

**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)

**2011**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2011** calendar year, or tax year beginning and ending

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

**C** Name of organization: **BIG BROTHERS BIG SISTERS OF METRO ATLANTA, INC.**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **100 EDGEWOOD AVENUE NE 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**

**G** Gross receipts \$: **5,130,493.**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.BBBSATL.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **1960** **M** State of legal domicile: **GA**

**F** Name and address of principal officer: **ALLAN ZOELLER SAME AS C ABOVE**

**H(c)** Group exemption number

**Part I Summary**

Activities & Governance	Revenue	Expenses	Net Assets or Fund Balances
1 Briefly describe the organization's mission or most significant activities: <b>THE MISSION OF BBBS OF METRO ATLANTA IS TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND</b>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)			3 18
4 Number of independent voting members of the governing body (Part VI, line 1b)			4 18
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)			5 51
6 Total number of volunteers (estimate if necessary)			6 3407
7 a Total unrelated business revenue from Part VIII, column (A), lines 1-12			7a 16,806.
b Net unrelated business taxable income from Form 990-T, line 34			7b 16,144.
			<b>Prior Year Current Year</b>
8 Contributions and grants (Part VIII, line 1h)	3,593,571.		4,636,231.
9 Program service revenue (Part VIII, line 2g)	5,995.		9,802.
10 Investment income (Part VIII, column (A), lines 3, 4, and 5)	14,894.		44,704.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.		19,369.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,614,460.		4,710,106.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.		0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.		0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,937,340.		2,143,164.
16a Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.
b Total fundraising expenses (Part IX, column (D), line 25) <b>629,410.</b>			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,466,651.		1,756,594.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,403,991.		3,899,758.
19 Revenue less expenses Subtract line 18 from line 12	210,469.		810,348.
			<b>Beginning of Current Year End of Year</b>
20 Total assets (Part X, line 16)	2,086,802.		6,717,868.
21 Total liabilities (Part X, line 26)	430,416.		4,288,203.
22 Net assets or fund balances Subtract line 21 from line 20	1,656,386.		2,429,665.

**Part II Signature Block**

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.

Sign Here: Signature of officer: *Allan Zoeller* Date: **5-14-12**  
**ALLAN ZOELLER, VP-FINANCE AND ADMINISTRATION**  
 Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name: **J. CLIFFORD HAYGOOD** Preparer's signature: *J. Clifford Haygood* Date: **5-1-12** Check if self-employed:  PTIN: **P00084103**  
 Firm's name: **JONES AND KOLB** Firm's EIN: **58-1763570**  
 Firm's address: **3475 PIEDMONT ROAD, SUITE 1500 ATLANTA, GA 30305** Phone no.: **(404) 262-7920**

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

SCANNED JUN 18 2012

*JS*

BIG BROTHERS BIG SISTERS OF  
METRO ATLANTA, INC.

Form 990 (2011)

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

THE MISSION OF BBBS OF METRO ATLANTA IS TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING PROFESSIONALLY SUPPORTED, ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code \_\_\_\_\_) (Expenses \$ 1,328,993. including grants of \$ \_\_\_\_\_) (Revenue \$ 4,900.)

TRADITIONAL COMMUNITY-BASED MENTORING PROGRAM IS THE AGENCY'S PRIMARY SERVICE PROGRAM FOR CHILDREN WHO RESIDE THROUGHOUT METRO ATLANTA. YOUTH SPEND ONE-TO-ONE MENTORING TIME ENGAGED IN EDUCATION, RECREATIONAL AND CULTURAL ENRICHMENT ACTIVITIES WITH ASSIGNED MENTORS. THE HISPANIC MENTORING INITIATIVE ALSO FOLLOWS THE COMMUNITY-BASED MODEL BUT INCLUDES YOUTH OF HISPANIC DESCENT AND WHO MAY COME FROM HOMES WHERE LITTLE ENGLISH IS SPOKEN.

