CHANGE OF ACCOUNTING PERIOD

Form **990**

Department of the Treasury Internal Revenue Service

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)

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

2010
Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning JUL 1, 2010 and en	iding D	EC 31, 2010	
B Ci	neck if oplicable Addres change	DIG DRUTTERS DIG SISTERS SUUTTEASTERN		D Employer identificati	on number
=	Name		s to sa and	23-135	2034
	Initial Ireturn Termin ated	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone number 215–79	Transplanting out
4,68	1Ameno			G Gross receipts \$	
	Jretum Application		agan mengaan se	H(a) Is this a group retur	
	Jtion pendin	F Name and address of principal officer:MARLENE OLSHAN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates include	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	<u> 527</u>	 A Transaction of the edition of the edition of the polythesis of the edition of the first of the edition. 	The state of State and Alliana and a second
		e: ► HTTP: //BBBSSEPA.ORG		H(c) Group exemption n	
		organization: X Corporation	L Year	of formation: 2002 M S	ate of legal domicile: PA
Pa		Summary "OTA" "OTA"	VTOOT	OII MO TUDDO	
Activities & Governance		Briefly describe the organization's mission or most significant activities: "OUR ILIVES OF CHILDREN AND STRENGTHEN COMMUNIT			OVE THE
Ž.	2	Check this box $lacktriangle$ $$ $$ $$ if the organization discontinued its operations or dispose	than 25% of its net asse		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	26
න න	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	26
es		Total number of individuals employed in calendar year 2010 (Part V, line 2a)			92
viti	6	Total number of volunteers (estimate if necessary)		6	3039
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
*	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		4,758,084.	1,989,756.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	142,421.	46,262.
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		199,209.	51,389.
	i	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,099,714.	2,087,407.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
y)	ŧ	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,914,499.	1,830,549.
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25) 308, 14	1.		
யி		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,182,467.	664,220.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,096,966.	2,494,769.
	19	Revenue less expenses. Subtract line 18 from line 12		2,748.	<407,362.
Ses		g an anggagagaga	Be	eginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	F	5,369,475.	5,307,191.
Agg	21	Total liabilities (Part X, line 26)		77,288.	128,787.
Ę,	22	Net assets or fund balances. Subtract line 21 from line 20		5,292,187.	5,178,404.
*******	nt II	Signature Block			
	*****	alties of perjury, I declare that I have examined this return, including accompanying schedules	and staten	nents, and to the best of my k	nowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is pased on all information of which			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		la Marie I	э р. ори	8/8/20	11
Sig	n	Signature of officer		Date	
Her		MARLENE OLSHAN, CEO		8/8/3	00.11
	•	Type or print name and title		01.10	011
Paid	1	Print/Type preparer's name DAVID A. GRUBER Preparer's signature A		Bate Check Check if self-employed	P0001087
	arer	Firm's name EISNERAMPER LLP			
•	Only	Firm's address 101 WEST AVENUE, P.O. BOX 458		Firm's EIN	13-1639826
USG	Unity	JENKINTOWN, PA 19046-0458		Dhono no 12	15) 881-8800
110	, tha !		-	Phone no. (2	r 2-1
ivid)	, uie i	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

	t III Statement of Program Servi	ce Accomplishments		
	Control Appellation (Control of Control of C	onse to any question in this Part III	T T	
1	Briefly describe the organization's mission: "OUR MISSION: TO IMPH	ROVE THE LIVES OF CHILDR	EN AND STRENGTHEN	
		ROFESSIONALLY-SUPPORTED,		<u> </u>
		SION: TO TAKE OUR LIFE-C		\$15
	CHILD IN THE REGION WE	HO NEEDS AND WANTS A BIG	BROTHER OR BIG SISTER."	
2		ant program services during the year which were		
		and a free of the street perions (Section 1994)	RANGE TO STREET OF STREET CONTROL OF STREET	No
3	If "Yes," describe these new services on So	chedule O. make significant changes in how it conducts, an	y program services?	No
3	If "Yes," describe these changes on Sched		y program services :	
4	and the second of the second o	s for each of the organization's three largest pro	gram services by expenses.	
		ns and section 4947(a)(1) trusts are required to r		
		nd revenue, if any, for each program service rep		-
4a	(Code:) (Expenses \$ TMPROVE THE LIVES OF (CHILDREN AND STRENGTHEN) (Revenue \$ COMMUNITIES THROUGH)
		TED, ONE-TO-ONE MENTORIN		
	THE PERSON OF SHOT	공연 방법 항상 회문 - 구의 환경 방법문항	o ordensees of contacting appear in the entire and positions and	
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	estation made not the SESS received as	una fina sekakabahan ing kanarasanan kandaka belangkan mendebia		
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	- 12 P. C.		, stad, activities of a community asygnetic and thereto determine which ap-	
	(Code:) (Expenses \$	including greats of ¢	(Revenue \$	
4b	(Code:) (Expenses \$	including grants of \$	The state of the second of the	′
	\$ 1,000 Land 3 Page (\$ 2.5)	194 - 18 - Pan	di 1930 kinada ji 1930 tem - memba jiyadoka yacin 1931	
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			anganak 1975, kan sengan din sebasik niking sengan dinasa di 1975 sengan Tanggan	
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			order (* 1908) de la despresa de la companya de la	<u> </u>
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			A SECTION OF SECTION S	ej, a
4d	Other program services. (Describe in Sche		ASSESSMENT SECTION OF THE PROPERTY OF THE	
		ding grants of \$) (Reven		
4e	Total program service expenses	1,976,907.		
03200			990 (2	2010)
12-21		where x_i is a constant of x_i is the x_i constant x_i is x_i . x_i		

Part IV Checklist of Required Schedules

4	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	0943 - 68	Yes	No
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	- 15
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	2017	200	
•	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	•
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		1 1.965	5.3
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	A FRANCE	Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		Associa	_
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	navig Navigas	>
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	040 44	64.0	
,	Schedule D, Part III	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	addition	egeens.	-
,	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		2
)	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	in a	100	-
	If "Yes," complete Schedule D, Part V	10	х	
e	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
1	as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
		118	25	\vdash
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	1000)
_	는 사람들은 발표를 보고 있다. 그는 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은 사람들은		2	H
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	536		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1 (2) (2)	4
Q	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	01 166	rest A	2
_		11d		1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		-1
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	11f	 	╀
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	440	Į.	
	Schedule D, Parts XI, XII, and XIII	12a	X	╀
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	1 4 4 1	-
,	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	-
a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	╀
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	300	1000	
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		┡
,	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	400 mm	-
i	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1 5.	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	1,345.1	\downarrow
,	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	P an	Sec.	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	-	1
}	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	May Age		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	+
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	da 19	1 14.1	
	complete Schedule G, Part III	19	1.525	1
)a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	1	1

