Form **990**

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)

, 2005, and ending

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For t	he 2005 calend	lar year, o	r tax year beginning	, 2005,	and e	nding			J	
В	Check								nployer Ide	entification Number	
	XA									6024	
	$\overline{}$	ame change	or print or type.	ONE VANTAGE WAY C-2				ЕТе	lephone n	umber	
		nitial return	See specific	NASHVILLE, TN 37228	3			1 ((615)	329-9191	
	HF	inal return	instruc- tions.					F Ac	counting	Cash X	Accrual
	\vdash	mended return						ΙÏ		pecify)	
	\vdash	pplication pending	• Section	on 501(c)(3) organizations and	4947(a)(1) nonexempt	T	H and I	are not applicable to			
	_		charit	able trusts must attach a comp		1	H (a)	Is this a group return	n for affiliat	es? Yes	X No
_			•	1 990 or 990-EZ).			H (b)	If 'Yes,' enter number	of affiliates	. ►	
<u>G</u>	Web	site: ► WWW.	BBBSWI	.ORG			H (c)	Are all affiliates incl	uded?	Yes	No
J	Orga	nization type		☑ ₂				(If 'No,' attach a list	. See instru	actions.)	
		ck only one)				527	H (d)	Is this a separate re-	turn file d b	y an	
K				nization's gross receipts are not sed not file a return with the IRS		, L		organization covered	l by a grou	p ruling? Yes	X No
	choc	oses to file a re		ure to file a complete return. S		' [l	Group Exemption	on Numb	per ►	
	com	plete return.					M	Check ► if			
				8b, 9b, and 10b to line 12 ► 2				to attach Schedule 6		10, 990-EZ, or 990-P	PF).
Pa	rt I	Revenue	e, Exper	ises, and Changes in Ne	t Assets or Fund E	3alan	ces	(See Instruction	s)		
	1	Contributions	, gifts, gra	ants, and similar amounts recei	ved:		•				
)	•						513,466	3333333		
								41,272			
	c	Government	contributio	ons (grants)		1 c		1,304,544			
	d Total (add lines la through 10) (cash \$ 1,859,282. noncash \$)								. 1d	1,859	,282.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)										
	Membership dues and assessments										
	4	Interest on sa	avings and	temporary cash investments.							<u>,105.</u>
	5			from securities		1 1	1		. 5	1	<u>,450.</u>
	6 a	Gross rents							_		
			•						_		
	c Net rental income or (loss) (subtract line 6b from line 6a)										
R	7	Other investm	nent incon	ne (describe 🟲) 7		
REVENUE	8 a			es of assets other	(A) Securities	<u> </u>	-	(B) Other	-		
Ň			•			8a		368,057			
Ē	ı			is and sales expenses		8b		216,304	2000		
	1	. , .		le)STATEMENT1		8 c		151,753		1 - 1	753
	,			bine line 8c, columns (A) and (. 8d	151	,753.
				ivities (attach schedule). If any			k ner	e			
	a			luding \$ 45,66		1	ı	104 (22			
	Ι.	•	•			9 a		124,633			
	l		•	other than fundraising expenses		9 b		20,732		103	001
	1			om special events (subtract line	•	1 1	 	STATEMENT.	2 9c	103	<u>,901.</u>
				y, less returns and allowances.		10a			-		
			•	d		لتتنا			10-		
	l		•	les of inventory (attach schedule) (subti	·						
	11			art VII, line 103)						2,119	401
	12			s 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 1 n line 44, column (B))						1,573	
E	13 14	•	-	ral (from line 44, column (C))							, <u>930.</u> , 073.
P E	15			14, column (D))							,349.
EXPENSES	16			attach schedule)							, 287.
E	17	Total eynense	es (add lir	nes 16 and 44, column (A))					17	1,759	
	10			he year (subtract line 17 from li							,826.
N E T	19			inces at beginning of year (from							, 344.
E E	20			ssets or fund balances (attach							,580.
s	21			inces at end of year (combine li						1,243	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

