

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)

OMB No 1545-0047

2004

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

A For the 2004 calendar year, or tax year beginning and ending

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
BIG BROTHERS BIG SISTERS OF METRO ATLANTA, INC.

D Employer identification number
58-0861895

Number and street (or P O box if mail is not delivered to street address) Room/suite
100 EDGEWOOD AVENUE NE 710

E Telephone number
404-601-7000

City or town, state or country, and ZIP + 4
ATLANTA, GA 30303

F Accounting method Cash Accrual
 Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ WWW.BBBSATL.ORG

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

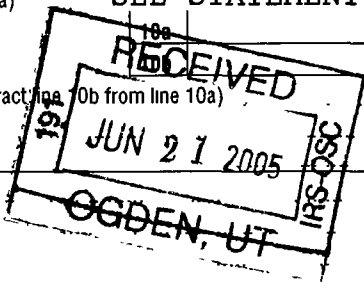
K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **2,833,112.**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? N/A Yes No (If "No," attach a list)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check ▶ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support	1a	2,448,369.			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c				
	d	Total (add lines 1a through 1c) (cash \$ 2,420,587. noncash \$ 27,782.)	1d	2,448,369.			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	20,562.			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4				
	5	Dividends and interest from securities	5				
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
7	Other investment income (describe ▶ INTEREST/DIVIDEND INCOME)	7	23,429.				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	8d	44,110.	
			175,883.	8a			
			131,773.	8b			
			44,110.	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1				
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>					
	a	Gross revenue (not including \$ 669,498. of contributions reported on line 1a)	9a	141,497.			
	b	Less: direct expenses other than fundraising expenses	9b	141,497.			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0.			
	10a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b					
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c					
11	Other revenue (from Part VII, line 103)	11	23,372.				
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,559,842.				
Net Assets	13	Program services (from line 44, column (B))	13	2,432,511.			
	14	Management and general (from line 44, column (C))	14	371,276.			
	15	Fundraising (from line 44, column (D))	15	462,896.			
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 16 and 44, column (A))	17	3,266,683.			
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<706,841.>				
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,129,330.				
20	Other changes in net assets or fund balances (attach explanation)	20	103,931.				
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	2,526,420.				



SCANNED JUL 28 2005

423001 01-13-05

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2004)

**BIG BROTHERS BIG SISTERS OF
METRO ATLANTA, INC.**

58-0861895

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 Page 2

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)					
(cash \$ _____ noncash \$ _____)	22				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	553,660.	330,646.	159,892.	63,122.
26 Other salaries and wages	26	1,194,844.	939,917.	38,490.	216,437.
27 Pension plan contributions	27				
28 Other employee benefits	28	144,319.	109,711.	14,597.	20,011.
29 Payroll taxes	29	162,214.	116,899.	18,298.	27,017.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	32,109.	21,501.	2,733.	7,875.
34 Telephone	34	55,169.	36,604.	10,561.	8,004.
35 Postage and shipping	35	13,133.	7,357.	1,735.	4,041.
36 Occupancy	36	327,162.	289,329.	16,532.	21,301.
37 Equipment rental and maintenance	37	21,983.	17,264.	1,266.	3,453.
38 Printing and publications	38	29,286.	18,618.	2,720.	7,948.
39 Travel	39	17,821.	13,357.	583.	3,881.
40 Conferences, conventions, and meetings	40	51,609.	12,281.	27,587.	11,741.
41 Interest	41	2,091.		2,091.	
42 Depreciation, depletion, etc (attach schedule)	42	126,529.	91,101.	13,918.	21,510.
43 Other expenses not covered above (itemize)					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e SEE STATEMENT 4	43e	534,754.	427,926.	60,273.	46,555.
44 <small>Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	3,266,683.	2,432,511.	371,276.	462,896.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses <small>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</small>
a SEE STATEMENT 6	
(Grants and allocations \$ _____)	2,432,511.
b	
(Grants and allocations \$ _____)	
c	
(Grants and allocations \$ _____)	
d	
(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,432,511.

