## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury

	or the		and ending		, 20
		C Name of organization BIG BROTHERS BIG SISTERS SOUTHEA			entification number
<b>B</b> ci	eck if applica	PENNSYLVANIA		23-1352	2034
	Address change	Doing Business As			
	Name cha	Number and street (or D.C. hour if well in not delivered to street address)	Room/suite	E Telephone nu	ımber
$\vdash$	Initial retu	100 GOVERN PROPE GERNARE	2180	(215) 790	0-9200
	Terminate	Other states are sent and ZID L 4			
	Amended	· ·		G Gross receipt	s \$ 5,749,357.
-	return Applicatio			H(a) Is this a group	
_	pending			affiliates? H(b) Are all affiliat	
$\overline{}$	Tax-exen	ppt status: X 501(c)(3) 501(c) ( ) ◀ (Insert no.) 4947(a)(1) or	r 527	<del></del>	h a list. (see instructions)
		► HTTP://BBBSSEPA.ORG	<u> </u>	H(c) Group exemp	
		rganization: X Corporation Trust Association Other ▶	L Year of	formation: 2002 M	
	rt I	Summary		Totalidae in E e e E   III	Diato of logal dofficier 222
ندير		riefly describe the organization's mission or most significant activities:			
		UR MISSION: TO IMPROVE THE LIVES OF CHILDREN AND	STRENG'	 THEN	
<u>s</u>	_	OMMUNITIES THROUGH PROFESSIONALLY-SUPPORTED, ONE			
nar	_	ELATIONSHIPS.			
Activities & Governance	_	heck this box   if the organization discontinued its operations or disposed of	of more than	25% of its net assets	
õ					24.
80		umber of independent voting members of the governing body (Part VI, line 1b)			4 24.
Vitie		otal number of individuals employed in calendar year 2011 (Part V, line 2a)			5 89.
Ç		otal number of volunteers (estimate if necessary)			<b>6</b> 3,535.
•		otal unrelated business revenue from Part VIII, column (C), line 12			7a (
		et unrelated business taxable income from Form 990-T, line 34			7b
	W 1.3	or different and the second se		Prior Year	Current Year
	8 C	ontributions and grants (Part VIII, line 1h)		1,989,75	6. 4,455,187.
nue		rogram service revenue (Part VIII, line 2g)		,	0
Revenue		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		46,26	64,084.
Ř		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		51,38	
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,087,40	
		rants and similar amounts paid (Part IX, column (A), lines 1-3)			0 (
		enefits paid to or for members (Part IX, column (A), line 4)			0
w		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,830,54	9. 3,612,735.
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)			0
Cpei	b To	otal fundraising expenses (Part IX, column (D), line 25)   773,753	3.		
ш		ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		664,22	1,071,425.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,494,76	
		evenue less expenses. Subtract line 18 from line 12		-407,36	
or				Beginning of Current Y	ear End of Year
Assets or Balances	20 T	otal assets (Part X, line 16)		5,307,19	1. 5,141,349.
AB	21 T	otal liabilities (Part X, line 26)		128,78	63,936.
Net A		et assets or fund balances. Subtract line 21 from line 20	<u></u> .	5,178,40	4. 5,077,413.
Pa	rt II	Signature Block			
Un	er penal	ties of perjury, I declare that I have examined this return, Including accompanying schedules complete. Declaration of preparer (other than officer) is based on all information of which pr	and statement	s, and to the best of my k	nowledge and belief, it is true,
	ect, and	complete. Declaration of preparer (other than officer) is based of all information of which pr	eparer rias arry	kilowiedge.	
0:-			7.7		
Sig		Signature of officer	<b>\</b> Y/	Date	
He	е		][		
		Type or print name and title			
D-'		Print/Type preparer's name Preparer's signature	Date	Check	If PTIN
Paid	ı barer ⊢	DAVID A. GRUBER	<u> </u>	self-employe	20000000
	Only L	Firm's name   EISNERAMPER LLP		Firm's EIN ▶	13-1639826
		Firm's address > 101 WEST AVENUE JENKINTOWN, PA 19046		Phone no.	215-881-8800
May	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2011) Page 2 **Statement of Program Service Accomplishments** Part III **1** Briefly describe the organization's mission: OUR MISSION: TO IMPROVE THE LIVES OF CHILDREN AND STRENGTHEN COMMUNITIES THROUGH PROFESSIONALLY-SUPPORTED, ONE-TO-ONE MENTORING RELATIONSHIPS. OUR VISION: TO TAKE OUR LIFE-CHANGING MISSION TO EVERY CHILD IN THE REGION WHO NEEDS AND WANTS A BIG BROTHER OR BIG SISTER. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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? 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. \_\_\_\_\_ (Expenses \$ \_\_\_\_\_\_\_ including grants of \$ \_\_\_\_\_\_ 4a (Code: ) (Revenue \$ TO IMPROVE THE LIVES OF CHILDREN AND STRENGTHEN COMMUNITIES THROUGH PROFESSIONALLY SUPPORTED ONE-TO-ONE MENTORING. including grants of \$ ) (Revenue \$ **4b** (Code: ) (Expenses \$ **4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ **4d** Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ **4e Total program service expenses** ► 3,439,189.

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Form 990 (2011) Page **3** 

Part IV **Checklist of Required Schedules** No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 1 Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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? If "Yes," complete Schedule C, 5 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? If Χ 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Χ 8 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? If "Yes," Χ Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V Χ 10 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? If "Yes," complete Χ Schedule D, Part VI 11a b Did the organization report an amount for investments—othersecurities in Part X, line 12 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 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? If "Yes," complete Schedule D, Part VIII Χ 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? If "Yes," complete Schedule D, Part IX 11d Χ Χ 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part 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)? If "Yes," complete Schedule D, Part X Χ 12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if Χ 12b Χ Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . . . . Χ 14 a Did the organization maintain an office, employees, or agents outside of the United States? ..... 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV....... Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Χ 15 organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 Χ 16 to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 Χ on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X Χ 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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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? If "Yes," complete Schedule I, Parts I and II	21		Χ
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? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		21	
24 a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	04-		37
	through 24d and complete Schedule K. If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
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?			
	If "Yes," complete Schedule L, Part I	25b		
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? If "Yes," complete Schedule L, Part II	26		Χ
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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	204		
D		28b		Х
	Schedule L, Part IV.	200		- /\
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	IV, and V, line 1	34		Χ
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		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)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
31	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R,</i>			
		27		Х
20	Part VI	37		^
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	20	,,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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Form 990 (2011) Part V Statements Regarding Other IRS Filings and Tax Compliance 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 11 1a 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 . 2a Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Χ b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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)? Χ **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. Χ **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Χ 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? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods Χ 7a and services provided to the payor? Χ b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . 7e Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7<u>g</u> 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? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) organizations. 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 Sponsoring organizations maintaining donor advised funds. 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? Section 501(c)(7) organizations. Enter: 10a 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 Section 501(c)(12) organizations. 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 12 a Section 4947(a)(1) non-exempt charitable trusts. 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 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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

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Χ

c Enter the amount of reserves on hand

**14a** Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Form 990 (2011) BIG BROTHERS BIG SISTERS SOUTHEASTERN 23-1352034 Page 6 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

	won in coronning 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 24			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent			
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?	2		Χ
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?	3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Χ
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Χ
6	Did the organization have members or stockholders?	6		Χ
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?	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	9		Χ
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions.)			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		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			
2004		16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ $PA_{\underline{r}}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c))	(3)s o	nly)	
	available for public inspection. Indicate how you made these available. Check all that apply.			