	Tequired for section 50 f(c)(3) and the section	-, orga		(B) Program	(C) Management	
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22	Grants and allocations (att sch) SEE STM 5					
	(cash \$ 700,839.					
	non-cash \$)					
	If this amount includes			700 000		
	foreign grants, check here	22	700,839.	700,839.		
23	Specific assistance to individuals (att sch)	23				
24	Benefits paid to or for members (att sch)	24	40 502	12.000	6,717.	
25	Compensation of officers, directors, etc	25	49,583. 590,965.	42,866. 510,909.	80,056.	0.
26	Other salaries and wages	26 27	390,963.	310,303.	80,036.	
27	Pension plan contributions		48,815.	47,315.	1,500.	
28	Other employee benefits	28	55,097.	50,637.	4,460.	
29	Payroll taxes	29	33,097.	30,637.	4,400.	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32		05.010		
33	Supplies	33	35,918.	35,918.		
34	Telephone	34	18,231.	18,231.		
35	Postage and shipping	35	7,843.	7,784.		59.
36	Occupancy	36	37,180.	37,180.		
37	Equipment rental and maintenance	37	10,022.	10,022.		
38	Printing and publications	38	11,178.	2,165.		9,013.
39	Travel	39	24,122.	24,122.		<u> </u>
40	Conferences, conventions, and meetings	40	5,894.	2,440.	3,454.	
41	Interest	41	174.		174.	
42	Depreciation, depletion, etc (attach schedule)	42	4,659.		4,659.	
43	Other expenses not covered above (itemize):			"		
	SEE STATEMENT 6	43 a	147,858.	83,528.	36,053.	28,277.
	b	43 b				
	- 	43 c				
		43 d				
	e	43 e				
		43 f				
	'	43 q				
44	Total functional expenses. Add lines 22 through	109				
	Total functional expenses, Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15).	44	1,748,378.	1,573,956.	137,073.	37,349.
	t Costs. Check . ► if you are following					
Are	any joint costs from a combined educationa	l camp				
If 'Y	es,' enter (i) the aggregale amount of these	joint c	costs \$; (ii) the a	mount allocated to Progra	am services
\$_	; (iii) the amount all	ocated	to Management and ger	neral \$; and (iv) the	amount allocated
to F	undraising \$.					
BAA						Form 990 (2005)

Page 3

Form 990 (2005) BIG BROTHERS/BIG SISTERS OF MIDDLE TW Sard II Statement of Program Service Accomplishments

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2005)				AA8
. 926 , £72 , I	enses (should equal line 44, column (B), Program services)	ΕXE	Total of Program Service	J
) If this amount includes foreign grants, check here ►	\$	(Grants and allocations	•
			Other program services.	ə
) If this amount includes foreign grants, check here	\$	(Grants and allocations	
				•
				_
				р
	If this amount includes foreign grants, check here ►	_\$_	Grants and allocations	-
		_ _		
				_
	The activities of the second with the second w		- CURLING SUID BUILD IN	ာ -
) If this amount includes foreign grants, check here	_\$_	Grants and allocations	-
				-
				-
				-
		- -		q
*956 'ELS 'I) If this amount includes foreign grants, check here	\$	(Grants and allocations	
1 573 056				-
				-
				-
				-
			SEE STATEMENT 7	
optional for others.)	charitable trusts must also enter the amount of grants and allocations to others.)	jdw		
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) frusts; but optional for others.)	ir exempt purpose achievements in a clear and concise manner. State the number of etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organcharitable trusts must also enter the amount of grants and allocations to others.)	pər əu	ganizations must describe s served, publications issu	اا مدر اient:
rogram Service Expenses			is the organization's prima	

TEEA0103L 10/14/05

Page 4

Part IV Balance Sheets (See Instructions)