COMMUNITY-BASED MENTORING PROGRAMS: 2011 MATCHES SERVED - 2,314  
2011 MATCHES MADE - 606

4b (Code \_\_\_\_\_) (Expenses \$ 1,101,530. including grants of \$ \_\_\_\_\_) (Revenue \$ 2,451.)

THE MENTORING CHILDREN OF INCARCERATED PARENTS PROGRAM PROVIDES LOVE, GUIDANCE, ENCOURAGEMENT, ACADEMIC SUPPORT, COMMUNITY ACTIVITIES AND STRENGTHENED FAMILY CONNECTIONS FOR THE CHILD OF AN INCARCERATED OR FORMERLY INCARCERATED PARENT. \$549,047 OF EXPENSES ARE SUBRECIPIENT EXPENSES IN CONNECTION WITH THE FEDERAL GRANT.

MENTORING CHILDREN OF INCARCERATED PARENTS PROGRAM:  
2011 MATCHES SERVED - 698  
2011 MATCHES MADE - 209

4c (Code \_\_\_\_\_) (Expenses \$ 452,405. including grants of \$ \_\_\_\_\_) (Revenue \$ 2,451.)

STRATEGIC PARTNERSHIPS ARE COLLABORATIONS WITH BUSINESSES, CHURCHES AND OTHER GROUPS WHEREBY THE PARTNERING ORGANIZATION PROVIDES MENTORS TO CHILDREN AT AREA SCHOOLS AND/OR SITE LOCATIONS. ACTIVITIES ARE RESTRICTED TO SCHOOL GROUNDS OR SPECIFIED SITE LOCATIONS. MENTORING TOWARDS COLLEGE IS A COMPREHENSIVE, HIGHLY DIRECTIVE SPECIALIZED, CURRICULUM-BASED PROGRAM DESIGNED TO PROMOTE ACADEMIC SUCCESS IN GRADES 4-12 AND TO ENSURE ON-TIME GRADUATION AND COLLEGE MATRICULATION. IT IS AN ENHANCEMENT TO OUR OTHER PROGRAMS, PROVIDING AN ADDITIONAL LAYER OF MENTORING ACTIVITIES THAT PROMOTE ACADEMIC ACHIEVEMENT.

SITE-BASED MENTORING PROGRAMS: 2011 MATCHES SERVED - 377

4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses 2,882,928.

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132002  
02-09-12

SEE SCHEDULE O FOR CONTINUATION(S)

2

14230508 751928 101100

2011.03050 BIG BROTHERS BIG SISTERS OF 101100\_1

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

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

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

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

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions 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?		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	<b>Section 501(c)(7) organizations.</b> Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	<b>Section 501(c)(12) organizations.</b> Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2011)

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	18		
b	Enter the number of voting members included in line 1a, above, who are independent		
	18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **GA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ALLAN ZOELLER - 404-601-7000**  
**100 EDGEWOOD AVENUE, SUITE 710, ATLANTA, GA 30303**