Form **990** (2010)

Form 990 (2010) PENNSYLVANIA Part W Checklist of Required Schedules (continued)

ART.			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	No. 1 6.7	4,577,50	3.7
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	77,4	<u>X</u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	140,000	AVII A	
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1 14	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	11894)		ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	361 (46	rigen#)	74.
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1999		1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	15/17/65	piwa.g	
	Schedule K. If "No", go to line 25	24a	1.196	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	1985/2011	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	ANC A	\$1156D	
	any tax-exempt bonds?	24c	6.35	İ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	st eyer)	- 4
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	T. ASA M	ere ê	
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1 1/2	X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	13.14540	134212	
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	Section 6	e i sale i	1.5
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		144 39	
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
07		20		+
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	07		X
	Schedule L, Part III And and Anneada and A	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			V
а		28a	742533	X
b		28b	11111	A
C		વક્ષો	7865-5	1
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	172	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	14.40	1 11	
	contributions? If "Yes," complete Schedule M	30	V 1987	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ayen D	l
	If "Yes," complete Schedule N, Part I and a state of the	31	3035	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	la i	100	
	Schedule N, Part II	32	44 4	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	100 m		1 44
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	416	X
34	Was the organization related to any tax-exempt or taxable entity?	Espai	1 1119	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а		y	134	
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		X
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		1 3	+
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
00			+	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	1	Х	
	Note. All Form 990 filers are required to complete Schedule O	38		(2010

Par	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	i a'i sail gi		
	tana katamban kanalan andara katamban kanalan ini iki katamban katamban kanalangan pelapangan di sawat	still, daedd	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	19		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return2a	92		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	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?	<u>3a</u>	1 (1987)	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	141,715	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		-90°C	3
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5а				X
b			y Minard	X
			d 0.075	<u> </u>
6a		t si atir mwa:	194	
-	any contributions that were not tax deductible?	<u>6a</u>	11 20	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			*****
а.	, ,		X	8.38
b	, , , , , , , , , , , , , , , , , , , ,	ļ	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. i	1 .	v
		7c		X
d				Х
e	, , , , , , , , , , , , , , , , , , , ,		4 1315,3	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		1 100.00	A
g h			14 1 1 1 1 1	+
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	8-C? 7h		
J	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year	ar? 8		***************************************
9	Sponsoring organizations maintaining donor advised funds.	20000000		
a		9a	*******	*********
b		9b		+
10	Section 501(c)(7) organizations. Enter:			
а				
b				
11	Section 501(c)(12) organizations. Enter: The section is the section of the sectio			
а				
b	<u> </u>			
	amounts due or received from them.)			
12a		12a		
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	the second of the control of the con	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans			
С				
14a		148	1.87	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			
			m 990	(2010)

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			X
Sec	tion A. Governing Body and Management		wani Pi	s ?
	The state of the s	p gMe	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a26			
b	Enter the number of voting members included in line 1a, above, who are independent1b			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	a Vasavi	1 8) 1 E)	-34
	of officers, directors or trustees, or key employees to a management company or other person?	3	erê ji têjê	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	4.449	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	- 5	1575 Ağ	X
6	Does the organization have members or stockholders?	- 6	13 1 S	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	maÿ any	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	and (b)	X
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	12.
b	Each committee with authority to act on behalf of the governing body?	8b	X	1.71
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	Santa a	1949	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	ang terap	fight desired	·
	AND CONTROL OF THE PROPERTY OF	110000000	Yes	
10a	Does the organization have local chapters, branches, or affiliates?	10a	1 044	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	\$1.70	VI N	1
	and branches to ensure their operations are consistent with those of the organization?	10b	14.6	ļ
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b			v	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	100	v	
	to conflicts? The second of th	12b	X	1
C		12c	Х	
42	in Schedule O how this is done Does the organization have a written whistleblower policy?	13	X	+
13 14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	···		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	1
b		15b	Х	†
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	garai i	Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		1811
Sec	ction C. Disclosure	7 aug 15	a 11	
17	List the states with which a copy of this Form 990 is required to be filed PA	ej Young	Syrye - Fig.	1
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	e for		
	public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	ınd fin	ancial	
	statements available to the public.	an esta	and the	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza LAURIE E. MCLEOD - 215-790-9200	ation:		- <u> </u>
	BBBS SEPA 123 SOUTH BROAD STREET, SUITE 2180, PHILADELPHIA, PA	19	109)

Page 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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.

(A) Name and Title			(B) Average	7_0		(C Posi	tion			(D) Reportable	(E) Reportable	(F) Estimated
			hours per week (describe hours for related	or director		all t		app	y)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization
			organizations in Schedule O)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		1 0.483 1 0.483 1 0.08	and related organizations
W. WILSON GO	OODE									-		TO SERVICE THE PROPERTY.
DIRECTOR		. Est.	2.00	X						0.	0.	PRESENT.
DELIA STROUI)	:										PARCHAA SAGA
CHAIRPERSON	an Village and a second	1.0	3.00	X		Х			×	0.	0.	1919 (1947) 0
ALONZO PRIMU	JS		1		(a)							with the state of the
SECRETARY		1.491	2.00	X	/el	X				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	comment of the department of a	keepele tejstestii —e 🛈
DAVID KNOLL											(v.) sees sid parvail	
TREASURER	stated to see a second	ata in the Alexand	2.00	X		X	2.5		900	0.	dani sa mara 10 😮	saan on a tasah 💮 🐧
RICHARD HAAZ	3									19 19		
HEAD COUNSEL			2.00	X		X				0.	0.	0
ADAM FISCHER	R. Comment		man na dheadh ag i girid	13	540 s.	1.41		1.0	uden	mandaso Audibas	and value of appropries	Seed Williams
DIRECTOR			2.00	X						massa saya 1741 0 🕻		0
ADRIANNE MII	LLER		eretariya baştı işleri		vis si	449	e Page	1	-472	erroment for that we take t	a mera na Albardal and hayê	a fire was tax
DIRECTOR		4.5%	2.00	X	175.7			(50.0)		0.	standy is the transfer	, a, stat, as a - 1
ALAN LURTY			Amglinstrayra conf	1	10.0	1		5.3		Programme and the section of the sec	TO BUYE ON BUYERS FARE	e kolesky (ski) – do
DIRECTOR	. Harris and a second		2.00	X				1.0	. 44		· · · · · · · · · · · · · · · · · · ·	i i i i i i i i i i i i i i i i i i i
ANGIE SIMMON DIRECTOR	NS. Moderne di Li dej (1700)	ejit A — ejit kawawa	2.00	Х			-4.5		140	. The second section of the O. &	natawa katawa na mpatamana matamana na mpatamana (0.4)	viere de passignado O Cervos vere O
JOHN ALCHIN				Π		Π.						gwylan a c
DIRECTOR		A.,	2.00	X						.0.	0.	0
JOHN KRZEMI	NSKI		1.11							गर्भ गास्त्र सम्बद्धाः		
DIRECTOR			2.00	X	<u> </u>	$oxed{oldsymbol{ol}}}}}}}}}}}}}}}}}}$				0.	0.	0
MARK MORRIS												
DIRECTOR			2.00	X						0.	0.	0
MICHELE MOLA	ANO		Ì									
DIRECTOR			2.00	X			_	<u> </u>	<u> </u>	0.	0.	0
MITCHELL BEI	NSON											
DIRECTOR			2.00	X				<u> </u>		0.	0.	0
PAUL SANDLE	R											
DIRECTOR			2.00	X	1	<u> </u>		_		0.	0.	0
PETER GALLO	WAY		2.00	Х	L							O
RONALD CAPLE	AN		2.00	Х			1		1	1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0

