 OF NORTHERN NEVADA, INC.				2-014/198 Page
Pa	art XI Reconciliation of Change in Net Assets from Form 990 t	to Financ	<u>cial Stater</u>	nents	1 400
ว์	Total revenue (Form 990, Part VIII, column (A), line 12)			1	1,438,027
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	1,362,629
3	Excess or (deficit) for the year. Subtract line 2 from line 1	,		3	75,398
4	Ne' unrealized gains (losses) on investments			1	
5	Donated services and use of facilities			5	
6	Investment expenses ,			5	
7	Prior period adjustments				
8	Other (Describe in Part XIV)				-79,654
9	Total adjustments (net). Add lines 4-8				<u> </u>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9)	-4,256.
	t XII Reconciliation of Revenue per Audited Financial Stateme			per Retu	rn
1	Total revenue, gains, and other support per audited financial statements				1,358,373.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			11000	:
	Net unrealized gains on investments	2a	-79,	654.	
	Donated services and use of facilities	2b		1000	
	Recoveries of prior year grants	2c		488	
	Other (Describe in Part XIV)	2d		45.00	
				2e	-79,654.
	Add lines 2a through 2d				1,438,027.
	Subtract line 2e from line 1			3	1,430,027.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	nvestment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIV)				0
	Add lines 4a and 4b				0.
_5	otal revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		<u></u>	! 5	1,438,027.
Part	XIII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expense	s per Retu	ırn
1 7	otal expenses and losses per audited financial statements			1	1,362,629.
2 A	mounts included on line 1 but not on Form 990, Part IX, line 25:	: 1		l l	
аĺ	Onated services and use of facilities	2a			
ЬF	rior year adjustments	2b			
	osses reported on Form 990, Part IX, line 25				
	ther (Describe in Part XIV)			100	
	dd lines 2a through 2d			- 1	0.
	ubtract line 2e from line 1				1,362,629.
	mounts included on Form 990, Part IX, line 25, but not on line 1:			1316	
	vestment expenses not included on Form 990, Part VIII, line 7b	42			
	ther (Describe in Part XIV)	4b			
					0.
	od lines 4a and 4b				1,362,629.
	otal expenses. Add lines 3 and 4c. (This should equal Form 990, Part I. line 18.)	, ,,,,,,		5	1,302,029.
	(IV) Supplemental Information				
omple	e this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	lines 1a and	d 4; Part IV. li	nes 1b and 2	b, Part V, line 4; Part
Part >	II, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.				
ART	XI, LINE 8 - OTHER ADJUSTMENTS:				
NRE	ALIZED LOSSES ON INVESTMENTS				
2,2,12,2	IDEAD DOOD ON ANY DOLLING				
					.
			7.0		
			_		

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.

2008 Open to Public Inspection

Name of the organization

BIG BROTHERS BIG SISTERS OF NORTHERN NEVADA, INC.

Employer identification number 32-0147198

FORM 990, PART VI, SECTION A, LINE 10: THE ORGANIZATION'S TAX RETURN IS

PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT. AFTER THE RETURN IS COMPLETED

MEMBERS OF THE ORGANIZATION'S GOVERNING BODY REVIEW THE FORM 990 WITH THE

ACCOUNTANT. THE ORGANIZATION IS PROVIDED WITH SUPPORTING SCHEDULES TO

RECONCILE BOOK INFORMATION TO THE FORM 990.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A WRITTEN

CONFLICT OF INTEREST POLICY. DIRECTORS AND OFFICERS ARE REQUIRED TO SIGN AN

ACKNOWLEDGEMENT THAT THEY HAVE READ AND UNDERSTAND THE POLICY. DIRECTORS

AND OFFICERS ARE RESPONSIBLE FOR ENFORCING ITS RULES. DIRECTORS AND

OFFICERS ARE ENCOURAGED TO DISCUSS OPENLY ANY POTENTIAL CONFLICTS OF

INTEREST. APPROVING TRANSACTIONS INVOLVING CONFLICTS OF INTEREST MUST BE

MADE BY THE AFFIRMATIVE VOTE OF A MAJORITY.

FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE COMMITTEE DOES A
PERFORMANCE REVIEW OF THE CEO WHERE PERFORMANCE IS GRADED. INFORMATION ON
BALARIES FROM OTHER BIG BROTHERS BIG SISTERS AGENCIES AND FROM BIG BROTHERS
BIG SISTERS OF AMERICA IS REVIEWED THAT SHOWS THE NUMBER OF YEARS ON THE

JOB, EDUCATION OF CEO AND SIZE OF THE AGENCY. ANY INCREASE TO COMPENSATION
CAKES ALL OF THE ABOVE INTO CONSIDERATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION CAN MAKE
ENFORMATION AVAILABLE UPON WRITTEN REQUEST. A PRODUCTION CHARGE MAY APPLY.

.1

FORM 990 PAGE 10

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(D) - Asset disposed

* ITC, Section 179, Salvage. Bonus. Commercial Revitalization Deduction, GO Zone