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

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

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MEREDITH LEAPLEY CHAIR	1.00	X		X			0.	0.	0.	
(2) DAN GORDON TREASURER	1.00	X		X			0.	0.	0.	
(3) RON STEWART SECRETARY	1.00	X		X			0.	0.	0.	
(4) TOMMY BALAS BOARD MEMBER	1.00	X					0.	0.	0.	
(5) TED BRUNO BOARD MEMBER	1.00	X					0.	0.	0.	
(6) PETER CORREA BOARD MEMBER	1.00	X					0.	0.	0.	
(7) DEBORAH RILEY DRAPER BOARD MEMBER	1.00	X					0.	0.	0.	
(8) RANDY FOX BOARD MEMBER	1.00	X					0.	0.	0.	
(9) SANDY GORDON BOARD MEMBER	1.00	X					0.	0.	0.	
(10) JOHN GRAY BOARD MEMBER	1.00	X					0.	0.	0.	
(11) AJ JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
(12) GEORGE JONES BOARD MEMBER	1.00	X					0.	0.	0.	
(13) GENE KANSAS BOARD MEMBER	1.00	X					0.	0.	0.	
(14) FRANCISCO LUCIANO BOARD MEMBER	1.00	X					0.	0.	0.	
(15) SEAN MABEY BOARD MEMBER	1.00	X					0.	0.	0.	
(16) SCOTT NELSON BOARD MEMBER	1.00	X					0.	0.	0.	
(17) LAUVENTRIA ROBINSON BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CORETHA RUSHING BOARD MEMBER	1.00	X						0.	0.	0.
(19) TODD SCHMITT BOARD MEMBER	1.00	X						0.	0.	0.
(20) CARLOS SMITH BOARD MEMBER	1.00	X						0.	0.	0.
(21) STERLING SPAINHOUR BOARD MEMBER	1.00	X						0.	0.	0.
(22) STEPHEN SULLIVAN BOARD MEMBER	1.00	X						0.	0.	0.
(23) MARK TIPTON BOARD MEMBER	1.00	X						0.	0.	0.
(24) ELLEN TURNER BOARD MEMBER	1.00	X						0.	0.	0.
(25) WINSTON WARRIOR BOARD MEMBER	1.00	X						0.	0.	0.
(26) JOHN F. WYMER BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								447,334.	0.	36,845.
<b>d Total (add lines 1b and 1c)</b>								447,334.	0.	36,845.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

	Yes	No
<b>3</b> Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JANICE MCKENZIE-CRAYTON PRESIDENT & CEO	40.00			X				182,538.	0.	13,730.
(28) ALLAN ZOELLER VICE PRESIDENT - FINANCE	40.00			X				91,564.	0.	5,629.
(29) JULIO CARRILLO VP - PROGRAM SERVICES	40.00			X				86,335.	0.	8,743.
(30) ALICIA SMITH VP - DEVELOPMENT	40.00			X				86,897.	0.	8,743.
Total to Part VII, Section A, line 1c								447,334.		36,845.

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**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	718,966.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,164,167.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	2,753,098.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$		107,043.				
	<b>h Total.</b> Add lines 1a-1f		4,636,231.				
	<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM FEES	Business Code 900099	9,802.	9,802.		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			9,802.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		28,150.			28,150.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	22,299.				
		(ii) Personal					
		<b>b</b> Less: rental expenses	2,930.				
		<b>c</b> Rental income or (loss)	19,369.				
	<b>d</b> Net rental income or (loss)		19,369.		16,806.	2,563.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	233,000.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses	216,446.				
		<b>c</b> Gain or (loss)	16,554.				
	<b>d</b> Net gain or (loss)		16,554.			16,554.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 718,966. of contributions reported on line 1c) See Part IV, line 18	<b>a</b>	201,011.				
		<b>b</b> Less: direct expenses	201,011.				
<b>c</b> Net income or (loss) from fundraising events			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		Business Code					
<b>11 a</b>	<b>a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.		4,710,106.	9,802.	16,806.	47,267.		