032007 12-21-10

Form 990 (2010)

Form 990 (2010)

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, aı	nd l	ligh	est	Compensated Employ	ees (continued)		
(A)	(B)			(C	>)		s ya	(D)	(E)		(F)
Name and title	Average	4		Posi				Reportable	Reportable		Estimated
	hours per	(cl	neck	all	that	арр	ly)	compensation	compensation		amount of
	week (describe	ctor	1130 131	48.0	vel i	- 45	Nyasa	from the	from related organizations	511 2	other compensation
	hours for	Individual trustee or director	0	MAG	1965/4	pat	, i te	organization	(W-2/1099-MISC)		from the
	related	stee	Institutional trustee	-1980	9	Highest compensated employee	10 E	(W-2/1099-MISC)		1 6 1 1 1	organization
	organizations	ual tr	ional	16.	ploye	tcom	12.00	ASAB PA DANGMARKASI SAN	nest aporoaga levikus ingi	33A - 43	and related
	in Schedule O)	ndivid	nstitu	Officer	Key employee	lighes	Former	PARAMENTAL SECTION (S. V.)	न्त्री अवस्थित हिन्द्री अध्यक्ति ।	- 1	organizations
The State Court for the state of the state o		17.0	1981	<u> </u>	×		1000	an distributan errori errori errori errori errori. An antan errori errori errori errori errori errori.	potekspili pringspilantinespa angene scattinespoli avrila	ats of 4400 event san	rian Antony 4 49 Amerikana Amerikana
SUSAN KEENAN DIRECTOR	2.00	X	4 (f)	438				en den un energie Qui	nakabig shari igalir sark) .	0.
THOMAS MCELVOGUE	2.00	1	187.000		100	1 1 1 1 1	1000		raj unus unusur susjant n		
DIRECTOR	2.00	Х	0.8	9393	la delig	1 (See)		0.) .	0.
DR. THOMAS BRENNAN	Same and the same of the same	400		75 F C			9.55	Sension Visiting organic	agas wai sasiwa ili	N. A 160 F 160	ma vaj 111
TRUSTEE	0.50	Х		137				0.) 。	0.
FRAN DUNPHY 1000 1000 1000 1000 1000 1000 1000 10	tvangg@			i pelia				www.v/s	agr ^a blavking	ni daji	
TRUSTEE ****	0.50	X	n).	wy (140 m			· (1989-1587) 0.	() .	0.
REGINALD POLLITT	sisti "			-				e san Aj	And the second s		
TRUSTEE	0.50	X						(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	(0 -	0.
JOSEPH TIERNEY			17 t					44.444.44			•
TRUSTEE	0.50	X	1		ـ	-	1	0.		0 .	0.
KATHLEEN O'REILLY	2 00	V						(vertice to)	1	o .	0
VICE CHAIRPERSON	2.00	X	-	X	+-	-	╀	0.	1		0.
ERNEST PIGHINI	2.00	X						los o.		0.	. 0 . property
DIRECTOR BRAD ARONSON	2.00	A	-	\vdash	+	+	-				The second second second second
DIRECTOR	2.00	x						h o	.]	0.	
1b Sub-total	1	1		-L	<u></u>	_ <u>_</u>		Ō.		0 .	0.
c Total from continuation sheets to Part V	II. Section A							171,184.		0.	4,226.
d Total (add lines 1b and 1c)								171,184.		0.0	4,226.
2 Total number of individuals (including but i						/e) w	ho i	received more than \$10	0,000 in reportable		are no autoria
compensation from the organization								No contract of the contract of			<u> </u>
										1777	Yes No
3 Did the organization list any former officer	, director or tru	uste	e, ke	ey er	npk	oyee	, or	highest compensated e	mployee on		
line 1a? If "Yes," complete Schedule J for	such individua	<i>!</i>									3 X
4 For any individual listed on line 1a, is the s	•		•					•	the organization		
and related organizations greater than \$15											4 X
5 Did any person listed on line 1a receive or										×	- v
rendered to the organization? If "Yes," con Section B. Independent Contractors	npiete Schedu	ie J	tor s	such	pe	rson					5 X
Complete this table for your five highest complete this table.	ompensated in	nder	end	ent	CON	tract	ors	that received more than	\$100,000 of comp	ensal	lion from
the organization. NONE	ompensated ii	ider	CHU	CITE	COII	ti au	0,3	that received more than	τ ψ του,ουσ οι σοιιιρ	Crisai	att on ha delica
(A)		••	1				W	(B)			(C)
Name and business	s address							Description of	services	Co	mpensation
							76				Walling A.V.A
10 to											1 5-11/55
								1 N			
											<u> Artes de la la francia</u>
								100 A			
										32. 33.	A. A. CARLONIAN
								Mary A			
A Company								Z: .			***************************************
								The state of the s			
2 Total number of independent contractors	(including but	not	limi+	ed +	n th	088	liste	d above) who received	more than		
\$100,000 in compensation from the organ			, ,,,	J 4 (J (1)	0		22273/ 11/10/10001400			