Note	: Where required, attached schedules and amounts within to column should be for end-of-year amounts only.	the description	(A) Beginning of year		(B) End of year	
	45 Cash — non-interest-bearing		7,341.	45	3,875.	
Ì	46 Savings and temporary cash investments		375,158.	46	689,391.	
ł	40 Savings and temporary cash investments		373,130.	70	000,001.	
1	47 a Accounts receivable	47.0				
	b Less: allowance for doubtful accounts	47 b	16,806.	47 c		
	b Less, allowance for doubtful accounts	470	10,000.	4/0		
	40 - Diadaga maainahir	104 040				
1		48a 184,849.	261 211	40 -	104 040	
		48 b	261,311.	48 c	184,849.	
ŀ	49 Grants receivable		10,356.	49	149,900.	
A S S E T S	50 Receivables from officers, directors, trustees, and ke employees (attach schedule)			50		
Ē	51 a Other notes & loans receivable (attach sch)					
s	b Less: allowance for doubtful accounts	51 b		51 c		
- }	52 Inventories for sale or use			52_		
l	53 Prepaid expenses and deferred charges		11,426.	53	6,233.	
	54 Investments – securities (attach schedule). SEE.S	T8. ► Cost X FMV	5,000.	54	5,000.	
	55 a Investments — land, buildings, & equipment: basis.	55 a				
	h Laggy page mulated depressibles					
	b Less: accumulated depreciation (attach schedule)	55 b		55 c		
	56 Investments — other (attach schedule)	SEE STMT 9	21,477.	56	23,057.	
	•					
	b Less: accumulated depreciation (attach schedule)	57Ь 43,010.	222,273.	57 c	302,869.	
- i	58 Other assets (describe ►).		58		
	59 Total assets (must equal line 74). Add lines 45 through	jh 58	931,148.	59	1,365,174.	
\neg	60 Accounts payable and accrued expenses		10,357.	60	31,424.	
L	61 Grants payable	T T		61	90,000.	
A	62 Deferred revenue	T T		62		
B	63 Loans from officers, directors, trustees, and key employees (attach s	schedule)		63		
A B I L I T	64 a Tax-exempt bond liabilities (attach schedule)	·		64a		
Ţ	b Mortgages and other notes payable (attach schedule)	T I	38,447.	64b		
E S	65 Other liabilities (describe ►.	-		65		
	66 Total liabilities. Add lines 60 through 65		48,804.	66	121,424.	
	Organizations that follow SFAS 117, check here ► X and		· · · · · · · · · · · · · · · · · · ·			
E N	through 69 and lines 73 and 74.					
- 1	67 Unrestricted		326,173.	67	809,233.	
ASSETS	68 Temporarily restricted	F	556,171.	68	434,517.	
Ē	69 Permanently restricted	[<u> </u>	69		
	Organizations that do not follow SFAS 117, check here	F				
R	70 through 74.	J '				
- DZD	70 Capital stock, trust principal, or current funds			70		
- 1	71 Paid-in or capital surplus, or land, building, and equip	F		71		
B	72 Retained earnings, endowment, accumulated income		-	72		
Ă	-	T				
BALANCES	73 Total net assets or fund balances (add lines 67 through 72; column (A) must equal line 19; column (B) must equal line 19;	882,344.	73	1,243,750.		
S						
			931,148.	74	1,365,174.	

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Form 990 (2005)

Form 990 (2005) BIG BROTHERS/BIG SISTERS OF MIDDLE TN 23-7056024 Part IV:A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See

	instructions.)							_
							0 040 555	
а	Total revenue, gains, and other support		nts			a	2,249,555.	-
)	Amounts included on line a but not on Pa		1	1				
	1 Net unrealized gains on investments			1	1,580.			
	2Donated services and use of facilities			2	107,752.			
	3Recoveries of prior year grants		<u>t</u>	3				
	4Other (specify):							
	CER CEM 11		i t	4	20,732.			
	Add lines b1 through b4					b	130,064.	-
С	Subtract line b from line a					С	2,119,491.	_
t	Amounts included on Part I, line 12, but	not on line a:						
	1 Investment expenses not included on Pa	rt I, line 6b	<u>c</u>	11				
	2Other (specify):							
			ـ ا	12				
	Add lines d1 and d2					d		
e	Total revenue (Part I, line 12). Add lines	c and d				е	2,119,491.	_
Ρź	art IV-B Reconciliation of Expens	ses per Audited Financi	al Statements	s wit	h Expenses per	Re	turn	_
				_				
а	Total expenses and losses per audited fi	nancial statements				a	1,888,149.	
o	Amounts included on line a but not on P	art I, line 17:						
	1Donated services and use of facilities			1	107,752.			
	2Prior year adjustments reported on Part	I, line 20		2				
	3Losses reported on Part I, line 20			3				
	CEE CTMT 12		L	4	20,732.			
	Add lines b1 through b4		- 			ь	128,484.	
_	Subtract line b from line a					c	1,759,665.	
4	Amounts included on Part I, line 17, but						27.027.00.	-
J	1Investment expenses not included on Pa		ء ا	11				
	000 ('')		j	4 (
	2Other (specify):							
				12				
	Add lines d1 and d2					d	1,759,665.	-
e D	Total expenses (Part I, line 17). Add line					е		_
r c	art V-A Current Officers, Directo or key employee at any time dur	rs, Trustees, and Key E ring the vear even if they were	.mpioyees (Li e not compensate	st eac :d.) <i>(S</i>	h person who was a <i>ee the instructions.</i>)	ın ofi I	ficer, director, trustee,	
_		(B) Title and average hours	 		(D) Contributions		(E) Expense	-
	(A) Name and address	per week devoted	(if not paid		employee benef	it	account and other	
	()	to position	enter -0-)		plans and deferre compensation pla		allowances	
								-
-						1		
F	E STATEMENT 13		49,	583.		0.	0.	
	D OTHER BINE TO			<u> </u>				-
						Ì		
								-
_						\dashv		-
					1	l		
								-
								-
					1	}		