Another's website X Own website X Upon request

- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 organization: ▶ LAURIE E. MCLEOD BBBS SEPA 123 SOUTH BROAD ST, SUITE 2180 PHILADELPHIA, PA 215-790-9200

(	• • • •									
Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contr						_	•		

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.

X 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	(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	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-IMISC)	organization and related organizations
(1) ADAM FISCHER										
DIRECTOR	2.00	X							0	0
(2) ADRIANNE MILLER										
DIRECTOR	2.00	Х						C	0	0
(3) ALAN LURTY										
SECRETARY	2.00	Х		Χ				C	0	0
(4) ALONZO PRIMUS										
DIRECTOR	2.00	Х						C	0	0
(5) ANGELA SIMMONS										
DIRECTOR	2.00	Х						C	0	0
(6) BRAD ARONSON										
VICE-CHAIRPERSON	2.00	Х		Χ				C	0	0
(7) DAVID KNOLL										
TREASURER	2.00	Х		Χ				C	0	0
(8) DELIA STROUD										
DIRECTOR	2.00	Х						C	0	0
(9) ERIC ARTZ										
DIRECTOR	2.00	X						C	0	0
(10) ERICA KNUTH										
VICE-CHAIRPERSON	2.00	X		Χ				С	0	0
(11) ERNEST A. PIGHINI										
DIRECTOR	2.00	Х						С	0	0
(12) GORDON ST. JOHN DIRECTOR	2.00	X							0	0
(13) GREG BENTLEY	2.00									
DIRECTOR	2.00	X							0	0
(14) JOHN ALCHIN		<u> </u>								
DIRECTOR	2.00	X						C	0	0

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	ey En	nplo	oye	es,	and	Hig	ghest Compensa	ted Employees	ontinue	ed)	
(A) Name and title	(B) Average hours per week (describe	box,	unles	Pos neck ss pe l a di	rson	than or is both pr/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) stimated nount of other pensatio	on
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anizatior d related anization	i
15) KATHLEEN O'REILLY		l										0
VICE-CHAIRPERSON	2.00	X		Х				0	0			0
16) MICHELE MOLANO		3.7										^
DIRECTOR	2.00	X						0	U			0
17) MITCHELL BENSON	2 00	3.7		37								0
CHAIRPERSON	3.00	X		Х				0	U			0
18) NICK BAYER DIRECTOR	2.00	X							_			0
19) PATRICK MURPHY	2.00	- 1							0			
DIRECTOR 2.00 X 0											0	
20) PAUL SANDLER	2.00	21							0			
DIRECTOR	2.00	X							0			0
21) PETER GALLOWAY	2.00	21							0			
DIRECTOR	2.00	X						0	0			0
22) REV. DR. W. WILSON GOODE, SR												
DIRECTOR	2.00	X						0	0			0
23) DR. THOMAS BRENNAN												
TRUSTEE	.50	X						0	0			0
24) SUZANNE KEENAN												-
DIRECTOR	2.00	Х						0	0			0
25) FRAN DUNPHY												
TRUSTEE	.50	X						0	0			0
1b Sub-total	•	•					<b></b>	0	0			0
c Total from continuation sheets to Part VII, Sec	ction A						<b>&gt;</b>	160,375.	0		21,3	76.
d Total (add lines 1b and 1c)	_						<b>&gt;</b>	160,375.	0		21,3	76.
2 Total number of individuals (including but not			liste	d a	bov	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organization	1 <b>▶</b>		L									
											Yes	No
3 Did the organization list any former office												
employee on line 1a? If "Yes," complete Sched	ule J for su	ch ind	ividu	ıal						3		X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,00	00?	If	"Yes				4	Х	
5 Did any person listed on line 1a receive or							ı.	related organization	on or individual	-	23	
for services rendered to the organization? <i>If "Y</i>										5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest components compensation from the organization. Report of 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 in compensation from the organization ▶ 0

Part VII Section A. Officers, Directors, Tro	ustoos Ki	ev Fn	nnle	)Ve	-05	and l	Hio	ihest Compens	ted Employe	208/00/	ntinue		Page <b>8</b>
(A) Name and title	(B) Average hours per week (describe	(do r box, office	not ch unles	Pos leck i ss pe l a di	c) sition more rson recto	than on is both a r/trustee	ne an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	from	Estimate amount other compensa		f
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	SC)	orga and	om the anizatio I related nization	d
26) MARLENE OLSHAN CEO	40.00			Х				160,375.		0		21,3	<del></del> 376.
								1007070.					
	-												
to Total from continuation sheets to Part VII, Sec d Total (add lines 1b and 1c)	tion A						<b>*</b> * *						
2 Total number of individuals (including but not reportable compensation from the organization	limited to t		liste		bove	e) who	re	ceived more than	\$100,000 of				
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Sched.											3	Yes	No X
4 For any individual listed on line 1a, is the organization and related organizations greaters.	sum of repeater than	oortab \$15	le c	com	pen:	sation "Yes	aı s, "	nd other compens	sation from the	ne ch			
<ul><li>individual</li><li>Did any person listed on line 1a receive or for services rendered to the organization? If "Y</li></ul>	accrue co	mpen	satio	n 1	from	any	un	related organization	on or individu	al	5	X	X
Section B. Independent Contractors	cs, compic	10 001	re a a	<i>ii</i> C	101	Sucii	рст	3011		•			
Complete this table for your five highest componentation from the organization. Report of year.											s tax		
(A) Name and business add	Iress							(B) Description of se	rvices	Соі	(C) mpens	ation	
2 Total number of independent contractors (in more than \$100,000 in compensation from th				nited	to to	thos	e li	isted above) who	received				

JSA 1E1055 2.000

Page 9

Par	rt 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
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Related organizations	57,600. 29,459. 68,128. 48,541.	A ASS 197			
Program Service Revenue	2a b c d e f		ss Code	4,455,187.			
	3 4 5 6a b c	Investment income (including dividends, interest, and other similar amounts)  ATTACHMENT 1  Income from investment of tax-exempt bond proceeds  Royalties		63,866.			63,866.
Other Revenue	d 7a b	Net rental income or (loss)  Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses  Gain or (loss)  (i) Securities  858,412.  858,412.  218.	Other	0			
	8a b c	,	2 371,892.	218. 250,637.			
J	9a b c	Gross income from gaming activities.  See Part IV, line 19 a  Less: direct expenses b  Net income or (loss) from gaming activities		0			
	10a b c		▶	0			
	11a b c		ss code				
	d e 12	All other revenue		0 4,769,908.			63,866.

