

Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning and ending

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

C Name of organization: **BIG BROTHERS BIG SISTERS OF METRO ATLANTA, INC.**
 Number and street (or P O box if mail is not delivered to street address): **100 EDGEWOOD AVENUE NE**
 Room/suite: **710**
 City or town, state or country, and ZIP + 4: **ATLANTA, GA 30303**

D Employer identification number: **58-0861895**

E Telephone number: **404-601-7000**

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **3,204,426.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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 ▶ **N/A**
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 ▶ **N/A**

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

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	2,505,494.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 2,463,022. noncash \$ 42,472.)	1d		2,505,494.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		9,381.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4			
5	Dividends and interest from securities	5			
6 a	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		46,219.	
8 a	Gross amount from sales of assets other than inventory	(A) Securities	469,926.	8a	(B) Other
b	Less cost or other basis and sales expenses	397,745.	8b		
c	Gain or (loss) (attach schedule)	72,181.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1		72,181.	8d
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ 724,648. of contributions reported on line 1a)	9a	161,292.		
b	Less direct expenses other than fundraising expenses	9b	161,292.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 2		0.	9c
10 a	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		12,114.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6, 7, 8d, 9c, 10c, and 11)	12		2,645,389.	
13	Program services (from line 44, column (B))	13		2,115,235.	
14	Management and general (from line 44, column (C))	14		375,590.	
15	Fundraising (from line 44, column (D))	15		452,061.	
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17		2,942,886.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		<297,497.>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,526,420.	
20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 3	<9,609.>	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,219,314.	

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

Form 990 (2005)

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**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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	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	374,344.	209,881.	98,314.	66,149.
26 Other salaries and wages	26	1,261,788.	929,121.	104,757.	227,910.
27 Pension plan contributions	27	132,359.	106,737.	5,785.	19,837.
28 Other employee benefits	28				
29 Payroll taxes	29	163,453.	121,895.	16,987.	24,571.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	27,130.	19,764.	2,587.	4,779.
34 Telephone	34	62,229.	41,764.	12,925.	7,540.
35 Postage and shipping	35	16,240.	9,613.	2,077.	4,550.
36 Occupancy	36	303,197.	269,768.	16,726.	16,703.
37 Equipment rental and maintenance	37	37,414.	28,780.	3,332.	5,302.
38 Printing and publications	38	27,942.	15,911.	2,572.	9,459.
39 Travel	39	16,263.	15,082.	503.	678.
40 Conferences, conventions, and meetings	40	34,820.	10,665.	20,879.	3,276.
41 Interest	41	15,260.		15,260.	
42 Depreciation, depletion, etc. (attach schedule)	42	108,320.	77,990.	14,082.	16,248.
43 Other expenses not covered above (itemize):					
a _____	43a				
b _____	43b				
c _____	43c				
d _____	43d				
e _____	43e				
f _____	43f				
g SEE STATEMENT 4	43g	362,127.	258,264.	58,804.	45,059.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,942,886.	2,115,235.	375,590.	452,061.

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 \$ N/A, (ii) the amount allocated to Program services \$ N/A,
 (iii) the amount allocated to Management and general \$ N/A, and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

** SEE STATEMENT 5

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

Form 990 (2005)

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Part IV Balance Sheets (See the instructions.)

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	232,341.	45	441,235.	
	46 Savings and temporary cash investments		46		
	47 a Accounts receivable	48,975.			
	b Less: allowance for doubtful accounts				
			46,142.	47c	48,975.
	48 a Pledges receivable	324,380.			
	b Less: allowance for doubtful accounts				
		5,000.	416,256.	48c	319,380.
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		90,685.	53	59,809.
54 Investments - securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54		
55 a Investments - land, buildings, and equipment: basis					
b Less: accumulated depreciation					
			55c		
56 Investments - other	SEE STATEMENT 7	1,683,292.	56	1,764,723.	
57 a Land, buildings, and equipment: basis		663,703.			
b Less: accumulated depreciation STMT 8					
		587,568.	57c	76,135.	
58 Other assets (describe ▶ DEPOSIT)		5,769.	58	5,769.	
59 Total assets (must equal line 74). Add lines 45 through 58		2,633,735.	59	2,716,026.	
Liabilities	60 Accounts payable and accrued expenses	59,833.	60	68,871.	
	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		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ SEE STATEMENT 9)		47,482.	65	427,841.
66 Total liabilities. Add lines 60 through 65)		107,315.	66	496,712.	
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	2,063,136.	67	1,450,933.	
	68 Temporarily restricted	438,284.	68	743,381.	
	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)		2,526,420.	73	2,219,314.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,633,735.	74	2,716,026.