Form 330 (5002) DIG DROTHERS/DIG 2121	FK2 OF WIDDLE	IN	23-7030	024			age o			
Part V-A Current Officers, Directors, Tru	istees, and Key E	mployees (continued)				Yes	No			
75 a Enter the total number of officers, directors, and trustees pe	ermitted to vote on organizat	ion business as board meetings	► 24							
b Are any officers, directors, trustees, or key em listed in Schedule A, Part I, or highest compen A, Part II-A or II-B, related to each other throu identifies the individuals and explains the relati	isated professional and oh family or business i	d other independent contrelationships? If 'Yes,' at	ractors listed in Schedul tach a statement that	le	75 b		Х			
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations.										
Note. Related organizations include section 509	9(a)(3) supporting orga	anizations.								
If 'Yes,' attach a statement that identifies the in other organization(s), and describes the comparelated organization	ndividuals, explains the ensation arrangements	e relationship between th s, including amounts paid	is organization and the I to each individual by ea	ach						
d Does the organization have a written conflict or					75 d					
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, director during the year, list that person below a the instructions.)	or, trustee, or key emp	loyee received compens f compensation or other	ation or other benefits (c	describ	ed be	elow)				
(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	acco	ount a	pense and ot ances	her			
			Compensation plans							
Part VI Other Information (See the instruct	tions)					Yes	No			
		U 1002 1/ N/				163	110			
76 Did the organization engage in any activity not attach a detailed description of each activity	previously reported to	the IRS? If Yes,			76	*********	Х			
77 Were any changes made in the organizing or g If 'Yes,' attach a conformed copy of the change	overning documents b				77		Х			
78a Did the organization have unrelated business g b If 'Yes,' has it filed a tax return on Form 990-T			-		78 a 78 b	N/	X A			
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement	n, or substantial contra	ection during the			79		Х			
80 a Is the organization related (other than by associate membership, governing bodies, trustees, office	ers, etc, to any other e	xempt or nonexempt org	anization?		80 a	Χ				
b If 'Yes,' enter the name of the organization ► 81 a Enter direct and indirect political expenditures.	and cl	heck whether it is X ex	xempt or nonexen	 npt. 0.						
b Did the organization file Form 1120-POL for this	-				81 b	<u> </u>	X			

TEEA0106L 11/03/05

Form 990 (2005)