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, True (A) Name and title	(B) Average hours	(C)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Individual trustee or director Institutional trustee		Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
ERICA KNUTH DIRECTOR	2.00	Х			√ § Ω		3.4	20.4M 0.		0.
JOE CROCE DIRECTOR	2.00	X							0.	0.
MARLENE OLSHAN CEO	40.00			Х	Х			171,184.	0.	4,226.
								24 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	en e desembles es es es execu-	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					. 0			Andrew State Company of the Company		
28 to 38 to 1	. 3 \$7	-			43		. (1.15)			person s
					100	1.25			24/3	saíá e
									ations in	entel 1 graft
									# 15 1.1 15 ## 15 15 15 15 15 15 15 15 15 15 15 15 15	-
							· ().			Service Communication of the C
									ner merkber vereb	er di internationale
					N.				e side reg side - side	estellik y Historia
								11 (1944) A GAN 1 (1944)	March and services of a 1804 — Havis	
								eservices	ing kanalan kanalan menggalan Kanalang	retro
							(4)	A Section of the section of	es fires es il problès.	
								Walter and American		gred or great Mills
								The magnetic state	n engass e finence.	
								6. (V ₁) (V ₂) (V ₃)	Na terrora fina servago a	1
			1					er evên em egrejeke	ner e straje svili servi. ne s i limbiji ne kolestici	A A C
Total to Part VII, Section A, line 1c			N 3.1					171,184.	Had for the Space South Control	4,226.

Form 990 (2010) PENNSYLVANIA

Par	t VII	Statement of Revenu	Je .		gy ayden van hen filmed fi			
					(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, girls, grants and other similar amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1b 1c 1d	127,000. 817,987.				
d other si	f	All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines 1	s, and e 1f 1,	044,769. 68,623.				
3 8		Total. Add lines 1a-1f			1,989,756.			
				Business Code				
Program Service Revenue	2 a b c			17	X1 09.4	Y is		(1884) (1 % of 1884) (1 % of 1884)
500	e							
	f	All other program service rever	nue					
	<u>g</u> 3	I Total. Add lines 2a-2f	dividends, intere	est, and	46,346.			46,346
	4	Income from investment of tax						
	5	Royalties	(i) Real	(ii) Personal				
	b	Gross Rents Less: rental expenses Rental income or (loss)	(i) Neal	(ii) r ei soriai				
		Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities 139,455.	(ii) Other	-			
Acceptable	t	Less: cost or other basis	139,539.	:				
		Gain or (loss)			-01			<84
		Net gain or (loss)			<84.	, P		<84
Other Revenue		Gross income from fundraising including \$ 127,0 contributions reported on line Part IV, line 18	00 of 1c). See	149,732.				
ğ		Less: direct expenses			-,			F1 300
		Net income or (loss) from fund Gross income from gaming ac Part IV, line 19	tivities. See		51,389			51,389
		Less: direct expenses	b					
		Net income or (loss) from gam		>		1		
	10 a	Gross sales of inventory, less						
	1	and allowances Less: cost of goods sold			1			
		Net income or (loss) from sales						
Ī		Miscellaneous Revenu		Business Code	3			
	11 8						18 - 98 - 9 - 9 - 19 - 19 - 19 - 19 - 19	# V 68 5 645
	1	.						
	(d All other revenue						
		d All other revenue e Total. Add lines 11a-11d		***************************************	1			
	12	Total revenue. See instructions.			2,087,407	. 0	. 0	. 97,651
03200	59	The state of the s						Form 990 (201

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).

	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1444 I			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S.	Alfa watasa w	ार ठकार्यका सार्व व्यवस्था		
	See Part IV, lines 15 and 16	······································	Proper (FEWE) (ARCHITECTURE)		
4	Benefits paid to or for members	Må stansfran	Property of the State of the security		
5	Compensation of current officers, directors, trustees, and key employees	87,705.	21,926.	6,139.	59.640.
<u>.</u>		077703.	21/2200	NASE TO SEE SO 101	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	1 1 1	1690 <u>0</u> 00	nin fooredwie inge deeperd	
	persons described in section 4958(c)(3)(B)	14.1	eritán va go	un deserrate asses haras caspar <mark>a</mark> da	
7	Other salaries and wages	1,422,411.	1,219,689.	101,078.	101,644.
8	Pension plan contributions (include section 401(k)		1407	หลังที่ประกอบกับ ประกอบกับเทรา	
	and section 403(b) employer contributions)	27,281.	22,696.	1,937.	2,648.
9	Other employee benefits	178,968.	148,258.	12,708.	18,002.
10	Payroll taxes	114,184.	93,973.	8,107.	12,104.
11	Fees for services (non-employees):				Selfgroup 44
а	Management			to was Ad took past in a	
b	Legal		gel sort topper, toewards	rigo and i sanii bisa ya s	sans krátsál – ár h
c	Accounting	18,600.	6,510.	9,300.	2,790.
d	Lobbying			· · · · · · · · · · · · · · · · · · ·	ver dangerija – 81 (
e	Professional fundraising services. See Part IV, line 17				Pagaspaga As
f	Investment management fees			esit Sesti begat 1 s	professional Profe
g	Other	64,071.	22,425.	32,035.	9,611.
12	Advertising and promotion	56,189.			37,647.
13	Office expenses	69,711.	53,887.		4,949.
14	Information technology	,			regagnatin Al-Agra
15	Royalties	14.57.57.57	n 195, stj. stogenske profestale	gent states a contract the second	respect to
16	Occupancy	223,336.	183,805.		23,674.
17	Travel		Taking a salah da	n North Saining (C.)	
18	Payments of travel or entertainment expenses		Michigan	arini Ne se së bava Lua di s	
10	for any federal, state, or local public officials		and the state of t	ing sand the property of the state of the same of the	
19	Conferences, conventions, and meetings	79,974.	65,819.	ļ	8,477.
	Interest	1010118	03,013.		
20	Payments to affiliates			 	er on a second
21	Depreciation, depletion, and amortization	26,848.	20,754.	1	1,906.
22 22	이번 사람들은 경기를 가는 것이 하면 가장이 얼마나 가장이 되었다. 그런 사람들은 사람들이 되었다.	11,660.			828.
23 24	Insurance Other expenses. Itemize expenses not covered	11,000.	9,013.	1,015.	020.
	above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule O.)				
а	PROGRAM AND RECRUITMENT	89,610.	89,610.	British or the part of the part of the second of the secon	markagin Mili
b	BAD DEBT EXPENSE	24,221.	2	e en et en vier i freek dit inn en franze. Trauffik i franze en franze i franze invention	24,221.
C	and the Control of th		1	1、1949年1月20日 1日日 1日日 1日日 1日日 1日日 1日日 1日日 1日日 1日日 1	
d					
e	AU II				
f	All other expenses	2 404 760	1 076 007	209,721.	308,141.
25	Total functional expenses. Add lines 1 through 24f	2,494,769.	1,976,907.	209,121.	308,141.
26	Joint costs. Check here Jif following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation		<u> </u>		