**BIG BROTHERS BIG SISTERS OF
METRO ATLANTA, INC.**

Form 990 (2004)

58-0861895 Page 3

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	783,640.	45	232,341.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	46,142.			
	47 b Less allowance for doubtful accounts				
			63,630.	47c	46,142.
	48 a Pledges receivable	435,581.			
	48 b Less allowance for doubtful accounts	19,325.			
			557,056.	48c	416,256.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	51 b Less allowance for doubtful accounts			51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		20,727.	53	90,685.
	54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55 a Investments - land, buildings, and equipment, basis					
55 b Less accumulated depreciation			55c		
56 Investments - other	SEE STATEMENT 7	1,541,083.	56	1,683,292.	
57 a Land, buildings, and equipment basis	939,987.				
57 b Less accumulated depreciation STMT 8	780,737.				
		197,188.	57c	159,250.	
58 Other assets (describe ▶ DEPOSIT)		5,769.	58	5,769.	
59 Total assets (add lines 45 through 58) (must equal line 74)		3,169,093.	59	2,633,735.	
Liabilities	60 Accounts payable and accrued expenses	39,763.	60	59,833.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	64 b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ CAPITAL LEASE OBLIGATION)			65	47,482.
66 Total liabilities (add lines 60 through 65)		39,763.	66	107,315.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	2,597,342.	67	2,063,136.	
	68 Temporarily restricted	506,988.	68	438,284.	
	69 Permanently restricted	25,000.	69	25,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		3,129,330.	73	2,526,420.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)		3,169,093.	74	2,633,735.

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

**BIG BROTHERS BIG SISTERS OF
METRO ATLANTA, INC.**

Form 990 (2004)

58-0861895 Page 4

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	2,663,773.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 103,931.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	103,931.
c	Line a minus line b	c	2,559,842.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	2,559,842.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,266,683.
b	Amounts included on line a but not on line 17, Form 990		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	3,266,683.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify): \$		
	Add amounts on lines (1) and (2)	d	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,266,683.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JANICE MCKENZIE-CRAYTON ----- ATLANTA, GA	PRESIDENT 40	181,046.	8,190.	0.
ARTHUR VAUGHN ----- ATLANTA, GA	VP FINANCE 40	91,892.	4,288.	0.
DR. CHARCELLA GREEN ----- ATLANTA, GA	VP PROGRAM SERVICES 40	92,100.	4,330.	0.
ROBERT JOHNSON ----- ATLANTA, GA	ASSOC VP - IT 40	68,000.	3,400.	0.
CHRISTINE MAYFIELD ----- ATLANTA, GA	ASSOC VP - PROGRAM SERVICE 40	57,500.	2,875.	0.
GREG HOLIDAY ----- ATLANTA, GA	VP DEVELOPMENT 40	63,122.	2,613.	0.
SEE ATTACHED BOARD OF DIRECTORS LIST ----- ----- ----- ----- -----		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No

**BIG BROTHERS BIG SISTERS OF
METRO ATLANTA, INC.**

Form 990 (2004)

58-0861895

Page 5

Part VI Other Information

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
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) 82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year N/A		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 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 reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
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 corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 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 ▶ GEORGIA		
b	Number of employees employed in the pay period that includes March 12, 2004 90b 44		
91	The books are in care of ▶ ARTHUR VAUGHN Telephone no ▶ 404-601-7000		
	Located at ▶ 100 EDGEWOOD AVENUE, SUITE 710, ATLANTA, GA ZIP + 4 ▶ 30303		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

423041
01-13-05

Form 990 (2004)

**BIG BROTHERS BIG SISTERS OF
METRO ATLANTA, INC.**

Form 990 (2004)

58-0861895 Page 6

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue					
a PROGRAM FEES					20,562.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income			14	23,429.	
100 Gain or (loss) from sales of assets other than inventory			14	44,110.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS INCOME					23,372.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		67,539.	43,934.
105 Total (add line 104, columns (B), (D), and (E))					111,473.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	INCOME IS USED TO PAY FOR EDUCATION AND HELPING TO DEFRAY THE COSTS OF PROVIDING SERVICES.
103A	MISCELLANEOUS INCOME IS ALSO USED TO HELP DEFRAY THE COSTS OF PROVIDING SERVICES.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Preparer Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. All information is true and correct to the best of my knowledge and belief.