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Form 990 (2005) BIG BROTHERS/BIG SISTERS OF MIDDLE TN	23-705602	4	Ρ	age 7
Part VI Other Information (continued)			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities substantially less than fair rental value?	at no charge or at	82a	Х	
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)				
83a Did the organization comply with the public inspection requirements for returns and exemption		83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contribu		83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such connot tax deductible?		84 Ь	N	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		85a	N/	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85 b	N	A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the waiver for proxy tax owed for the prior year.	1 1			
c Dues, assessments, and similar amounts from members				
d Section 162(e) lobbying and political expenditures				
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices				
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		1 1		/
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85 g	N/	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reason dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85 h	N	'A
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on	1 1			
line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable contains an entity disregarded as separate from the organization under Regulations sections 301.77 If 'Yes,' complete Part IX	01-2 and 301.7701-3?	88		Х
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year un	der:			
section 4911 ► 0. ; section 4912 ► 0. ; section 4	¹⁹⁵⁵ ► <u>0.</u>			
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess during the year or did it become aware of an excess benefit transaction from a prior year? If explaining each transaction	s benefit transaction 'Yes,' attach a statement	89 Ь		Х
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	ie ►			0.
d Enter: Amount of tax on line 89c, above, reimbursed by the organization				0.
90 a List the states with which a copy of this return is filed - TN		. -	. <u> </u>	
b Number of employees employed in the pay period that includes March 12, 2005 (See instructi	ons.)	90 b		23
91a The books are in care of ► LISA ROBERTSON Telephone nu Located at ► 5809 FREDERICKSBURG DRIVE, NASHVILLE TN	imber $\stackrel{\blacktriangleright}{}$ (615) 665- ZIP + 4 $\stackrel{\blacktriangleright}{}$ 3721			
b At any time during the calendar year, did the organization have an interest in or a signature of	or other authority over a		Yes	No
financial account in a foreign country (such as a bank account, securities account, or other fir	nancial account)?	91 Ь		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of F Financial Statements				
c At any time during the calendar year, did the organization maintain an office outside of the Ur	nited States?	91 c		Х
If 'Yes,' enter the name of the foreign country ►				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check I	 here	N/2	A •	► □
and enter the amount of tax-exempt interest received or accrued during the tax year	1 1			N/A
BAA		Form	990 ((2005)

Part VII	Analysis of Income-Producin	g Activities	(See the instructions.)			
		Unrelate	d business income	Excluded by s	ection 512, 513, or 514	(E)
Note: Ente otherwise i	er gross amounts unless indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Pro	ogram service revenue:					
a						
d				-		
f Me	dicare/Medicaid payments			 		
	s & contracts from government agencies					
_	mbership dues and assessments.					
95 Inter	rest on savings & temporary cash invmnts			14	3,105.	
	idends & interest from securities			14	1,450.	
	rental income or (loss) from real estate:					
	ot-financed property					
	debt-financed propertyrental income or (loss) from pers prop					
	ner investment income					
100 Gai	in or (loss) from sales of assets					
oth	er than inventory			18	151,753.	100 001
	income or (loss) from special events			<u> </u>		103,901.
102 Gros	ss profit or (loss) from sales of inventory ner revenue: a					
	lei revenue. a					
c						
d						
e						
104 Sub	total (add columns (B), (D), and (E))				156,308.	103,901.
105 Tot	tal (add line 104, columns (B), (D), α	and (E))			······ <u> </u>	260,209.
	105 plus line 1d, Part I, should equi			rompt Purpo	COC (Coo the instruction	nc.)
Line No.						
Eme No. ▼	Explain how each activity for whic of the organization's exempt purpo	n income is re oses (other thi	ported in column (E) of an by providing funds fo	r Part VII contrib or such purpose:	uted importantly to the s).	accomplishment
101	THE SPECIAL EVENTS PR					N OF
	PRIMARILY SINGLE-PARE					<u> </u>
		 · · · · · · · · · · · · · · · · · ·				
Part IX	Information Regarding Tax	kable Subs	idiaries and Disre	garded Entit	es (See the instruction	ns.)
	(A)	(B)	(C	;)	(D)	(E)
	address, and EIN of corporation,	Percentage		activities	Total	End-of-year
	tnership, or disregarded entity	ownership in	terest		income	assets
N/A			%			
		_	00 00			
			%			
Part X	Information Regarding Tra	ensfers Ass		onal Benefit	Contracts (See the	instructions.)
	e organization, during the year, receive any fu					Yes X No
	he organization, during the year, pa	. ,	3, 1, 3, 1	•		Yes X No
Note: /	'f 'Yes' to (b), file Form 8870 and Fo	rm 4720 (see	instructions).	•		
	Under penalties of perjury, I declare that I hat true, correct, and complete. Declaration of p	ive examined this	return, including accompanying	g schedules and state	ements, and to the best of my	knowledge and belief, it is
Diana	inde, conect, and complete. Declaration of p	(officer than	Torrices is based on all inform	ation of which prepar	1 10/25	101-
Please Sign	Signature of officer		\mathcal{H}		Date	<u> </u>
Here	> \ @ \ \	1 XOM	M UTIC	(FC)	
	Type or print name and title.	101.			·	
	 		•	Date	, Check if	reparer's SSN or PTIN (See General Instruction W)
natil	Droppere's	/1				eneral instruction vvi
Paid Pre-	Preparer's signature A. Bace	s lea	n CPA	10/25/	/ I Sett.	V/A
Paid Pre- parer's	signature	AN & HOWA		10/25/	n Sen	
Pre- parer's Use	signature Firm's name (or yours if self-employed), \$\frac{\text{FRASIER, DE}}{3310 \text{WEST EI}}\$		RD, PLLC	10/25/	n Sen	
Pre- parer's	signature Firm's name (or yours if self-employed), address and 3310 WEST EN		RD, PLLC	10/25/	Ø6 employed ► X 1	N/A

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under **Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information — (See separate instructions.)