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

Form 990 (2005)

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Part VI Other Information (continued)

		Yes	No
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?	82a		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?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		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.	85b		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?	85g		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?	85h		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	88		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	89b		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 ▶ GA			
b Number of employees employed in the pay period that includes March 12, 2005	90b		38
91 a The books are in care of ▶ ALLAN ZOELLER Telephone no ▶ 404-601-7000 Located at ▶ 100 EDGEWOOD AVENUE, SUITE 710, ATLANTA, GA ZIP + 4 ▶ 30303			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶	92		N/A

Form 990 (2005)

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

Form 990 (2005)

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Part VII Analysis of Income-Producing Activities (See 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					9,381.
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	46,219.	
100 Gain or (loss) from sales of assets other than inventory			14	72,181.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					12,114.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		118,400.	21,495.
105 Total (add line 104, columns (B), (D), and (E))					139,895.

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 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 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 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).

Please Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Allen Zoeller Date: 6-20-06 Type or print name and title: ALLAN ZOELLER, VP OF FINANCE

Preparer's Use Only: Preparer's signature: J Clifford Hayward Date: 6-14-06 Check if self-employed: Preparer's SSN or PTIN: _____
 Firm's name (or yours if self-employed), address, and ZIP + 4: JONES AND KOLE, CPA'S
10 PIEDMONT CTR, STE 100
ATLANTA, GA 30305 EIN: _____
 Phone no: (404) 262-7920

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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
CHRISTINE MAYFIELD, DIRECTOR OF MATCH	SUPPORT & COMPLIANCE 40.00	54,817.	2,740.	0.

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

Part II-A 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	

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 page 2 of the instructions)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶	0	

BIG BROTHERS BIG SISTERS OF

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
<p>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)</p> <p>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</p>	1	X
<p>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.)</p> <p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>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)</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>	3c	X
<p>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?</p>	4a	X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b	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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See page 6 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 6 of the instructions)

BIG BROTHERS BIG SISTERS OF

Schedule A (Form 990 or 990-EZ) 2005 METRO ATLANTA, INC.

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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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,448,369.	2,566,539.	2,899,389.	970,468.	8,884,765.
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	20,562.	42,695.	33,807.	13,830.	110,894.
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	23,429.	33,454.	33,684.	32,066.	122,633.
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.	23,372.	4,110.	SEE STATEMENT 11 5,228.		32,710.
23 Total of lines 15 through 22	2,515,732.	2,646,798.	2,972,108.	1,016,364.	9,151,002.
24 Line 23 minus line 17	2,495,170.	2,604,103.	2,938,301.	1,002,534.	9,040,108.
25 Enter 1% of line 23	25,157.	26,468.	29,721.	10,164.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 180,802.
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 2001 through 2004 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 9,040,108.
d Add Amounts from column (e) for lines 18 <u>122,633.</u> 19 _____ 22 <u>32,710.</u> 26b _____					26d 155,343.
e Public support (line 26c minus line 26d total)					26e 8,884,765.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 98.2816%
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	(2004) N/A	(2003) N/A	(2002) N/A	(2001) 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 11b, 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	(2004) N/A	(2003) N/A	(2002) N/A	(2001) 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 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

NONE

BIG BROTHERS BIG SISTERS OF

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)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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)	32d	
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)	33h	
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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	34b	
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	35	

2005 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	VARI	ESSL	5.00	16	198,713.			198,713.	169,949.		24,275.
2	COMPUTER EQUIPMENT	VARI	ESSL	5.00	16	40,576.			40,576.	29,562.		8,313.
3	COMPUTER EQUIPMENT	VARI	ESSL	3.00	16	156,450.			156,450.	52,166.		37,812.
4	BUILDING IMPROVEMENTS	VARI	ESSL	5.00	16	267,964.			267,964.	227,571.		37,920.
	* TOTAL 990 PAGE 2											
	DEPR					663,703.		0.	663,703.	479,248.	0.	108,320.

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

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 ▶ **ALLAN ZOELLER**
Telephone No ▶ **404-601-7000** 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, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2005** 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	469,926.	397,745.	0.	72,181.
TO FORM 990, PART I, LINE 8	469,926.	397,745.	0.	72,181.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF TOURNAMENT	137,798.	137,651.	147.	147.	0.
LEGACY AWARDS GALA	446,549.	308,200.	138,349.	138,349.	0.
BOWL FOR KIDS SAKE	301,593.	278,797.	22,796.	22,796.	0.
TO FM 990, PART I, LINE 9	885,940.	724,648.	161,292.	161,292.	0.