#### 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 (B) Program service (**D**) Fundraising Do not include amounts reported on lines 6b, (A) Total expenses Management and 7b. 8b. 9b. and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 0 organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 0 the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Λ Benefits paid to or for members 0 Compensation of current officers, directors, 181,752. 45,438. 12,723. 123,591. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 2,840,980. 2,288,111. 226,073. 326,796. Other salaries and wages Pension plan accruals and contributions (include section 15,590. 12,035. 1,232. 2,323. 401(k) and 403(b) employer contributions) 27,797. 351,855. 271,632. 52,426. 222,558. 171,815. 17,582. 33,161. 10 Fees for services (non-employees): 0 a Management 0 21,500. 473. 17,436. 3,591. c Accounting 0 0 e Professional fundraising services. See Part IV, line 17 Investment management fees 21,662. 129,713. 2,854. 105,197. 64,612. 21,322. 43,290. 12 Advertising and promotion 69,137. 53,374. 5,462. 10,301. 13 Office expenses 0 Information technology 14 0 15 Royalties 428,626. 330,900. 33,861 63,865. 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 144,422. 111,494. 21,519. 11,409. Conferences, conventions, and meetings 19 0 21 Payments to affiliates 39,338. 29,897. 6,019 3,422. 22 Depreciation, depletion, and amortization 42,006. 31,924. 6,427. 3,655. Insurance 23 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.) 64,151. a BAD\_DEBT\_EXPENSE\_\_ 64,151. b PROG AND RECRUIT ACTIVITIES 67,920. 67,920. e All other expenses \_\_\_\_\_\_ 471,218 773,753. 4,684,160. 3,439,189. Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ following SOP 98-2 (ASC 958-720) 0

Form 990 (2011) Page **11** 

**Balance Sheet** Part X (A) Beginning of year End of year Cash - non-interest-bearing 1,800. 1,300. 1 1 Savings and temporary cash investments 1,950,482. 2,241,894. 2 Pledges and grants receivable, net 226,101. 3 3 Accounts receivable, net 731,644. 1,308,568. 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 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 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges ATCH 4 29,534. 19,539. 9 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 486,064. b Less: accumulated depreciation | 10b | 304,991. 221,794. 181,073. 10c 1,832,560. 1,628,127. Investments - publicly traded securities ATCH 5 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 31,859. 42,265. 15 15 Other assets. See Part IV, line 11 Total assets. Add lines 1 through 15 (must equal line 34) 5,307,191. 5,141,349. 16 16 Accounts payable and accrued expenses 128,787. 63,936. 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 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 26 128,787. 26 63,936. Organizations that follow SFAS 117, check here 

X

and complete lines 27 through 29, and lines 33 and 34. **Balances** Unrestricted net assets 27 4,432,388. 27 3,947,374. Temporarily restricted net assets 710,066. 1,094,089. 28 28 29 35,950. 29 35,950. or Fund Organizations that do not follow SFAS 117, check here 
and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Net Assets Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 33 5,178,404. 5,077,413. 33 34 5,141,349. 5,307,191. 34

Form 990 (2011) Page **12** Part XI **Reconciliation of Net Assets** 4,769,908. 1 1 4,684,160. 2 2 85,748. 3 3 Revenue less expenses. Subtract line 2 from line 1 5,178,404. 4 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) -186,739. 5 5 Other changes in net assets or fund balances (explain in Schedule O) 6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, 5,077,413. **Financial Statements and Reporting** Part XII Check if Schedule O contains a response to any question in this Part XII No X Accrual Other Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Χ Were the organization's financial statements audited by an independent accountant? 2b Χ 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? 2c X 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: Both consolidated and separate basis X | Separate basis Consolidated 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?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 3a Χ

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b X Form **990** (2011)

#### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

2011

Open to Public

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

Name of the organization BIG BROTHERS BIG SISTERS SOUTHEASTERN

► See separate instructions.

Open to Public Inspection

Employer identification number

PENNSY	LVANIA								23-	-135203	4		
Part I	Reason for Pub	lic Charity Statu	s (All organizations mu	st com	plete	this pa	rt.) Se	e instru	ıctions.				
The orga	nization is not a priva	ite foundation beca	use it is: (For lines 1 throu	gh 11,	check	only on	e box.)						
1	A church, convention	n of churches, or a	ssociation of churches des	scribed	in s	ection	170(b)(ʻ	1)(A)(i).					
2	A school described	in section 170(b)(	1)(A)(ii). (Attach Schedul	e E.)									
3	A hospital or a coop	erative hospital ser	vice organization describe	ed in	sectio	n 170(b	)(1)(A)(	iii).					
4	A medical researc	h organization ope	erated in conjunction wi	th a h	ospita	l descri	bed in	section	n 170(b	)(1)(A)(iii).	Enter	the	
	hospital's name, cit	y, and state:											
5	An organization op	erated for the ber	nefit of a college or univ	ersity	owned	or ope	erated l	by a go	vernmer	ntal unit d	lescribed	ni t	
	section 170(b)(1)(A	(Complete P	art II.)										
6	A federal, state, or I	ocal government or	governmental unit descril	bed in	sect	ion 170	(b)(1)(A	)(v).					
7 X	An organization that	at normally receive	es a substantial part of it	s supp	ort fro	m a go	vernme	ntal un	it or fro	m the ge	neral pu	blic	
	described in sectio	n 170(b)(1)(A)(vi).	(Complete Part II.)										
8	A community trust of	lescribed in section	on 170(b)(1)(A)(vi). (Com	plete F	Part II.)								
9	An organization that	at normally receive	es: (1) more than 33 1/3 %	of its	suppo	rt from	contrib	utions,	membe	ership fees	s, and gr	oss	
	receipts from activ	ities related to its	exempt functions - subj	ect to	certai	n excep	otions,	and (2)	no mo	re than 3	3 1/3% of	its	
	support from gros	s investment inco	ome and unrelated busi	ness t	axable	income	e (less	section	า 511	tax) from	busines	ses	
	acquired by the org	anization after Jun	e 30, 1975. See <b>section</b>	509(a)	(2). (0	Complet	e Part I	II.)					
10	An organization org	anized and operate	d exclusively to test for pu	ıblic sa	fety. S	ee <b>se</b>	ction 5	09(a)(4)					
11	An organization or	rganized and oper	rated exclusively for the	benef	fit of,	to perfe	orm th	e functi	ions of,	, or to ca	rry out	the	
	purposes of one o	r more publicly su	pported organizations de	escribe	d in s	ection 5	509(a)(1	) or se	ection 5	09(a)(2). S	3ee <b>sect</b>	ion	
	509(a)(3). Check the	ne box that describ	es the type of supporting	organi	ization	and co	mplete	lines 11	le th <u>rou</u>	gh 11h.			
	a Type I b Type II c Type III - Functionally integrated d Type III - Other  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
е			•			•		•	-				
	-		gers and other than one	or mo	re pub	licly su	pported	organi	izations	describe	d in sect	tion	
	509(a)(1) or section	` ' ' '					_		_				
f	_		n determination from the	e IRS	that it	is a T	ype I, ⊺	ype II,	or Type	e III suppo	orting	_	
	organization, check										L	$\Box$	
g		006, has the organia	zation accepted any gift or	contrib	bution	from an	y of the						
	following persons?										V	NI -	
			ctly controls, either alor			er with	person	s desci	ribea in			No	
			ly of the supported organ	ization	·					11g			
	(ii) A family memb	•	• • •							11g			
			n described in (i) or (ii) abo							11g	,111)		
h		Ī	the supported organization	T		T		·					
(I) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	organiz	Is the ation in	(v) Did y the orga			s the ation in		nount of oport		
	· ·		above or IRC section	col. (i)	listed in verning	in col	. (i) of	col. (i) o	rganized		•		
			(see instructions))		ment?	your st			U.S.?				
				Yes	No	Yes	No	Yes	No				
(A)													
(B)													
(C)													
(D)													
(E)													
Total													