032010 12-21-10

	t X	Balance Sheet				A Vii	1332034 Fage II
	,	co serbala philabharaca a to columbia balanca a figh 18% a lat (Be	dasaja v Piskojeva	endikulungan (Alah Mili ter 1919-tah Sah Majaranan s	(A) Beginning of year	5 NGS ^N S	(B) End of year
	1	Cash - non-interest-bearing			1,950.	1	1,800.
	2	Savings and temporary cash investments			2,560,800.	2	2,241,894.
	3	Pledges and grants receivable, net			386,414.	3	226,101.
	4	Accounts receivable, net	586,255.	4	731,644.		
	5	Receivables from current and former officers, dir	•		•		
		employees, and highest compensated employee					
		of Schedule L				5	and a constraint for the same of the
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect					
2.2.3		The state of the s					
\$		employees' beneficiary organizations (see instru	AARTONISTO DE MONTO ANT	7	and the substituting the state of the state		
Assets	7	Notes and loans receivable, net	A(6)		AND ARREST AND ARREST AND ARREST		
₹	8	Inventories for sale or use	20,708.	8	19,539.		
	9	· · · · · · · · · · · · · · · · · · ·			20,100.	9	17,237.
	10a	Land, buildings, and equipment: cost or other		50A 015			
	1.3.4	basis. Complete Part VI of Schedule D		524,215. 302,421.	242 644		221 704
		Less: accumulated depreciation			243,644. 1,538,760.	-	221,794. 1,832,560.
	11	Investments - publicly traded securities			1,330,100.	-11	
	12	Investments - other securities. See Part IV, line		12	in i again haireas tamés (19 19.		
	13	Investments - program-related. See Part IV, line		13	कर रचा दिसमा सुसर्व । हेर्		
	14	Intangible assets	20 044	14	01 OF 0		
	15	Other assets. See Part IV, line 11	30,944.		31,859.		
	16	Total assets. Add lines 1 through 15 (must equ			5,369,475.		5,307,191.
	17	Accounts payable and accrued expenses	77,288.	-	128,787.		
	18	Grants payable		18	manadaming in the		
	19	Deferred revenue	The applications and any in page	19	ragino soli kelle je nakole i i lili.		
	20	Tax-exempt bond liabilities			1945	20	and the state of t
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	aguajas (1). ag
Liabilities	22	Payables to current and former officers, directo	rs, trust	ees, key employees,			
<u>a</u>		highest compensated employees, and disqualif	ied pers	sons. Complete Part II			
		of Schedule L				22	n ja senski negja i nim tegypun neglasyl i m
	23	Secured mortgages and notes payable to unrel	ated thi	rd parties		23	gangasta ang distriction
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	grades, pagas esta seg ¹⁷ (BAS)
	25	Other liabilities. Complete Part X of Schedule D				25	agraphica Million (1981)
	26	Total liabilities. Add lines 17 through 25			77,288.	26	128,787.
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete			
S	h , 3	lines 27 through 29, and lines 33 and 34.					
č	27	Unrestricted net assets			4,725,501		4,432,388.
<u>a</u>	28	Temporarily restricted net assets	530,736		710,066.		
<u> 5</u>	29	Permanently restricted net assets	35,950	29	35,950.		
Ę		Organizations that do not follow SFAS 117, o					
ö		complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			The Aport Market And Assessment Strongers	30	a ražaj ciskas trošiv laukstik.
SS	31	Paid-in or capital surplus, or land, building, or e				31	n – 1944, se se propi subspiral. Si – Propinsky komoninsky
¥ A	32	Retained earnings, endowment, accumulated in			1492,497 174 8124	32	
ž	33	Total net assets or fund balances			5,292,187	33	5,178,404.
	34	Total liabilities and net assets/fund balances			5,369,475		5,307,191.

Form 990 (2010)

Pa	TXI Reconciliation of Net Assets				ALCONOLITE STATE	4.87.45
- 44.1 - 124.1	Check if Schedule O contains a response to any question in this Part XI					X
		1 1	•	00	7 A	A 7
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2			4,7	
3	Revenue less expenses. Subtract line 2 from line 1	3			7,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,		2,1	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			3,5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,	17	8,4	04.
Pa	rt XII Financial Statements and Reporting					, 131 1 <u> </u>
	Check if Schedule O contains a response to any question in this Part XII	A 10 20 40 10 4	1	3 35 · 34		X
	a paradionage a againg shiphalagaga a saga again a again man a a a a a a a a a a a a a a a a a		a and desire a section of the sectio		Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	∍ O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	04004004040 975757777		2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	X	1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit			1575.	
	review, or compilation of its financial statements and selection of an independent accountant?	45 (NAME)	· · · · · · · · · · · · · · · · · · ·	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sci	nedule (O. [
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Au	udit			
	Act and OMB Circular A-133?	4 (E. 144)	eft fastte var	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req	uired au	udit			
		11/4/15 14/4	sor Gradia III.		l	1

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

2010

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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. ► See separate instructions.