Date: 16/17/05 Preparer: Arthur C. ... - CP Finance

Date: 6/16/05 Check if self-employed: Preparer's SSN or PTIN: _____

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

OMB No 1545-0047

2004

Name of the organization **BIG BROTHERS BIG SISTERS OF METRO ATLANTA, INC.** Employer identification number **58 0861895**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ 0

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the 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 ▶ 0

BIG BROTHERS BIG SISTERS OF

Part III Statements About Activities (See page 2 of the instructions)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

- The organization is not a private foundation because it is (Please check only **ONE** applicable box)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A)
 - 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
 - 12 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 charitable, etc , 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) (Also complete the **Support Schedule** in Part IV-A)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4) (See page 5 of the instructions.)

BIG BROTHERS BIG SISTERS OF

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 the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,901,862.	2,194,646.	626,901.	2,021,200.	6,744,609.
16 Membership fees received					
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	42,695.	33,807.	13,830.	29,750.	120,082.
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	33,454.	33,684.	32,066.	115,676.	214,880.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	668,787.	709,971.	SEE STATEMENT 9 343,567.	708,311.	2,430,636.
23 Total of lines 15 through 22	2,646,798.	2,972,108.	1,016,364.	2,874,937.	9,510,207.
24 Line 23 minus line 17	2,604,103.	2,938,301.	1,002,534.	2,845,187.	9,390,125.
25 Enter 1% of line 23	26,468.	29,721.	10,164.	28,749.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 187,803.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 9,390,125.
d Add. Amounts from column (e) for lines: 18 <u>214,880.</u> 19 _____ 22 <u>2,430,636.</u> 26b _____					26d 2,645,516.
e Public support (line 26c minus line 26d total)					26e 6,744,609.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 71.8266%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2003)	(2002)	(2001)	(2000)	N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	(2003)	(2002)	(2001)	(2000)	N/A
c Add. Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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					NONE

BIG BROTHERS BIG SISTERS OF

Schedule A (Form 990 or 990-EZ) 2004 **METRO ATLANTA, INC.**

58-0861895 Page 4

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	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?		
30	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?		
31	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? 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? 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.		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35	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		

Schedule A (Form 990 or 990-EZ) 2004

BIG BROTHERS BIG SISTERS OF

Schedule A (Form 990 or 990-EZ) 2004 METRO ATLANTA, INC.

58-0861895 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
		N/A													
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
37	Total lobbying expenditures to influence a legislative body (direct lobbying)														
38	Total lobbying expenditures (add lines 36 and 37)														
39	Other exempt purpose expenditures														
40	Total exempt purpose expenditures (add lines 38 and 39)														
41	Lobbying nontaxable amount Enter the amount from the following table -														
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)														
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36														
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38														

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720

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 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

2004 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FURNITURE AND FIXTURES	VARIABLES	SL	5.00	16	204,390.			204,390.	145,330.		31,306.
2	COMPUTER EQUIPMENT	VARIABLES	SL	5.00	16	313,672.			313,672.	285,540.		23,554.
3	COMPUTER EQUIPMENT	VARIABLES	SL	3.00	16	145,211.			145,211.	27,546.		31,139.
4	BUILDING IMPROVEMENTS	VARIABLES	SL	5.00	16	276,714.			276,714.	195,792.		40,530.
	* TOTAL 990 PAGE 2 DEPR					939,987.		0.	939,987.	654,208.	0.	126,529.