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page **2** 

1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,191,229.	5,388,348.	4,858,158.	1,990,782.	4,455,187.	20,883,704.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,191,229.	5,388,348.	4,858,158.	1,990,782.	4,455,187.	20,883,704.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
	Public support. Subtract line 5 from line 4. tion B. Total Support						20,883,704.
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	4,191,229.	5,388,348.	4,858,158.	1,990,782.	4,455,187.	20,883,704.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122,760.	84,827.	73,745.	46,346.	63,866.	391,544.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						21,275,248.
12	Gross receipts from related activities, etc. (see	ee instructions) .				12	1,644,039.
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>						
Sec	tion C. Computation of Public Sup	•				T T	
14	Public support percentage for 2011 (line		-			14	98.16%
15	Public support percentage from 2010 Sc						<u>%</u>
тоа	<b>33</b> 1/3 % <b>support test - 2011.</b> If the of this box and <b>stop here</b> . The organization	•					
h	33 1/3 % support test - 2010. If the o	-		=			—
	check this box and <b>stop here</b> . The orga	U			,		· —
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization	meets the "fac	cts-and-circumst	ances" test, ch	eck this box ar	nd <b>stop here</b> . E	xplain in
	Part IV how the organization meets t	he "facts-and-ci	ircumstances" te	est. The organiz	zation qualifies	as a publicly s	upported
	organization						
b	10%-facts-and-circumstances test - 2	_	•		•		
	15 is 10% or more, and if the orga						-
40	Explain in Part IV how the organization supported organization						
18	<b>Private foundation.</b> If the organization instructions	aia not check a l	pox on line 13, 1	ba, 16b, 1/a, or	1/b, cneck this	box and see	

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Page **3** 

#### 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.)

Calendar year (or fiscal year beginning in)	Sec	tion A. Public Support				•	,	
1 citing, years, contributions, and memberation free received. (Co not include any "unusual greats.") 2 Cross receipts from admissions, merchanolise sold or services preferred, or facilities huminous in any activity that is related to the organization's tise exempt purpose. 3 Cross receipts from activities that are not an unrealed trade or business under section 513. 4 Tax revervues leveled for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 5 The value of services or facilities furnished by a governmental unit to the organization without charge. 6 Total. Add lines 1 through 5. 6 Amounts included on lines 1, 2, and 3 received from cisqualistied persons. 7 Amounts included on lines 1, 2 and 3 persons that exceed the greater of \$5,000 or 1% of the anautt on line 15 of the years. 8 Public support (Subtract line 7c from line 8). 8 Section B. Total Support Catendar year (or fiscal year beginning in) ▶ 8 Amounts included on lines 2 and 3 persons that exceed the greater of \$5,000 or 1% of the anautt on line 15 of the years. 9 Amounts included on lines 2 and 3 persons that exceed the greater of \$5,000 or 1% of the anautt on line 15 of the years. 9 Amounts included on lines 3 and 3 an			(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
received. (Do not incide any "unusual parets")  2. Ones receive from admissions uncontradies sold or services performed, or facilities furnished in any activity that is related to the unganization's face-exempt purpose.  3. Gress receipts from admission acceleration 33  4. Tax revenues levided for the organization's face-flat in the part of the organization's benefit and either paid to or expended on its behalf.  5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on the behalf.  6. Total Add lines 1 through 5.  7. A Amounts included on lines 1, 2, and 3 received from other than disqualified persons.  8. Public support (Subtract line 7c from line 3.)  8. Public support (Subtract line 7c from line 3.)  9. Amounts from line 6.  6. Total Support  Callendar year of riseal year beginning in) ▶  9. Amounts from line 6.  6. Total Support  Callendar year of riseal year beginning in) ▶  10. 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total organization from the second the granted continuation of the year and years an		```	(-,	(1)	(-)	(1)	(-,	(7
2 Gross receipts from admissions, mechanidas sold or services performed, or facilities trained in any activity that is related to the organization's tax exempt purpose.  3 Gross receipts from admissions that are not an unrelated trade or business under section 13 and 14 Tax reverues level of for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities furnished by a governmental unit to the organization without charge.  6 Total Add lines 1 through 5.  7 a Amounts included on lines 1, 2, and 3 incevived from discussified persons	•	, , , , , , , , , , , , , , , , , , , ,						
sold or services performed, or facilities furnished in any activity that is rolated to the organization's tax-exempt purpose.  3. Gross receipts from activities that are not an unrelated after the organization's benefit and either paid to or expended on its behalf it.  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf it.  5. The value of services or facilities furnished by a governmental unit to the organization without charge is received from disqualified persons .  5. The value of services or facilities furnished by a governmental unit to the organization without charge is received from disqualified persons .  5. Anounts included on lines 1, 2, and 3 received from delay than disqualified or or 1% of the anount on line 3 and 3 as received from delay than disqualified or or 1% of the anount on line 3 for the year or Add lines 7 and 70 in.  5. Public aupport (Subtract line 7c from line 6).  5. Section B. Total Support  Calendar year (or fiscal year beginning in)    9. Anounts from line 6 .  5. Orgons income from interest, dividends, payments from line 6 .  9. Anounts from line 6 .  9. Cadd lines 10 and 10b to unrelated business accivities not included in line 10b, and line 10b and line	2	· · · · · · · · · · · · · · · · · · ·						
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organization, check this box and stop here.  Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage from 2010 Schedule A, Part III, line 17  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 a 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	14		the organization	n's first, second.	third, fourth, or	fifth tax vear a	as a section 5010	(c)(3)
Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 a 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			-					
Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment	Sec							
Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment	15	Public support percentage for 2011 (line 8, co	olumn (f) divided	by line 13, column	(f))		15	%
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 a 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   ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■ ■	16						16	%
Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19 a 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	Sec						•	
Investment income percentage from 2010 Schedule A, Part III, line 17  19 a 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		•			, column (f))		17	%
19 a 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 ▶								<u> </u>
17 is not more than 331/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <b>b</b> 331/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and <b>stop here</b> . 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	. J u							
line 18 is not more than 331/3 %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	h							
	J							
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20			•		. ,		

JSA 1E1221 1.000 Schedule A (Form 990 or 990-EZ) 2011 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See

Schedule A (Form 990 or 990-EZ) 2011

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors ► Attach to Form 990, Form 990-EZ, or Form 990-PF. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service **Employer identification number** Name of the organization BIG BROTHERS BIG SISTERS SOUTHEASTERN PENNSYLVANIA 23-1352034 Organization type (check one): Filers of: Section: Х Form 990 or 990-EZ **501(c)(** 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year 