BIG BROTHERS BIG SISTERS SOUTHEASTERN

Inspection
Employer identification number

(** **********************************		PENNSYL	· . · · ·				1002 (Mar. 2000)		23-	-13520	<u> </u>	
Part I	4 	7 9 9	ity Status (All organiz	44 7 4 94 1 14 1 4 1	9,700 FE 1840 DE 1840		12 1 AUG 17 1 A 17 1 L	ructions.		N. A. T. Valent	5. 34 × 1	49
The organ 1	A church, cor A school des A hospital or	nvention of churches cribed in section 17 a cooperative hospit search organization of	because it is: (For lines 1 is, or association of church (b)(1)(A)(ii). (Attach Sotal service organization operated in conjunction	ches desci hedule E.) described i	ibed in sec	tion 170 170(b)(1)((b)(1)(A)(i). A)(iii).		kus /eve to	hospital'	s name,	
5 🔲	1.3 (E.T. V.)		benefit of a college or ur	niversity ov	vned or op	erated by	a governn	nental unit	described	in	tala pa	
	484 B B B B B B	(b)(1)(A)(iv). (Comple	ik dagawanian ili bang katatan bang ang ang	riored rivers	Valle à est	n gviðald.	and to look					
6 🔲	A federal, sta	te, or local governm	ent or governmental uni	t described	d in sectio	170(b)(1)(A)(v).					
7 X		on that normally rec b)(1)(A)(vi). (Comple	eives a substantial part te Part II.)	of its supp								
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🗀	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support fr	om contri	butions, m	ıembershir	fees, and	gross rec	eipts fro	m
	income and u	· ·	nctions • subject to certa axable income (less sect e Part III.)	-			10 TO 10					
10		[발생시험 등원생활동이라는 기요 17 항 i 도둑]	perated exclusively to te	st for publ	ic safety. S	ee secti c	n 509(a)(4	i).				
11	An organizati	ion organized and op	perated exclusively for the	ne benefit	of, to perfo	rm the fu	nctions of,	or to carry	out the p	urposes o	f one or	
	- 1 AM - 1		ations described in secti	teredas se tradição d			2). See sec	tion 509(a	a)(3). Chec	k the box	that	
			organization and compl							T	S41	
e 🗔	a Type		☐ Type II •• at the organization is not		e III - Func	•	•	r more disc		Type III • (
e			than one or more publicl									
f			tten determination from						.(4)(1) 0, 0		(~)(~)	
		rganization, check th										
9	Since Augus	t 17, 2006, has the o	organization accepted a	ny gift or c	ontribution	from any	of the folk	owing pers	sons?			
	(i) A perso	n who directly or inc	firectly controls, either a	lone or tog	ether with	persons (described i	in (ii) and (ii) below,		Yes I	No
	-		upported organization?							11g(i)		
			n described in (i) above?							11g(ii)	1	
		=	a person described in (i)							11g(iii)		
h	Provide the t	ollowing information	about the supported or	ganization	ı(S).							
	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) l	organization isted in your document?	organiza	u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	on in col. ed in the		nount of	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>			ļ		<u> </u>			
	· · · · · · · · · · · · · · · · · · ·											
											-	
Total			1	1			1	1				

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and				\$4.	w washing wipmin ,	mang palabi di
	membership fees received. (Do not	Y			8000 H	Todan received, T	er sadangar
	include any "unusual grants.")	2566654.	4191229.	5388348.	4858158.	1990782.	18995171.
2	Tax revenues levied for the organ-				, á:	stransmitte mate <mark>Ada</mark>	ivava pegaš) - S
	ization's benefit and either paid to				saya)	STOP AND STOP STOP AND STOP AN	eriteras interpritos Policios especialis
	or expended on its behalf				37	- Carlotte (1975) - Carlotte (1976) Carlotte (1976) - Carlotte (1976)	n na garan sa sa sa sa Bagagaran sa
3	The value of services or facilities					ser arphyridaeth air ac	develope.
	furnished by a governmental unit to				4.1	retriction areas em	a Guperan
	the organization without charge		:		10:44	n skappy veskalaren	y nen Sajer Apren
4	Total. Add lines 1 through 3	2566654.	4191229.	5388348.	4858158.	1990782.	18995171.
5	The portion of total contributions						azato zvenica jih ili de
	by each person (other than a						and Capacity
	governmental unit or publicly						वीम सम्बद्धाः ।
	supported organization) included						a enursiva Ast ^{er} – At
	on line 1 that exceeds 2% of the						e hadaket
	amount shown on line 11,						washi wa
	column (f)						79,853.
6	Public support. Subtract line 5 from line 4.						18915318.
Se	ction B. Total Support				i gjereneser	e e Neddige Gwyddige arbei	A Benedika Sebili.
Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	2566654.	4191229.	5388348.	4858158.	1990782.	18995171.
8	Gross income from interest,	same to the first constant			1	192 (192 (193 <u>)</u>	The service of the se
	dividends, payments received on	engagasan ay aya saranyara	eversas acceptos for energy groups	ti nitelagrameksi mitraj ej in trekaj meta	egyej segres sake	of the second	rakan bujan se
	securities loans, rents, royalties			a shall have	ANAMA MW	refulgerende i. 1995	
	and income from similar sources	114,512.	122,760.	84,827.	73,745.	46,346.	442,190.
9	Net income from unrelated business	4 64	SWEELEN	5 (9		ne days save tages	Cata staryest Pr
	activities, whether or not the	1				á enám	1
	business is regularly carried on					Agaginatin engelik ag	a como como Signa de Car
10	Other income. Do not include gain					Para sa	
	or loss from the sale of capital				ing.	tanah saharan (Gabah	Land Miller (1977)
	assets (Explain in Part IV.)					sergial abdalacti (casari	a et telaporeti di
11	Total support. Add lines 7 through 10						19437361
12	Gross receipts from related activities	, etc. (see instructi	ons)		:	12]	L,609,286
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	6 Flavori talah w
	organization, check this box and stop		*******************************	<u> </u>	galar estela	nd graderings in name	>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				n ing ngagaran
14	Public support percentage for 2010 (line 6, column (f) d	livided by line 11, o	column (f))		14	J/ • J I
15	Public support percentage from 2009	Schedule A, Part	II, line 14		475g	15	97.78
16:	33 1/3% support test - 2010.If the c						
100			orted organization	າ	<u> </u>	a translation (1 septembries)	▶X
100	stop here. The organization qualifies	as a publicly supp	orton organization				The second second second
	stop here. The organization qualifies 33 1/3% support test - 2009. If the c				line 15 is 33 1/3%	or more, check t	nis dox
		rganization did no	t check a box on l	ine 13 or 16a, and			
ŀ	33 1/3% support test - 2009.If the o	organization did no lifies as a publicly	t check a box on l supported organiz	ine 13 or 16a, and ation		tong nyin isan ng	
ŀ	o 33 1/3% support test - 2009.If the cand stop here. The organization qua	rganization did no lifies as a publicly t - 2010.If the org	t check a box on l supported organiz anization did not c	ine 13 or 16a, and ation heck a box on line	: 13, 16a, or 16b, a	and line 14 is 10%	or more,
ŀ	o 33 1/3% support test - 2009. If the c and stop here. The organization qua a 10% -facts-and-circumstances tes	rganization did no lifies as a publicly t - 2010.If the org cts-and-circumstan	t check a box on lesupported organized anization did not conces test, check to	ine 13 or 16a, and ation heck a box on line his box and stop I	: 13, 16a, or 16b, a nere. Explain in Pa	and line 14 is 10% art IV how the orga	or more,
17a	and stop here. The organization quant 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances"	organization did no difies as a publicly of a 2010. If the orgots-and-circumstan test. The organiza	t check a box on li supported organiz anization did not c nces" test, check t ation qualifies as a	ine 13 or 16a, and ationheck a box on line his box and stop it publicly supported	a 13, 16a, or 16b, a nere. Explain in Pa d organization	and line 14 is 10% art IV how the orga	or more,
17a	and stop here. The organization quand stop here. The organization quand 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances" of 10% -facts-and-circumstances test and in the organization meets the "facts-and-circumstances test and organization meets the "facts-and-circumstances" m	organization did no lifies as a publicly at - 2010. If the org cts-and-circumstan test. The organiza at - 2009. If the org	at check a box on lisupported organization did not onces" test, check thation qualifies as a anization did not described.	ine 13 or 16a, and ation	e 13, 16a, or 16b, a nere. Explain in Pa d organization e 13, 16a, 16b, or	and line 14 is 10% art IV how the orga 17a, and line 15 is	or more, anization 10% or
17a	and stop here. The organization quant 10% -facts-and-circumstances test and if the organization meets the "facts-and-circumstances"	rganization did no diffies as a publicly of the condition	at check a box on lisupported organizanization did not	ine 13 or 16a, and ration	e 13, 16a, or 16b, a nere. Explain in Pa d organization e 13, 16a, 16b, or stop here. Explain	and line 14 is 10% Int IV how the orga 17a, and line 15 is In in Part IV how th	o or more, anization 10% or