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	484,179.	281,062.	48,597.	154,520.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,354,303.	1,011,917.	133,944.	208,442.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	30,935.	28,357.		2,578.
9 Other employee benefits	108,639.	88,976.	6,425.	13,238.
10 Payroll taxes	165,108.	128,430.	10,984.	25,694.
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	30,000.		30,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	16,150.		16,150.	
g Other	270,455.	147,644.	33,762.	89,049.
12 Advertising and promotion				
13 Office expenses	167,445.	96,984.	20,707.	49,754.
14 Information technology	86,405.	66,097.	10,711.	9,597.
15 Royalties				
16 Occupancy	253,109.	182,027.	20,956.	50,126.
17 Travel	13,454.	12,325.	317.	812.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	71,988.	46,088.	17,713.	8,187.
20 Interest	19,006.		19,006.	
21 Payments to affiliates	20,371.	15,951.	1,894.	2,526.
22 Depreciation, depletion, and amortization	35,869.	25,826.	4,663.	5,380.
23 Insurance	82,312.	70,164.	3,710.	8,438.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUBRECIPIENT EXPENSES</b>	549,047.	549,047.		
b <b>MATCH SUPPORT ACTIVITIE</b>	129,168.	129,168.		
c <b>DUES AND SUBSCRIPTIONS</b>	11,815.	2,865.	7,881.	1,069.
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	3,899,758.	2,882,928.	387,420.	629,410.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**BIG BROTHERS BIG SISTERS OF  
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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	39,902.	1	266,499.	
	<b>2</b> Savings and temporary cash investments	75,017.	2		
	<b>3</b> Pledges and grants receivable, net	895,047.	3	1,253,957.	
	<b>4</b> Accounts receivable, net	148,916.	4	77,997.	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	<b>7</b> Notes and loans receivable, net			7	
	<b>8</b> Inventories for sale or use			8	
	<b>9</b> Prepaid expenses and deferred charges	15,118.	9		15,797.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,335,829.			
	<b>b</b> Less: accumulated depreciation	10b 834,704.	64,950.	10c	4,501,125.
	<b>11</b> Investments - publicly traded securities	847,852.	11		602,493.
	<b>12</b> Investments - other securities. See Part IV, line 11			12	
	<b>13</b> Investments - program-related. See Part IV, line 11			13	
	<b>14</b> Intangible assets			14	
	<b>15</b> Other assets. See Part IV, line 11			15	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		2,086,802.	16	6,717,868.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	180,416.	17	138,203.	
	<b>18</b> Grants payable		18		
	<b>19</b> Deferred revenue		19		
	<b>20</b> Tax-exempt bond liabilities		20		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties			23	3,950,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	250,000.	24		200,000.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	<b>26 Total liabilities.</b> Add lines 17 through 25		430,416.	26	4,288,203.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets	685,859.	27	633,706.	
	<b>28</b> Temporarily restricted net assets	945,527.	28	1,770,959.	
	<b>29</b> Permanently restricted net assets	25,000.	29	25,000.	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds			30	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds			32	
	<b>33</b> Total net assets or fund balances		1,656,386.	33	2,429,665.
	<b>34</b> Total liabilities and net assets/fund balances		2,086,802.	34	6,717,868.

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,710,106.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,899,758.
3	Revenue less expenses. Subtract line 2 from line 1	3	810,348.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,656,386.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<37,069.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,429,665.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1 Accounting method used to prepare the Form 990.  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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**BIG BROTHERS BIG SISTERS OF**

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3311498.	3079897.	2826173.	3593571.	4636231.	17447370.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	3311498.	3079897.	2826173.	3593571.	4636231.	17447370.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						17447370.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4	3311498.	3079897.	2826173.	3593571.	4636231.	17447370.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	85,404.	96,384.	34,206.	36,769.	50,449.	303,212.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	300.					300.
<b>11 Total support.</b> Add lines 7 through 10						17750882.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	84,406.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <span style="float:right">▶ <input type="checkbox"/></span>						

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

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.29	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	15	97.88	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <span style="float:right">▶ <input checked="" type="checkbox"/></span>			
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <span style="float:right">▶ <input type="checkbox"/></span>			
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <span style="float:right">▶ <input type="checkbox"/></span>			
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <span style="float:right">▶ <input type="checkbox"/></span>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <span style="float:right">▶ <input type="checkbox"/></span>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	16	%

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

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

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

Employer identification number  
**58-0861895**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- |  |  |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                       | <input type="checkbox"/> Preservation of a certified historic structure      |
| <input type="checkbox"/> Preservation of open space  |  |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             |        |
| d Additions during the year     |        |
| e Distributions during the year |        |
| f Ending balance                |        |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	712,366.	1,063,945.	1,028,761.	1,532,034.	
b Contributions					
c Net investment earnings, gains, and losses	3,902.	107,907.	251,484.	<453,973.>	
d Grants or scholarships					
e Other expenditures for facilities and programs	<113,775.>	<459,486.>	<216,300.>	<49,300.>	
f Administrative expenses					
g End of year balance	602,493.	712,366.	1,063,945.	1,028,761.	