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization BIG BROTHERS BIG SISTERS SOUTHEASTERN PENNSYLVANIA

Employer identification number 23-1352034

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	CITY OF PHILADELPHIA CUST  C/O 123 SOUTH BROAD STREET, SUITE 2180  PHILADELPHIA, PA 19109	\$ <u>581,453</u> .	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2_	COMMONWEALTH OF PA CUST  C/O 123 SOUTH BROAD STREET, SUITE 2180  PHILADELPHIA, PA 19109	\$445,693.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3 _	BBBS STATE ASSOCIATION OF PA  C/O 123 SOUTH BROAD STREET, SUITE 2180  PHILADELPHIAP, PA 19109	\$290,912.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZIP + 4  BIG BROTHERS BIG SISTERS OF AMERICA  C/O 123 SOUTH BROAD STREET, SUITE 2180	Total contributions	Person Payroll Noncash (Complete Part II if there is
No 4	Name, address, and ZIP + 4  BIG BROTHERS BIG SISTERS OF AMERICA  C/O 123 SOUTH BROAD STREET, SUITE 2180  PHILADELPHIA, PA 19109  (b)	\$228,056.	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
No 4 - (a) No.	Name, address, and ZIP + 4  BIG BROTHERS BIG SISTERS OF AMERICA  C/O 123 SOUTH BROAD STREET, SUITE 2180  PHILADELPHIA, PA 19109  (b)  Name, address, and ZIP + 4  UNITED WAY SEPA  123 SOUTH BROAD STREET, SUITE 2180	\$228,056.  (c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Name of organization BIG BROTHERS BIG SISTERS SOUTHEASTERN
PENNSYLVANIA
Employer identification number
23-1352034

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7 _	COMCAST  C/O 123 SOUTH BROAD STREET, SUITE 2180  PHILADELPHIA, PA 19109	\$125,434.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8 _	SCOTT BENTLEY  C/O 123 SOUTH BROAD STREET, SUITE 2180  PHILADELPHIA, PA 19109	\$100,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 _	FIRST NIAGRA FOUNDATION  C/O 123 SOUTH BROAD STREET, SUITE 2180  PHILADELPHIA, PA 19109	\$100,000.	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c)	(d)
-	ramo, address, and En	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4		Person Payroll Noncash (Complete Part II if there is
 (a)	(b)	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
 (a)	(b)	\$(c) Total contributions	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II if there is

Name of organization BIG BROTHERS BIG SISTERS SOUTHEASTERN
PENNSYLVANIA
Employer identification number
23-1352034

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (see instructions)

(d)

**Date received** 

(a) No.

from

Part I

(b)

Description of noncash property given

(c)

FMV (or estimate)

(see instructions)

Name of organization BIG BROTHERS BIG SISTERS SOUTHEASTERN **Employer identification number** 23-1352034 PENNSYLVANIA Part III Exclusivelyeligious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ.

2011
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► See separate instructions.

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

 $If the \ organization \ answered \ "Yes" \ to \ Form \ 990, \ Part \ IV, \ line \ 5 \ (Proxy \ Tax) \ or \ Form \ 990-EZ, \ Part \ V, \ line \ 35c \ (Proxy \ Tax), \ then$ 

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name	of organization BIG BROTHE	ERS BIG SISTERS SOUTHEAS	TERN	Employer ident	ification number
PEN	NSYLVANIA			23-13	52034
Par	t I-A Complete if the or	rganization is exempt under se	ection 501(c) or is	a section 527 organi	ization.
1	•	organization's direct and indirect poli			
2					0
3	Volunteer hours				
Par	t I-B Complete if the or	rganization is exempt under se	ction 501(c)(3).		
1		ise tax incurred by the organization ι		▶ \$	0
2		ise tax incurred by organization man		4955 <b>▶</b> \$	
3		section 4955 tax, did it file Form 472	20.5 11.5		
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV.	rganization is exempt under se	ation FO1/a) avai	ant coetion E04/o\/2\	
1		expended by the filing organization			·
•				•	
2	Enter the amount of the filir	ng organization's funds contributed	to other organization	ons for section	
_		es			
3	Total exempt function expe	enditures. Add lines 1 and 2. En	ter here and on Fo	orm 1120-POL,	
4		Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification numb	er (EIN) of all section	n 527 political organiz	ations to which the filing
		s. For each organization listed, en			
		tributions received that were prom			
	as a separate segregated tu	nd or a political action committee	(PAC). If additional s	space is needed, provide	e information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds. If none, enter -0	contributions received and promptly and directly
				Tarido: Il riorio, dillor o .	delivered to a separate
					political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)				I	1
(3)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2011

Sch	nedule C (Form 990 or 990-EZ) 2011	BIG BR	OTHERS B	SIG SISTERS SO	JTHEASTERN	23-2	1352034 Pa	age <b>2</b>
P	art II-A Complete if the org section 501(h)).	ganizatio	n is exem <sub>l</sub>	ot under section 5	01(c)(3) and fi	led Form 5768 (elec	tion under	
	name, address,	EIN, exp	enses, an	an affiliated group d share of excess ox A and "limited co	lobbying exper		oup member's	
	Limits (The term "expendit		ying Expendans amount		·	(a) Filing organization's totals	(b) Affiliated group totals	
1 a	Total lobbying expenditures to ir			<u> </u>	g)			
b	Total lobbying expenditures to ir	nfluence a	legislative b	oody (direct lobbying)				
С								
d	Other exempt purpose expendite							
е		-						
f		inter the a	nount from t	the following table in	both			
	columns.							
	If the amount on line 1e, column (a	) or (b) is:		g nontaxable amount is	S:			
	Not over \$500,000	000		mount on line 1e.	vor \$500,000			
	Over \$500,000 but not over \$1,000,0 Over \$1,000,000 but not over \$1,500		•	is 15% of the excess over is 10% of the excess over is 10% of the excess over is 15% over is 15% of the excess over is 15% over i				
	Over \$1,500,000 but not over \$1,500			is 5% of the excess over				
	Over \$17,000,000	00,000	\$1,000,000.	13 3 70 OF THE EXCESS OVE	Τ Ψ 1,500,000.			
g		(enter 25%	. , ,					
h		•	,					
i								
j	If there is an amount other than	zero on e	ther line 1h	or line 1i, did the org	anization file For	m 4720		
	reporting section 4911 tax for the	is year?					Yes	No
		tions that umns belo	-Year Avera made a sec w. See the i	aging Period Under stion 501(h) election instructions for lines	Section 501(h) do not have to c s 2a through 2f c	omplete all of the five on page 4.)		
		Lobi	ying Expen	ditures During 4-Ye	ar Averaging Pe	riod		
	Calendar year (or fiscal year beginning in)	(a) 2	800	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) Total	
2 a	Lobbying nontaxable amount							
b	Lobbying ceiling amount (150% of line 2a, column (e))							
С	: Total lobbying expenditures							
d	Grassroots nontaxable amount							

Schedule C (Form 990 or 990-EZ) 2011

e Grassroots ceiling amount (150% of line 2d, column (e)) **f** Grassroots lobbying expenditures