Big Brothers Big Sisters of Metro Atlanta, Inc. 2005 Board of Directors Roster

Mr Raymond E. Baltz, Jr. Treasurer
 Partner
 King & Spalding
 191 Peachtree Street
 Atlanta, GA 30303
 Office No. 404-572-4600
 Assistant: Madaline Costa - 404-572-3061
 Fax No. 404-572-5146
 Email: rbaltz@kslaw.com
 Assistant's Email: mcosta@kslaw.com

Home Info:
 2955 Rhodenhaven Drive, NW
 Atlanta, GA 30303
 404-350-0043

Spouse: PAMELA

Mr. William Duffy*
 Executive Vice President/CFO
 Atlanta Spirit, LLC
 101 Marietta Street, NW-Suite 1900
 Atlanta, GA 30303
 Office No. 404-827-5757
 Assistant: Linda Williams 404-827-4629
 Fax No. 404-878-4356
 Email: bill.duffy@atlantaspirit.com
 Assistant's Email: Linda.Williams@atlantaspirit.com

Home Info:
 1080 Bluffhaven Way
 Atlanta, GA 30319
 404-705-9576

Spouse: CATHY

Ms. Susan Davidson
 Vice President-Human Resources
 Cox Newspapers, Inc.
 6205 Peachtree Dunwoody Road
 Atlanta, GA 30328
 Office No. 678-645-4021
 Assistant: Angela Strougal 678-645-4041
 Fax No. 678-645-5001
 Email: susan.Davidson@cox.com
 Assistant's Email: angela.strougal@cox.com

Home Info:
 3070 Fenwood Trail
 Roswell, GA 30075
 770-998-8241

Mr. J. Thad Ellis*
 Managing Director
 Advantis Real Estate Services
 3455 Peachtree Road, NE, #400
 Atlanta, GA 30319
 Office No. 404-949-6099
 Assistant: Patti Sharpnack 404-949-6022
 Fax No. 404-262-1083
 Email: tellis@advantisgva.com
 Assistant's Email: psharpnack@advantisgva.com

Home Info:
 5109 North Ivy Road
 Atlanta, GA 30342
 404-233-3982

Spouse: MARY BETH

**Big Brothers Big Sisters of Metro Atlanta, Inc.
2005 Board of Directors Roster**

Ms. Molly Eskew
4505 Club Drive
Atlanta, GA 30319

Office No.
Fax No.
Email: meskew@bellsouth.net

Home Info:
4505 Club Drive
Atlanta, GA 30319
404-237-1170

Spouse: MICHAEL

Mr. John P. Fry
Partner
Morris, Manning & Martin, LLP
1600 Atlanta Financial Center
1201 West Peachtree Street
Atlanta, Georgia 30326-10444

Assistant:
Office No. 404-504-7728
Fax No. 404-365-9532
Email: jfry@mmmlaw.com
Assistant's Email:

Home Info:
56 Avery Drive, NE
Atlanta, GA 30309
404-892-9691

Spouse: GRIFFIN

Ms. Laura L. Hale
Vice President
Marketing & Programming Director
WXIA-TV Atlanta
1611 West Peachtree Street, NE
Atlanta, GA 30309

Office No. 404-885-7668
Fax No. 404-892-0182
Email: lhale@wxia.gannett.com

Chairman

Assistant:
Assistant's Email:

Home Info:
2204 Defoors Mill Drive
Atlanta, GA 30318
404-352-8367

Mr. Darryl Hicks
Director-Governmental Regulatory Affairs
AGL Resources
Location 1461
P.O. Box 4569
Atlanta, GA 30302-4569

Office No. 404-584-4209
Assistant:
Fax No. 404-584-3459
Email: dhicks@aglresources.com
Assistant's Email:

Home Info:
315 Marley Drive
College Park, GA 30349
770-994-1344

Spouse: SHIRELLE

Big Brothers Big Sisters of Metro Atlanta, Inc. 2005 Board of Directors Roster

Mr. Mark Lazzaro
Partner
Deloitte & Touche, LLP
191 Peachtree St., NE, Suite 1500
Atlanta, GA 30303

Office No. 404-220-1230
Assistant: Denise Rousseau - 404-220-1574
Fax No. 404-631-8304
Email: mlazzaro@deloitte.com
Assistant's Email: drouseau@deloitte.com

Home Info:
215 High Point Walk, N.E.
Atlanta, GA 30342
404-943-0104

Spouse: MARIA

Ms. Donata R. Major - *Secure Ferry*
President
Herman J. Russell Foundation
566 Wells Street
Atlanta, GA 30312