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  96.00 %
  - b Permanent endowment  4.00 %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No       |
|---|-----|----------|
| (i) unrelated organizations   |     | <b>X</b> |
| (ii) related organizations  |     | <b>X</b> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? |     |          |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,108,884.		2,108,884.
b Buildings		2,354,137.		2,354,137.
c Leasehold improvements		267,964.	267,964.	0.
d Equipment		389,343.	362,121.	27,222.
e Other		215,501.	204,619.	10,882.
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				<b>4,501,125.</b>

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

Schedule D (Form 990) 2011

58-0861895 Page 3

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)

132053  
01-23-12

Schedule D (Form 990) 2011

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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,710,106.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,899,758.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	810,348.
4	Net unrealized gains (losses) on investments	4	<37,069.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	<37,069.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	773,279.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	4,675,967.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<37,069.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,930.
e	Add lines 2a through 2d	2e	<34,139.>
3	Subtract line 2e from line 1	3	4,710,106.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,710,106.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3,902,688.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	2,930.
e	Add lines 2a through 2d	2e	2,930.
3	Subtract line 2e from line 1	3	3,899,758.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,899,758.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: ENDOWMENT ASSETS ARE PRIMARILY COMPOSED OF A**

**QUASI-ENDOWMENT, BOARD-DESIGNATED FUND ESTABLISHED FOR A VARIETY OF PURPOSES. THE BOARD OF DIRECTORS INTENDS TO USE ENDOWMENT FUNDS TO SUBSIDIZE OPERATIONS, IF AND WHEN NECESSARY, AND ALSO TO FUND UNEXPECTED OR UNUSUAL FINANCIAL OBLIGATIONS OF THE AGENCY.**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**RENTAL EXPENSES** 2,930.

BIG BROTHERS BIG SISTERS OF  
METRO ATLANTA, INC.

**Part XIV** Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 2,930.



**BIG BROTHERS BIG SISTERS OF**

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col. (c))	
		LEGACY AWARDS GALA (event type)	GOLF TOURNAMENT (event type)	1 (total number)		
Revenue	1	Gross receipts	660,396.	161,946.	97,635.	919,977.
	2	Less Charitable contributions	486,698.	161,644.	70,624.	718,966.
	3	Gross income (line 1 minus line 2)	173,698.	302.	27,011.	201,011.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,987.		328.	2,315.
	6	Rent/facility costs	48,867.		14,248.	63,115.
	7	Food and beverages	48,867.			48,867.
	8	Entertainment				
	9	Other direct expenses	73,978.	302.	12,434.	86,714.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 201,011 )
	11	Net income summary. Combine line 3, column (d), and line 10				0.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2011**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                         | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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

58-0861895

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JANICE	177,738.	0.	4,800.	8,974.	4,756.	196,268.	0.
1 MCKENZIE-CRAYTON	0.	0.	0.	0.	0.	0.	0.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

BIG BROTHERS BIG SISTERS OF  
METRO ATLANTA, INC.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information.