_	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT	filed	Form	1 5768		Page 3
	(election under section 501(h)).	(a	)		(b)	
	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity.	Yes	No		nount	
		103	110	All		
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
c d	Media advertisements?  Mailings to members legislators or the public?		X			
e	Mailings to members, legislators, or the public? Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Х			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х			
i	Other activities?	Х				<u>, 522</u> .
j	Total. Add lines 1c through 1i		Х		16	<u>, 522</u> .
2 a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		-			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
1 2 3	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?			1		No
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."	c)(5), ( R (b)	or se Part	ction III-A, line	3, is	
1 2 a b	Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	ints o		2a 2b		
C	Carryover from last year Total		• • •	2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible leading and relities a superstitute and relities and rel	-	- 1			
5	and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)			5		
	rt IV Supplemental Information					
Con 1. A	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line Iso, complete this part for any additional information.  HER LOBBYING ACTIVITIES		rt II-A	; and Part I	I-B, line	
	GISTERED LOBBYIST PROVIDES CONSULTING SERVICE VIA HIS DIRECT CONTAC					
	TH STATE LEGISLATURES IN ATTEMPTS TO HELP INFLUENCE FUNDING REFEREN					
THZ	AT COULD POSITIVELY IMPACT BBBS SEPA GOVERNMENT GRANT OPPORTUNITIE:	5				

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011 Page **4** 

Part IV Supplemental Information (continued)

Schedule C (Form 990 or 990-EZ) 2011

# SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

2011

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

BIG BROTHERS BIG SISTERS SOUTHEASTERN Employer identification number Name of the organization PENNSYLVANIA 23-1352034 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ...... 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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. 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: 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 SFAS116 (ASC958) relating to these items:

Revenues included in Form 990, Part VIII, line 1 ▶\$\_

Assets included in Form 990, Part X

Schedule D (Form 990) 2011 Page 2

	t III Organizations Maintaining Coll	ections of	Art, Histo	rical Tre	easure	s, or (	Other	Similar A	ssets(c	continu		age <u>L</u>
3	Using the organization's acquisition, access collection items (check all that apply):	ssion, and o	other record	ds, check	any of	f the f	followin	g that are	e a sign	nificant	use c	of its
а	Public exhibition		d	loa	n or exc	rhange	nroars	me				
b	Scholarly research		e –	Oth		•						
C	Preservation for future generations			J 0411								
4	Provide a description of the organization's	collections	and evnla	in how t	hav fur	ther th	ne oraș	enization's	evemnt	hurnos	a in	Part
-	XIV.	Conections	and expla	iii iiow t	ney lun	uici u	ic orga	arrization 3	CACITIPI	, puipos	JC 111	ı aıı
5	During the year, did the organization solicit	or rossivo d	onations of	fart hiete	rical tra	oocuro	s or of	hor cimila	•			
<u> </u>	assets to be sold to raise funds rather than	to be mainta	ined as pai	rt of the c	rganiza	ation's	collecti	on?		Yes		No
Par	Escrow and Custodial Arrange line 9, or reported an amount on				zation	answe	ered "	Yes" to F	orm 990	0, Part	IV,	
1a	Is the organization an agent, trustee, custo of	lian or other	intermediar	ry for conf	ribution	ns or ot	her ass	sets not				
	included on Form 990, Part X?			-					[	Yes		No
b	If "Yes," explain the arrangement in Part XI \											_
	<u> </u>				ſ			An	nount			
С	Beginning balance					1c						
d	Additions during the year					1d						
е	Distributions during the year					1e						
f	Ending balance					1f						
2a									[	Yes		No
	If "Yes," explain the arrangement in Part XI \		a									]
	t V Endowment Funds. Complete if		zation ans	wered "\	es" to	Form	990	Part IV li	ne 10			
ı uı		urrent year	(b) Prior			o years b		(d) Three ye		(e) Fou	r vears	back
1a	Beginning of year balance	35,950.		5,950.	(0)	35,9			, 950.	(0) : 50	, , , , ,	540.1
b	Contributions	33,3331		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					, 300.			
	Net investment earnings, gains,											
	and losses	1,079.	1	L <b>,</b> 079.		3 1	164.	1	,079.			
А	Grants or scholarships	1,073.		L, 073.		J, 1	104.		,073.			
	Other expenditures for facilities											
C	and programs	1,079.	1	L,079.		2 1	164.	1	,079.			
f	Administrative expenses	1,079.	_	L, U/9.		٥, ١	104.		,079.			
	End of year balance	35,950.	2.5	5 <b>,</b> 950.		35,9	350	2.5	,950.			
g		-			-1 /				, 950.			
2	Provide the estimated percentage of the c u	-		(line 1g, c	olumn (	(a)) nei	d as:					
a		100.0000	_ %									
b	Permanent endowment	0.4										
С	Temporarily restricted endowment	%										
٥-	The percentages in lines 2a, 2b, and 2c sh c											
зa	Are there endowment funds not in the pos	session of the	e organizati	on that a	re neid a	and ad	iministe	ered for the		ſ		
	organization by:									0 - (1)	Yes	No
	(i) unrelated organizations									3a(i)		X
	(ii) related organizations									3a(ii)		X
b	If "Yes" to 3a(ii), are the related organizati or		•							3b		
4	Describe in Part XIV the intended uses of t											
Par	t VI Land, Buildings, and Equipmer	tSee Form	n 990, Par	t X, line	10.							
	Description of property	(a) Cost or (invest		(b) Cost o	r other bas her)	isis (	(c) Accur deprec		(c	<b>d)</b> Book va	llue	
1a	Land		10,000.								10,0	00.
b	Buildings		22,354.				2	2,354.				
С	Leasehold improvements		23,930.					4,713.		1	39,2	17.
d	Equipment		70,802.					8,929.			21,8	
е	Other		58 <b>,</b> 978.					8,995.				83.
Tota	I. Add lines 1a through 1e. (Column (d) must			(, column	(B), line	e 10(c).				1	81,0	

Schedule D (Form 990) 2011

Part VII	Investments - Other Securities. Se	e Form 990,	Part X, line 12.		.3.
	(a) Description of security or category (including name of security)	<b>(b)</b> Bo	ook value	<b>(c)</b> Method of valuati Cost or end-of-year mark	
(1) Financia	al derivatives				
(2) Closely-	-held equity interests				
(3) Other					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
<u>(l)</u>					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>F</b>	D- 1 V II - 10		
Part VIII					
	(a) Description of investment type	( <b>b)</b> Bo	ook value	(c) Method of valuati Cost or end-of-year mark	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9) (10)					
	n (b) must equal Form 990, Part X, col. (B) line 13.)	<b>•</b>			
Part IX	Other Assets. See Form 990, Part 3	•			
T dit iA	Circi Assets. Occ 1 oiiii 000, 1 dit 7	(a) Description	1		(b) Book value
(1)		( <b>u</b> ) 2 000p.i.o.	•		(a) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 15.)			<b>&gt;</b>	
Part X	Other Liabilities. See Form 990, Pa	rt X, line 25.			
1.	(a) Description of liability		(b) Book value		
(1) Feder	ral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
_(7)					
(8)					
_(9)					
(10)					
(11)					
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line	25.)			
2 FIN 48 (	ASC 740) Footpote In Part XIV provide the	text of the for	atnote to the arga	nization's financial statements the	at reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740).