Office No. 404-614-6867
Assistant: Barbara Gardner - 404-614-6891
Fax No. 404-653-8151
Email: dmajor@cintl.com
Assistant's Email: bgardner@cintl.com

Home Info:
897 Barton Woods Road
Atlanta, GA 30307
404-377-9373
404-983-1392 - cell
Spouse: ZANE

Ms. Anne Swartz Peer
Senior Associate
Spencer Stuart
2600 Resurgens Plaza
945 East Paces Ferry Road
Atlanta, GA 30326

Office No. 404-504-4432
Assistant:
Fax No. 404-504-4402
Email: aswartz@spencerstuart.com
Assistant's Email:

Home Info:
1155 Marka Lane
Alpharetta, GA 30004
770-754-9678

Spouse: THOM

Mrs. Bonnie Phipps
President & Chief Executive Officer
Saint Joseph's Health System
5665 Peachtree Dunwoody Road
Atlanta, GA 30342

Office No. 404-851-5720
Asst: Janice Wallace - 404-851-5720
Fax No. 404-851-7339
Email: bphipp@s.jha.org
Assistant's Email: jwallace@s.jha.org

Home Info:
75 14th Street, #4840
Atlanta, GA 30309
404-874-5887

Spouse: CHARLIE

**Big Brothers Big Sisters of Metro Atlanta, Inc.
2005 Board of Directors Roster**

Mr. Laurent P. Rotival
Chief Information Officer
 GE Energy Services
 4200 Wildwood Parkway
 Atlanta, GA 30339

Home Info:
 2325 Dellwood Drive
 Atlanta, GA 30305
 404-350-1628

Spouse: AMY

Office No. 770-859-6999
Assistant: Carol Willever - 770-859-6439
Fax No.: 770-859-7999
Email: Laurent.Rotival@ps.ge.com
Assistant's Email: Carol.Willever@ps.ge.com

Dr. Lynn Slavenski
Senior Vice President
 Equifax
 Education & Organizational Development
 1550 Peachtree Street, NW
 Atlanta, GA 30309

Home Info:
 3087 Vinings Ridge Dr.
 Atlanta, GA 30339
 770-955-4351

Office No. 404-885-8174
Assistant: Tina Drayton - 404-885-8165
Fax No. 404-885-8887
Email: Lynn.Slavenski@equifax.com
Assistant's Email: Tina.Drayton@equifax.com

Mr. Mark Tipton
 Georgia Commerce Bank
 3265 Cumberland Blvd. SE
 Building Two
 Atlanta, GA 30339

Home Info:
 3445 West Paces Ferry Court
 Atlanta, GA 30327
 404-816-4311

Spouse: DIANA

Office No. 678-631-1270
Assistant: Deborah Evans - 678-631-1265
Fax No. 678-631-1266
Email: marktipton@gacommercebank.com
Assistant's Email: deborachevans@gacommercebank.com

Ms. Sharon Umphenour
 Vice President-Community Relations
 RTM Restaurant Group
 5995 Barfield Road
 Atlanta, GA 30328

Home Info:
 544 Valley Road, NW
 Atlanta, GA 30305
 404-815-7279

Office No. 404-812-1721
Assistant: Veronica Rotello - 404-812-1721
Fax No. 404 812-1785
Email: ssubeach@aol.com
Assistant's Email: vprofcssu@aol.com

**Big Brothers Big Sisters of Metro Atlanta, Inc.
2005 Board of Directors Roster**

Mr. Steve M. Whaley
 VP & General Tax Counsel
 The Coca-Cola Company
 P. O. Drawer 1734
 (Physical Address: One Coca-Cola Plaza, NNW)
 NAT 1134 (include in physical address)
 Atlanta, GA 30301 (Physical: 30313)

Mr. Albert Wright
 Vice President-Engineering
 UPS
 55 Glenlake Parkway, NE
 Atlanta, GA 30328

Office No. 404-676-7551
 Assistant: Leann Robinson - 404-676-2699
 Fax No. 404-515-3132
 Email: Swhaley@na.ko.com
 Assistant's Email: lerobinson@na.ko.com