032022

Schedule A (Form 990 or 990-EZ) 2010 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.)

Sec	tion A. Public Support					Yer county to contin	A Digwed Seesig
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and				\$1.00 \$1.00	v andidalitica	
	membership fees received. (Do not			:	, park k	S Paparagen sawit	
	include any "unusual grants.")	4884 BA	8862 - 08	1611 (87)	2365	n elsawg hates and	
2	Gross receipts from admissions,				9 H(g)	na marin di Lawasi di	eweens agent (i
	merchandise sold or services per-				ar-init	a tina ara-bas da b	
	formed, or facilities furnished in				- 1	braed all our	
	any activity that is related to the organization's tax-exempt purpose		,			s deposis des les estableses a	
	Gross receipts from activities that				as to Asar		fragerica (d)
	are not an unrelated trade or bus-		-		(Ass		
	iness under section 513	raamita 83			SNECT	ryg gyarik i filmanga	
4	Tax revenues levied for the organ-					ra vari	
7	ization's benefit and either paid to					a statistical section structure	
	or expended on its behalf					an a tradition of the second s	And the CASAC STATE
5	The value of services or facilities						HARA TANASTER AT
	furnished by a governmental unit to				Service and	e min kooste daaqy ee Milliadee aan e	interiorista Programa
	the organization without charge						
	그는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그					ng sin kana anak	engg te vegture et eta yan ese ta ya
	Total. Add lines 1 through 5						
/ a	Amounts included on lines 1, 2, and				ontrik William Man	NA SANTAN SERIA PARA	
	3 received from disqualified persons						Y El ent trace
O	Amounts included on lines 2 and 3 received from other than disqualified persons that					Harright Harry (design	ARTHAY TALLMAND
	exceed the greater of \$5,000 or 1% of the	1 1 1 1 1 1 1 1 1 1 1 1 1	A PART OF TAX	医皮皮质 医部膜炎	46 C S	Langi san	m shaabay nii A
	amount on line 13 for the year		ļ			gent neck to respect to a	The state of the s
	Add lines 7a and 7b						g 324-424
	Public support (Subtract line 7c from line 6.)						Fig. Carte Co. 19
	tion B. Total Support) 4 %			ma utus — Mujaka teradi.	The state of the s
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	Total
	Amounts from line 6					gen ne ng ngani	e pagagyddigyr
TUa	Gross income from interest, dividends, payments received on					Secretarity of well-report	in the central
	securities loans, rents, royalties				1947	er da kurtafi e	
	and income from similar sources					March 1999 And	engar in the in-
b	Unrelated business taxable income	a transfer og kannen er og en energ	1 	a syriger who compare	a management of the	ાં પ્રાથમિક હાથ	sel territor
	(less section 511 taxes) from businesses					March March Care	aspachiel fr
	acquired after June 30, 1975			sain migs	s kindag ette eille god	ra alagy a kiyaagaa oyya	And I have the
	Add lines 10a and 10b	, r. 1997, 1, 1991 d. 1 1994 d.		t jyett i settini	i arrangan saran Gr	a prove the age to be settly	e eggit vija (A. M.)
דד	Net income from unrelated business activities not included in line 10b,		\$ 2000 miles				
	whether or not the business is		*		Polenia Pag	ny arabugany	
	regularly carried on		tale evident for an	e sager supply at the first re-	grant Alley Arthurs	training or or our factor	and Age No. 20
12	Other income. Do not include gain or loss from the sale of capital			计数据 医性洗液	-4-3-60 NASA	days or sality	· 电电压电路 64
	assets (Explain in Part IV.)	2.4.4. (2.4.4)		a significant state and and	I sake masa masa masak K	ne green om de medicina	a a sa
13	Total support (Add lines 9, 10c, 11, and 12.)		A STATE OF	e vista i Narea terum, auste ast	A Charles Hadige of the	. gungané ana gyan sa é	. No see expelie
14	First five years. If the Form 990 is fo	or the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi	zation,
	check this box and stop here						
Sec	ction C. Computation of Pub	lic Support Pe	ercentage	g garage and a second	e to grande the same same	ay mad says and melan discount	ere a sage eve
15	Public support percentage for 2010	(line 8, column (f)	divided by line 13,	column (f))		15	ur gata kan 🔻 %
16	Public support percentage from 2009	9 Schedule A, Par	t III, line 15	. 		16	<u> </u>
Sec	ction D. Computation of Inve	stment Incon	ne Percentage		To the Barrier of the State of	and the second of the second	January Miller
17	Investment income percentage for 2	010 (line 10c, colu	mn (f) divided by li	ne 13, column (f))	44.24	17.	
18	Investment income percentage from	2009 Schedule A	, Part III, line 17	AVAINILLIIIII AAAA		18	**** **** * %
19a	33 1/3% support tests - 2010. If the						17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2009. If the						
	line 18 is not more than 33 1/3%, ch						
20	Private foundation. If the organization		_	•		-	
	to organization in the organization	on old hot ollook c	~ ~~// OH III/O 17, 10	, a, or roo, or out	THE DON WITH SEC II		

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Organization type (check one):