JSA 1E1270 1.000

Schedule D (Form 990) 2011 Page 4

Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	<u> </u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,769,908.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,684,160.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	85,748.
4	Net unrealized gains (losses) on investments	4	-186,521.
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	-186,521.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-100,773.
Part		_	,
1	Total revenue, gains, and other support per audited financial statements	1	4,715,824.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b 10,00	0.	
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	10,000.
3	Subtract line 2e from line 1	•	4,705,824.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, ,
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)  4b 64,08	4.	
c	Add lines 4a and 4b		64,084.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4,769,908.
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		
1	Total expenses and losses per audited financial statements	1	4,694,160.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•	, ,
а	Denoted conviged and use of facilities	0.	
b	Drier year adjustments		
C	Other lesses		
d	Other (Describe in Ded VIV)		
e	Add lines 2a through 2d	2e	10,000.
3	Subtract line 2e from line 1	3	4,684,160.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1,001,200.
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.)		
	Add lines 4a and 4b	4c	
5	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	5	4,684,160.
Part	XIV Supplemental Information	., .	1,001,200
Part V	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa , line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also completed information.	rt IV, line ete this	es 1b and 2b; part to provide
SEE_	PAGE 5		

Page 5

#### Part XIV Supplemental Information (continued)

PART V, LINE 4

INCOME FORM THESE PERMANENTLY RESTRICTED FUNDS, PER DONOR, IS RESTRICTED FOR POST SECONDARY SCHOOL TUITION AND OTHER RELATED EXPENSES ONLY.

PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. HOWEVER, INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE ORGANIZATION'S TAX EXEMPT PURPOSE MAY BE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

DURING THE YEAR ENDED DECEMBER 31, 2011, THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

U.S. GAAP REQUIRES ENTITIES TO EVALUATE, MEASURE, RECOGNIZE, AND DISCLOSE ANY UNCERTAIN INCOME TAX POSITIONS TAKEN ON THEIR FEDERAL OR STATE TAX RETURNS. MANAGEMENT HAS EVAULATED THE IMPACT OF THIS STANDARD ON ITS FINANCIAL STATEMENTS AND BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS AND THE EFFECTS OF ADOPTING THIS STANDARD ARE NOT MATERIAL TO THE ORGANIZATION'S FINANCIAL POSITION OR RESULTS OF OPERATIONS.

THE ORGANIZATION RECOGNIZES ACCCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY, AS MANAGEMENT AND GENERAL EXPENSE. THERE WERE NO INCOME TAX RELATED INTEREST OR PENALTIES RECORDED FOR THE

Schedule D (Form 990) 2010

#### Part XIV Supplemental Information (continued)

YEAR ENDED DECEMBER 31, 2011.

THE FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS OF THE ORGANIZATION FOR THE YEARS ENDED JUNE 30, 2009 AND 2010 AS WELL AS THE SIX-MONTH PERIOD ENDED DECEMBER 31, 2010 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE AND OTHER VARIOUS TAXING AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

PART XII, LINE 4B - OTHER ADJUSTMENTS

INVESTMENT INCOME 63,866

REALIZED GAIN 218

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

BIG BROTHERS BIG SISTERS SOUTHEASTERN

Employer identification number

	BIG SISTERS	SOUTHEAS	TERN		Employer identification	
PENNSYLVANIA  Fundraising Activities.Co	mplete if the orga	nization ar	nswered	"Yes" to Form 9	23-1352034 90 Part IV line 1	
Form 990-EZ filers are not				100 101 01111 0	00, 1 ait 10, iiiic 1	, .
1 Indicate whether the organization rais				ivities. Check all th	nat apply.	
a Mail solicitations	е	Solici	tation of n	on-government gr	ants	
<b>b</b> Internet and email solicitations	f	Solici	tation of g	overnment grants		
<b>c</b> Phone solicitations	g	J Spec	ial fundrai	sing events		
d In-person solicitations						
2a Did the organization have a written o	or oral agreement wit	h any indivi	dual (inclu	ding officers, direc	tors, trustees	
or key employees listed in Form 990,	, Part VII) or entity in	connection	with profe	essional fundraisin	g services?	Yes No
<b>b</b> If "Yes," list the ten highest paid in compensated at least \$5,000 by the		(fundraise	rs) pursua	ant to agreements		fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund custody or contribu	control of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
_						
5						
6						
7						
8						
9						
10						
Total  List all states in which the organiz registration or licensing.				contributions or	has been notified	it is exempt from
registration of ilectisting.						

Sche	dule G	(Form 990 or 990-EZ) 2011				Page <b>2</b>
Pa	rt II	Fundraising Events.Complete than \$15,000 of fundraising event gross receipts greater than \$5,000	contributions and gross			
		gross rescipte greater than 40,000	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
			GOLF OUTING	BOWL FOR KIDS		(add col. (a) through col. (c))
(I)			(event type)	(event type)	(total number)	55 (57)
Ď						
Revenue		Gross receipts	533,305.	153,757.		687,062
ď		₋ess: Charitable				
		contributions	157,600.			157,600
		Gross income (line 1 minus				
	li	ine 2)	375,705.	153,757.		529,462.
	4 (	Cash prizes				
Direct Expenses	5 1	Noncash prizes				
	6 F	Rent/facility costs				
	7 F	Food and beverages				
Direc	8 E	Entertainment				
	9 (	Other direct expenses	93,273.	27,952.		121,225
	10 [	Direct expense summary. Add lines 4	through 9 in column (d)			( 121,225.)
		Net income summary. Combine line 3,				408,237
Pa	rt III	Gaming. Complete if the orgathan \$15,000 on Form 990-E2		es" to Form 990, Part	IV, line 19, or repor	ted more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re		Small mayonya				
	1 (	Gross revenue				
enses	2 (	Cash prizes				
≅xpen	3 1	Noncash prizes				
Direct Exp	<b>4</b> F	Rent/facility costs				
	5 (	Other direct expenses				
	6 \	/olunteer labor	Yes% No	Yes% No	Yes% No	
	7 [	Direct expense summary. Add lines 2	through 5 in column (d)			( )
	8 1	Net gaming income summary. Combin	e line 1, column d, and li	ne 7		
9	Ent	er the state(s) in which the organization	on operates gaming activ	ities:		

a Is the organization licensed to operate gaming activities in each of these states?