PART I, LINE 3: THE COMPENSATION OF THE PRESIDENT & CEO IS RECOMMENDED  
AND APPROVED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SUBJECT  
TO THE SALARY RANGE DETERMINED AS A RESULT OF THE COMPREHENSIVE MARKET  
STUDY PERFORMED BOTH INTERNALLY AND BY AN INDEPENDENT COMPENSATION  
CONSULTANT AND REVIEW OF FORM 990S OF OTHER SIMILAR ORGANIZATIONS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>TICKETS</u> )	X	77	91,378.	FACE VALUE
26 Other ▶ ( <u>FURNITURE</u> )	X	2	8,350.	RETAIL VALUE OF SIMI
27 Other ▶ ( <u>OTHER</u> )	X	19	7,315.	RETAIL VALUE OF SIMI
28 Other ▶ ( )				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes No

	Yes	No
30a		X
31	X	
32a		X
33		

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) (2011)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

**2011**  
Open to Public  
Inspection

Name of the organization	<b>BIG BROTHERS BIG SISTERS OF METRO ATLANTA, INC.</b>	Employer identification number	<b>58-0861895</b>
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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

**ENDURING PROFESSIONALLY SUPPORTED, ONE-TO-ONE RELATIONSHIPS THAT CHANGE  
THEIR LIVES FOR THE BETTER, FOREVER.**

**FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:**

**2011 MATCHES MADE - 161**

**2011 MATCHES ENHANCED - 373**

**FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF THE 2011 FORM 990  
WILL BE PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT IS FILED AND ALLOW  
TIME FOR ANY COMMENTS. THE TREASURER (ALSO CHAIR OF BOARD FINANCE  
COMMITTEE), AFTER CONSIDERING ANY COMMENTS, WILL APPROVE THE FORM 990  
BEFORE IT IS FILED BY THE VICE PRESIDENT - FINANCE AND ADMINISTRATION.**

**FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY ALL OFFICERS, DIRECTORS,  
AND TRUSTEES ARE REQUIRED TO REVIEW THE POLICY AND SIGN A FORM  
ACKNOWLEDGING UNDERSTANDING AND COMPLIANCE. ANY POTENTIAL OR ACTUAL  
CONFLICTS OF INTEREST ARE ADDRESSED BY THE BOARD OF DIRECTORS.**

**FORM 990, PART VI, SECTION B, LINE 15: THE AGENCY'S POLICY IS TO PERFORM A  
COMPREHENSIVE REVIEW OF STAFF COMPENSATION LEVELS FOR ALL POSITIONS IN THE  
AGENCY TO ENSURE THAT BBBS SALARIES ARE COMPETITIVE WITH THE MARKET IN  
ORDER TO ATTRACT AND RETAIN HIGHLY QUALIFIED PERSONNEL. THE LAST  
COMPREHENSIVE REVIEW TOOK PLACE IN 2011.**

**THE COMPENSATION OF THE PRESIDENT & CEO IS RECOMMENDED AND APPROVED BY THE**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization <b>BIG BROTHERS BIG SISTERS OF METRO ATLANTA, INC.</b>	Employer identification number <b>58-0861895</b>
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EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS SUBJECT TO THE SALARY RANGE DETERMINED AS A RESULT OF THE COMPREHENSIVE MARKET STUDY, AS DESCRIBED ABOVE. THE EXECUTIVE COMMITTEE, AT ITS DISCRETION, MAY RECOMMEND AND APPROVE AN INCENTIVE PAYMENT TO THE PRESIDENT & CEO FOR ACHIEVING EXCEPTIONAL RESULTS.

THE COMPENSATION RATE OF OFFICERS (OTHER THAN THE CEO) AND EMPLOYEES IS RECOMMENDED BY THE EMPLOYEE'S SUPERVISOR AND APPROVED BY THE PRESIDENT & CEO, SUBJECT TO THE EMPLOYEE'S SALARY RANGE AS DETERMINED AS A RESULT OF THE COMPREHENIVE MARKET STUDY, AS DESCRIBED ABOVE. INCENTIVE PAYMENTS FOR EXCEPTIONAL PERFORMANCE MAY BE RECOMMENDED BY SUPERVISORS AND APPROVED BY THE CEO.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. IN ADDITION THE FINANCIAL STATEMENTS ARE ON THE AGENCY WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
NET UNREALIZED LOSSES ON INVESTMENTS: -37,069.