2005

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Employer identification number Name of the organization 23-7056024 BIG BROTHERS/BIG SISTERS OF MIDDLE TN Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions, List each one. If there are none, enter 'None.') (b) Title and average (d) Contributions (a) Name and address of each (c) Compensation (e) Expense to employes benefit employee paid more hours per week account and other plans and deferred than \$50,000 devoted to position allowances compensation NONE Total number of other employees paid Part II — A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions. List each one (whether individuals or firms). If there are none, enter 'None.') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services Part II — B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.) (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service NONE Total number of other contractors receiving over \$50,000 for other services.....

Part IV A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note	: You may use the worksheet in th	e instructions for con	verting from the accru	al to the cash method	d of accounting.	
	ndar year (or fiscal year nning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	737,189.	549,419.	438,664.	526,660.	2,251,932.
16	Membership fees received					0.
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	93,964.	154,941.	95,508.	83,343.	427,756.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,409.	4,202.	12,536.	11,301.	31,448.
19	Net income from unrelated business activities not included in line 18			·		0.
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0.
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					0.
23	Total of lines 15 through 22	834,562.	708,562.	546,708.	621,304.	2,711,136.
24	Line 23 minus line 17	740,598.	553,621.	451,200.	537,961.	2,283,380.
_25	Enter 1% of line 23	8,346.	7,086.	5,467.	6,213.	
26 I	Organizations described on lines Prepare a list for your records to show the	name of and amount contri	buted by each person (other	olumn (e), line 24 r than a governmental unit c	or publicly	45,668.
	supported organization) whose total gifts f return. Enter the total of all these excess a	or 2001 through 2004 exceed amounts	ded the amount shown in ti	ne 26a. Do not file this list	with your ► 26b	241,592.
	Total support for section 509(a)(1				▶ 26c	2,283,380.
•	d Add: Amounts from column (e) fo	r lines: 18 22	31,448.	19 26b 241,5	92. 26d	273,040.
	Public support (line 26c minus lin			· · · · · · · · · · · · · · · · · · ·	► 26e	2,010,340.
	Public support percentage (line 2		ud by line 26c (denom			
27	Organizations described on line a For amounts included in lines 15, name of, and total amounts receisuch amounts for each year:	12: N/A 16, and 17 that were ved in each year from	received from a 'disq , each 'disqualified p	ualified person,' preperson.' Do not file this	are a list for your rec list with your return	ords to show the . Enter the sum of
	(2004)					
	b For any amount included in line 1 to show the name of, and amoun \$5,000. (Include in the list organi: After computing the difference be differences (the excess amounts) (2004)	t received for each ye zations described in li tween the amount rec for each year:	ar, that was more than nes 5 through 11b, as seived and the larger	in the larger of (1) the well as individuals.) amount described in (e amount on line 25 to Do not file this list wi (1) or (2), enter the su	or the year or (2) th your return. Im of these
(Add: Amounts from column (e) for	r lines: 15	(/ -		-: '	
	(2004) c Add: Amounts from column (e) for 17 d Add: Line 27a total	20		21	27 c	
(d Add: Line 27a total	ar	nd line 27b total		27 d	
•	Public support (line 27c total mini	us line 27d total)			► 27 e	
1	Total support for section 509(a)(2) test: Enter amount f	rom line 23, column (e) 🟲 27f		
Ģ	Public support percentage (line 2	7e (numerator) divide	d by line 27f (denomi	nator))	► 27 g	% 2
	h Investment income percentage (I	ne 18, column (e) (nu	merator) divided by li	ne 27f (denominator)))	%

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Private School Questionnaire (See instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?.... 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?..... 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?..... 31 If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) 32 Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?..... 32 a b Records documenting that scholarships and other financial assistance are awarded on a racially 32b nondiscriminatory basis?.... c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32 c with student admissions, programs, and scholarships?..... d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) 33 Does the organization discriminate by race in any way with respect to: 33a a Students' rights or privileges?..... **b** Admissions policies?..... 33b c Employment of faculty or administrative staff?..... 33 c 33 d d Scholarships or other financial assistance?..... 33 e e Educational policies?..... f Use of facilities? 33 f 33 q q Athletic programs?..... 33h h Other extracurricular activities?.... If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency?..... 34 a b Has the organization's right to such aid ever been revoked or suspended?..... 34 b If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.....