Office No. 404-828-6060
 Assistant: Deborah Allen - 404-828-4838
 Fax No. 404-828-7259
 Email: ALWright@ups.com
 Assistant's Email: deborahallen@ups.com

Home Info:
 2660 Peachtree Road, #31C
 Atlanta, GA 30305
 404-262-8369

Home Info:
 505 Glen Abbey
 Alpharetta, GA 30022
 678-566-1758

Spouse: ANNA

Spouse: DENISE

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization BIG BROTHERS BIG SISTERS OF METRO ATLANTA, INC.	Employer identification number 58-0861895
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 100 EDGEWOOD AVENUE NE STE 710	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30303-3026	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ _____
Telephone No. ▶ _____ FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2004** or
▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FORM 990 **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES** **STATEMENT** **1**

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
WACHOVIA	175,883.	131,773.	0.	44,110.
TO FORM 990, PART I, LINE 8	175,883.	131,773.	0.	44,110.

FORM 990 **SPECIAL EVENTS AND ACTIVITIES** **STATEMENT** **2**

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	77,073.	76,573.	500.	500.	0.
LEGACY AWARDS GALA	456,550.	337,220.	119,330.	119,330.	0.
BOWL FOR KIDS SAKE	277,372.	255,705.	21,667.	21,667.	0.
TO FM 990, PART I, LINE 9	810,995.	669,498.	141,497.	141,497.	0.

FORM 990 **OTHER CHANGES IN NET ASSETS OR FUND BALANCES** **STATEMENT** **3**

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENT	103,931.
TOTAL TO FORM 990, PART I, LINE 20	103,931.

FORM 990 **OTHER EXPENSES** **STATEMENT** **4**

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
BIG BROTHERS BIG SISTERS OF AMERICA DUES AND SUBSCRIPTIONS	19,011.	19,011.		
INSURANCE	14,033.	3,848.	8,697.	1,488.
STAFF DEVELOPMENT SPECIFIC ASSISTANCE TO INDIVIDUALS	81,163.	57,995.	10,717.	12,451.
	26,961.	16,119.	9,303.	1,539.
	20,592.	20,592.		

BIG BROTHERS BIG SISTERS OF METRO ATLANT

58-0861895

BAD DEBT	149,997.	149,997.		
MISCELLANEOUS	15,916.	5,592.	7,023.	3,301.
IT EXPENSES	56,532.	42,548.	5,276.	8,708.
PROFESSIONAL FEES	150,549.	112,224.	19,257.	19,068.
TOTAL TO FM 990, LN 43	534,754.	427,926.	60,273.	46,555.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

TO PROVIDE AND SUPPORT MEANINGFUL ONE-TO-ONE FRIENDSHIPS WITH CHILDREN AND CARING, WELL-TRAINED VOLUNTEERS.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

BIG BROTHERS BIG SISTERS OF METRO ATLANTA, INC SEEKS TO ASSIST CHILDREN OF EVERY ETHNIC, RACIAL, NATIONAL, CULTURAL AND RELIGIOUS GROUP IN THE METRO ATLANTA AREA WHO MAY NEED ADDITIONAL POSITIVE ROLE MODELS TO ENRICH THEIR LIVES.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		2,432,511.

FORM 990 OTHER INVESTMENTS STATEMENT 7

DESCRIPTION	VALUATION METHOD	AMOUNT
WACHOVIA BROKERAGE AND ENDOWMENT ACCT	MARKET VALUE	1,683,292.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,683,292.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 8

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND FIXTURES	204,390.	176,636.	27,754.
COMPUTER EQUIPMENT	313,672.	309,094.	4,578.
COMPUTER EQUIPMENT	145,211.	58,685.	86,526.
BUILDING IMPROVEMENTS	276,714.	236,322.	40,392.
TOTAL TO FORM 990, PART IV, LN 57	939,987.	780,737.	159,250.

SCHEDULE A OTHER INCOME STATEMENT 9

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
SPECIAL EVENTS	664,677.	704,743.	343,567.	708,311.
OTHER INCOME	4,110.	5,228.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	668,787.	709,971.	343,567.	708,311.