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

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENT	<9,609.>
TOTAL TO FORM 990, PART I, LINE 20	<9,609.>

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	13,071.	13,071.		
INSURANCE	9,467.	2,181.	6,236.	1,050.
STAFF DEVELOPMENT	101,792.	75,839.	10,842.	15,111.
SPECIFIC ASSISTANCE TO INDIVIDUALS	14,713.	9,653.	4,526.	534.
	18,683.	18,683.		

BIG BROTHERS BIG SISTERS OF METRO ATLANT

58-0861895

BAD DEBT	8,125.	8,125.		
MISCELLANEOUS	6,693.	821.	5,777.	95.
IT EXPENSES	48,528.	36,605.	4,700.	7,223.
PROFESSIONAL FEES	141,055.	93,286.	26,723.	21,046.
TOTAL TO FM 990, LN 43	362,127.	258,264.	58,804.	45,059.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25

STATEMENT 5

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
GREGORY HOLLIDAY	63,172.	2,977.		66,149.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING	63,172.	2,977.		66,149.

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JANICE MCKENZIE-CRAYTON	157,500.	7,626.		165,126.
A. PROGRAM SERVICES	157,500.	7,626.		165,126.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ARTHUR VAUGHN	71,718.	3,218.		74,936.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	71,718.	3,218.		74,936.
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
DEPRIEST WADDY	44,287.	468.		44,755.
A. PROGRAM SERVICES	44,287.	468.		44,755.
B. MANAGEMENT AND GENERAL				
C. FUNDRAISING				

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
ALLAN ZOELLER	23,045.	333.		23,378.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	23,045.	333.		23,378.
C. FUNDRAISING				

TOTAL PROGRAM SERVICES				209,881.
TOTAL MANAGEMENT AND GENERAL				98,314.
TOTAL FUNDRAISING				66,149.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				<u>374,344.</u>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6
PART III

EXPLANATION

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

FORM 990	OTHER INVESTMENTS	STATEMENT	7
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DESCRIPTION	VALUATION METHOD	AMOUNT
WACHOVIA BROKERAGE AND ENDOWMENT ACCT	MARKET VALUE	1,764,723.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		1,764,723.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE AND FIXTURES	198,713.	194,224.	4,489.
COMPUTER EQUIPMENT	40,576.	37,875.	2,701.
COMPUTER EQUIPMENT	156,450.	89,978.	66,472.
BUILDING IMPROVEMENTS	267,964.	265,491.	2,473.
TOTAL TO FORM 990, PART IV, LN 57	663,703.	587,568.	76,135.

FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	AMOUNT
CAPITAL LEASE OBLIGATION	27,841.
LINE OF CREDIT	400,000.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	427,841.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 10

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JANICE MCKENZIE-CRAYTON 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	PRESIDENT 40.00	157,500.	7,626.	0.
DEPRIEST WADDY 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	EXECUTIVE VICE PRESIDENT 40.00	44,287.	468.	0.
ALLAN ZOELLER 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	VICE PRESIDENT 40.00	23,045.	333.	0.
REX ADAMS 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
CYNTHIA R. ALEXANDER 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
RAYMOND E. BALTZ, JR. 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
KATHY BETTY 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
SUSAN DAVIDSON 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
WILLIAM DUFFY 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
MICHAEL DURROH 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
J. THAD ELLIS 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.

MOLLY ESKEW 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
JOHN P. FRY 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
GLORIA GARRETT 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
JOHN H. GOSELIN II 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
JOHN GRAY 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
LAURA L. HALE 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
LARRY L. JOHNSON 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
MARK LAZZARO 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
DONATA R. MAJOR 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
CAPERTON PUTT 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
JAMES ROBBINS 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
LAURENT P. ROTIVAL 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
LYNN SLAVENSKI 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.

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RANDALL D. TANNER 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
MARK TIPTON 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
ALBERT WRIGHT 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	BOARD MEMBER 0.00	0.	0.	0.
GREGORY HOLLIDAY 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	VICE PRESIDENT 40.00	63,172.	2,977.	0.
ARTHUR VAUGHN 100 EDGEWOOD AVENUE NE, SUITE 710 ATLANTA, GA 30303	VICE PRESIDENT 40.00	71,718.	3,218.	0.
TOTALS INCLUDED ON FORM 990, PART V		359,722.	14,622.	0.

SCHEDULE A	OTHER INCOME			STATEMENT 11
DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER INCOME	23,372.	4,110.	5,228.	0.
TOTAL TO SCHEDULE A, LINE 22	23,372.	4,110.	5,228.	0.