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

**b** If "No," explain:

**b** If "Yes," explain:

Schedu	ule G (Form 990 or 990-EZ) 2011 Page	3
11	Does the organization operate gaming activities with nonmembers?	<u> </u>
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	
	formed to administer charitable gaming?	0
13	Indicate the percentage of gaming activity operated in:	
а	The organization's facility	%
b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address ▶	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming	
	revenue?	0
b	If "Yes," enter the amount of gaming revenue received by the organization 🕒 and the	
	amount of gaming revenue retained by the third party > \$	
С	If "Yes," enter name and address of the third party:	
	Name ▶	
	Address ▶	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶\$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	0
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations	
	or spent in the organization's own exempt activities during the tax year ▶ \$	_
Part	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	_

Schedule G (Form 990 or 990-EZ) 2011

#### **SCHEDULE J** (Form 990)

Compensation Information
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.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

BIG BROTHERS BIG SISTERS SOUTHEASTERN

Employer identification number 23-1352034

Name of the organization PENNSYLVANIA

Part	Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.    X			
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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0.1			
_	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:	F		Х
a	The organization?	5a		X
b	Any related organization?  If "Yes" to line 5a or 5b, describe in Part III.	5b		
e				
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:			
_		C-		Х
a	The organization?	6a		X
D	Any related organization?  If "Yes" to line 6a or 6b, describe in Part III.	6b		
7				
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	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	'		Λ
U	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			- 21
3	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

BIG BROTHERS BIG SISTERS SOUTHEASTERN 23-1352034

Schedule J (Form 990) 2011

#### 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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
	(i)	160,375.	(		18,000.	3,376.	181,751.	
1 MARLENE OLSHAN	(ii)				0			
	(i)							
_2	(ii)	)						
	(i)		L	l				
3	(ii)	)						
	(i)							
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16	(ii)		[	T	71			

BIG BROTHERS BIG SISTERS SOUTHEASTERN 23-1352034

Schedule J (Form 990) 2011

#### 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.

## 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 SOUTHEASTERN

PENNSYLVANIA

Employer identification number
23-1352034

Types of Property Part I (c) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on Form 990, Part VIII, line 1g applicable items contributed noncash contribution amounts Art - Works of art 1 2 Art - Historical treasures Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods......... 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property Χ 2. 17,578. FAIR MARKET VALUE 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts Other ▶( SPORTING EVENT ) 30,963. 25 26 Other ►(\_\_\_\_\_) Other ►(\_\_\_\_\_ 27 28 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 ...... Yes No 30 a 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? Χ **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Χ **b** If "Yes," describe in Part II. 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.

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

Schedule M (Form 990) (2011)

Schedule M (Form 990) (2011) Page 2

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Schedule M (Form 990) (2011)

#### SCHEDULE O

(Form 990 or 990-EZ)

### 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

Department of the Treasury Internal Revenue Service Name of the organization

BIG BROTHERS BIG SISTERS SOUTHEASTERN

PENNSYLVANIA

S SOUTHEASTERN Employer identification number 23-1352034

FORM 990, PART I, LINE 1

DESCRIPTION OF ORGANIZATION MISSION: TO IMPROVE THE LIVES OF CHILDREN AND STRENGTHEN COMMUNITIES THROUGH PROFESSIONALLY-SUPPORTED, ONE-TO-ONE MENTORING RELATIONSHIPS. OUR VISION: TO TAKE OUR LIFE-CHANGING MISSION TO EVERY CHILD IN THE REGION WHO NEEDS AND WANTS A BIG BROTHER OR BIG SISTER.

FORM 990, PART VI, SECTION B, LINE 11

AN INDEPENDENT AUDIT COMMITTEE CONVENES TO WORK IN TANDEM WITH THE AUDITORS, ON BEHALF OF THE AGENCY AND ITS FIDUCIARY INTERESTS. THE AUDITORS REPORT THEIR FINDINGS TO THE AUDIT COMMITTEE. THE COMMITTEE REVIEWS AND APPROVES THE AUDIT REPORTS AND FORM 990. THE AUDIT COMMITTEE PRESENTS ITS REVIEW TO THE BOARD MEMBERS AND MAKES A RECOMMENDATION TO APPROVE OR DENY THE SUBMITTED REPORTS AND FORM 990. IF APPROVED, REPORTS AND FORM 990 ARE FILED ACCORDINGLY.

FORM 990, PART VI, SECTION B, LINE 12C

BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN A CONFLICT OF INTEREST

POLICY UPON JOINING THE BOARD. STAFF MEMBERS ARE REQUIRED TO REVIEW AND

AWKNOWLEDGE (VIA SIGNATURE) A COPY OF THE PERSONNEL HANDBOOK CONTAINING

THE CONFLIT OF INTEREST STATEMENTS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15

THE BOARD COLLECFTS COMPARATIVE DATA AND REVIEWS THE CEO'S PERFORMANCE

AND SETS CEO SALARY AND/OR ADJUSTMENTS ON AN ANNUAL BASIS. THE AGENCY CONDUCTS AN ANNUAL PERFORMANCE REVIEW OF ALL EMPLOYEES AND INCLUSIVE IN THE PROCESS, COLLECTS COMPARATIVE SALARY DATA BY WHICH SALARY ADJUSTMENT TARGETS AND RANGES BY POSITION ARE SET. THE BOARD OF DIRECTORS REVIEWS THE COMPARATIVE SALARY RANGE DATA AND APPROVES IT PRIOR TO AWARDING ANY EMPLOYEE COMPENSATION ADJUSTMENT.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC THROUGH THE BIG BROTHERS BIG

SISTERS WEBSITE. THESE DOCUMENTS ARE ALSO AVAILABNLE TO THE PUBLIC UPON

REQUEST.

FORM 990, PART XI, LINE 5, CHANGE IN NET ASSETS

NET UNREALIZED LOSS ON INVESTMENTS -186521

FORM 990, PART XII, LINE 2C

THE AUDIT COMMITTEE IS CHARGED WITH OVERSIGHT FOR THE AUDIT, REVIEW OF
THE IRS FORM 990, AND PRESENTATION OF THE AUDIT REPORT AND FORM 990 TO
THE BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL. THERE HAVE BEEN NO

CHANGES TO THE AUDIT COMMITTEE'S DUTIES AND RESPONSIBILITIES DURING THE CURRENT YEAR.

Schedule O (Form 990 or 990-EZ) 2010 Page 2

Name of the organization BIG BROTHERS BIG SISTERS SOUTHEASTERN Employer identification number PENNSYLVANIA 23-1352034 ATTACHMENT 1 FORM 990, PART VIII - INVESTMENT INCOME (A) (B) (C) (D) TOTAL RELATED OR UNRELATED EXCLUDED DESCRIPTION REVENUE EXEMPT REVENUE BUSINESS REV. REVENUE INTEREST AND DIVIDEND INCOME 63,866. 63,866. 63,866. 63,866. TOTALS ATTACHMENT 2 FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS DESCRIPTION AMOUNT FUNDRAISING 157,600. TOTAL 157,600. ATTACHMENT 3 FORM 990, PART VIII - FUNDRAISING EVENTS GROSS DIRECT NET DESCRIPTION INCOME EXPENSES INCOME 371,892. 121,255. FUNDRAISING 250,637. 371,892. 121,255. TOTALS 250,637. ATTACHMENT 4 FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES ENDING DESCRIPTION BOOK VALUE PREPAID EXPENSES 29,534. TOTALS 29,534.

Schedule O (Form 990 or 990-EZ) 2010 Page **2** 

Name of the organization BIG BROTHERS BIG SISTERS SOUTHEASTERN

PENNSYLVANIA

Employer identification number
23-1352034

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING

DESCRIPTION BOOK VALUE

INVESTMENTS 1,628,127.

TOTALS 1,628,127.