Par	Lobbying E (To be complet	xpenditures by Ele ed ONLY by an eligible	ecting Public Char organization that filed F	ities (See instr orm 5768)	ructions	.)			N/A	
Chec	ck ► a if the organi	zation belongs to an affi	liated group. Check	b if yo	u check	ed 'a' and '	imited	contr	ol' provisions apply.	
		imits on Lobbying	•			Affiliate	a) ed grou tals	ıp	(b) To be completed	
	(The term	n 'expenditures' means a	amounts paid or incurre	ed.)		(0)			for ALL electing organizations	
36	Total lobbying expendito	•								
37	Total lobbying expenditu									
38	Total lobbying expenditu									
39	Other exempt purpose of									
40	Total exempt purpose e				40					
41	Lobbying nontaxable an		t from the following tabl	e —						
	If the amount on line 40		lobbying nontaxable ar							
	Not over \$500,000			1						
	Over \$500,000 but not over \$1,									
	Over \$1,000,000 but not over \$		·		41					
	Over \$1,500,000 but not over \$		•							
	Over \$17,000,000									
42	Grassroots nontaxable	•	•							
43	Subtract line 42 from lin									
44	Subtract line 41 from lin				44					
	Caution: If there is an a									
	4 -Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)									
	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003		1	d) 002		(e) Total	
45	Lobbying nontaxable amount									
46	Lobbying ceiling amount (150% of line 45(e))									
47	Total lobbying expenditures									
48	Grassroots non- taxable amount									
49 	Grassroots ceiling amount (150% of line 48(e))									
	Grassroots lobbying expenditures									
	VI:B Lobbying A (For reporting o						 1		N/A	
	ng the year, did the orgain npt to influence public op						Yes	No	Amount	
	Volunteers									
	Paid staff or manageme		·				$\vdash \vdash \vdash$			
	: Media advertisements .									
	Mailings to members, le						$\vdash \vdash \vdash$			
	Publications, or published									
	Grants to other organization of the Grants to other organization of the Grants of the									
_	Rallies, demonstrations	-		-			\vdash			
	Total lobbying expenditu		•	' - '						
ı		-					<u> </u>			
	If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.									

Part VIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

							
51 Did th of the	e reporting organization of Code (other than section	directly or in 1 501(c)(3) o	directly engage in any of the following organizations) or in section 527, relating	g with any other organization described ng to political organizations?	l in section	501(d	2)
a Trans	fers from the reporting or	ganization to	o a noncharitable exempt organizatio	n of:		Yes	No
(i) Ca	ash				51 a (i)		Χ
(ii) O	ther assets				a (ii)		X
b Other	transactions:						
(i) Sa	ales or exchanges of ass	ets with a no	oncharitable exempt organization		b (i)		Х
(ii) Pt	urchases of assets from a	a noncharita	ble exempt organization		b (ii)		X
				• • • • • • • • • • • • • • • • • • • •			X
					b (iv)		X
					b (v)		X
					b (vi)		X
			•				X
				umn (b) should always show the fair ma rganization received less than fair mar ods, other assets, or services received		e of	
(a)	(b)		(c)	(d)			
Line no.	Amount involved	Name of	noncharitable exempt organization	Description of transfers, transactions, and	sharing arrar	igement	S
N/A			* * * * * * * * * * * * * * * * * * * *				
							
							
-							
descri	bed in section 501(c) of t	he Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in secti	tax-exempt organizations on 527?	► Ye	s X	No
b if 'Yes	s,' complete the following	schedule:	1				
	(a) Name of organization		(b) Type of organization	(c) Description of relation	ship		
7.73			, year or anguing and				
N/A							
				ļ			
			<u> </u>				
				·			
				L			
				·			
							0005
D A A				Schedule A (Form	n 990 or 9	40.F7	7005