BIG BROTHERS BIG SISTERS SOUTHEASTERN PENNSYLVANIA

Employer identification number

23-1352034

Filers of:		Section:		
Form 990 or 9		X 501(c)(3) (enter number) organizat	tion law in the Ather are being a single	
		4947(a)(1) nonexempt charitable trust	not treated as a private foundation	
		527 political organization		
Form 990-PF		501(c)(3) exempt private foundation	A SECTION AND ASSESSMENT	
			PRODUCTION OF THE PROPERTY OF	
		4947(a)(1) nonexempt charitable trust	t treated as a private foundation	
		501(c)(3) taxable private foundation		
		s covered by the General Rule or a Special F (7), (8), or (10) organization can check boxes	Rule. for both the General Rule and a Special Rule. Sec	e instructions.
General Rule				
	-	-	ived, during the year, \$5,000 or more (in money o	or property) from any one
cont	ributor. Comp	lete Parts I and II.		
Special Rule	s			
-	a de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición dela com			
509	(a)(1) and 170(nat met the 33 1/3% support test of the regulation outor, during the year, a contribution of the greate EZ, line 1. Complete Parts I and II.	
aggı	egate contribu		or 990-EZ that received from any one contributor, or for religious, charitable, scientific, literary, or educed, l, ll, and lll.	• • •
			or 990-EZ that received from any one contributor, urposes, but these contributions did not aggrega	· ·

LHA 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) (2010)

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 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).

Name of organization

BIG BROTHERS BIG SISTERS SOUTHEASTERN

PENNSYLVANIA

Employer identification number

23-1352034

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BENTLEY SYSTEMS	n digitare R	Person X
	C/O 123 SOUTH BROAD STREET, SUITE 2180	\$ 121,500.	Noncash
	PHILADELPHIA, PA 19109	ne a secratago agos to spage di Articologia.	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	Aggregate contributions	(d) Type of contribution
2	CITY OF PHILADELPHIA CUST	The Market A Line Sept. 1. The	Person X Payroll
	C/O 123 SOUTH BROAD STREET, SUITE 2180	\$ 424,395.	Noncash
	PHILADELPHIA, PA 19109	e man et eg kendig kom et Millight (Albert)	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) accidence and constraints and ZIP + 4	1	Type of contribution
3	COMCAST		Person X
· .	C/O 123 SOUTH BROAD STREET, SUITE 2180	\$105,100.	Payroll Noncash
	PHILADELPHIA, PA 19109	a managa ara neeffa ara	(Complete Part II if there is a noncash contribution.)
(a) No.	(b)	(c) Aggregate contributions	(d) Type of contribution
4	COMMONWEALTH OF PA CUSTOMER	e en min of menomicals stellar Alloyde telefo Conson mendi områ en skaller blevet skaller	
	C/O 123 SOUTH BROAD STREET, SUITE 2180	\$ 218,112.	Payroll Noncash
	PHILADELPHIA, PA 19109	1	(Complete Part II if there is a noncash contribution.)
(a) No.	ase, and galactic productive and the second of the second	(c) Aggregate contributions	(d) Type of contribution
5	DEPARTMENT OF HEALTH AND HUMAN SERVICES	e ordina da na negativa negativa. Postenega en degla algoria de la se	Person X
	C/O 123 SOUTH BROAD STREET, SUITE 2180	\$ 60,420.	Payroll Noncash
	PHILADELPHIA, PA 19109	k om King generatura sepa mengelik King rajah pelagai berajak di ke	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	FEDERAL DEPARTMENT OF EDUCATION		Person X
	C/O 123 SOUTH BROAD STREET, SUITE 2180	\$144,971.	Payroll Noncash
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Name of organization BIG BROTHERS BIG SISTERS SOUTHEASTERN DESCRIPTION OF THE PROPERTY OF THE PROPE PENNSYLVANIA

Employer identification number

23-1352034

Part I	Contributors (see instructions)	son tinken en oan til kassassa	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	THE WILLIAM PENN FOUNDATION C/O 123 SOUTH BROAD STREET, SUITE 2180 PHILADELPHIA, PA 19109	\$ 97,900.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8	UW SEPA C/O 123 SOUTH BROAD STREET, SUITE 2180 PHILADELPHIA, PA 19109	\$ 329,450.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
9	COMCAST SPORTSNET C/O 123 SOUTH BROAD STREET, SUITE 2180	t is a discount over the separate and self-	Person X Payroll Noncash
	PHILADELPHIA, PA 19109	\$ 103,500.	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
10	URBAN OUTFITTERS C/O 123 SOUTH BROAD STREET, SUITE 2180 PHILADELPHIA, PA 19109	\$ 60,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
11_	WAWA C/O 123 SOUTH BROAD STREET, SUITE 2180 PHILADELPHIA, PA 19109	\$ 49,700.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
12	SIXERS BUSINESS OPERATIONS C/O 123 SOUTH BROAD STREET, SUITE 2180 PHILADELPHIA, PA 19109	\$ 49,400.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)

Name of organization

BIG BROTHERS BIG SISTERS SOUTHEASTERN

23-1352034

Employer identification number

Part II	Noncash Property (see instructions)		
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Name of organization

BIG BROTHERS BIG SISTERS SOUTHEASTERN

Employer identification number

PENNSYLVANTA

23-1352034

Part III	Exclusively religious, charitable, etc., in more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year. (Enter this info	columns (a) through (e) and the four columns (a) through (e) and the four contributions of the columns of the c	
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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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 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.

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

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 35a (Proxy Tax), then

0-	PENNSYLV	HERS BIG SISTERS ANIA Anization is exempt under		and Allendary and Allendary and Allendary and	oyer identification number 23-1352034
1 2	Provide a description of the organizar Political expenditures Volunteer hours	ition's direct and indirect political	campaign activities in	Part IV▶\$	ganzanon.
	about the fifty restored the continuous with t			1.00 音機 化超级电影的音	1985 1985 1985
C. P. P. S.		anization is exempt under			
1 2	Enter the amount of any excise tax in Enter the amount of any excise tax in				
3 4a	If the organization incurred a section Was a correction made? If "Yes," describe in Part IV.	4955 tax, did it file Form 4720 fo	r this year?		Yes No
10000000		anization is exempt unde			<u>5)(3).</u>
2	exempt function activities	zation's funds contributed to othe Add lines 1 and 2. Enter here and	er organizations for sec	otion 527 ► \$	
5	Enter the names, addresses and emmade payments. For each organizate contributions received that were propolitical action committee (PAC). If a	ion listed, enter the amount paid to mptly and directly delivered to a s	of all section 527 poli from the filing organiza separate political orga	tical organizations to whic ation's funds. Also enter th nization, such as a separa	e amount of political te segregated fund or a (e) Amount of political contributions received and
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Schedule C (Form 990 or 990-EZ) 2010

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

22

BIG BROTHERS BIG SISTERS SOUTHEASTERN

Schedule C (Form 990 or 990-EZ) 2010 PE Part II-A Complete if the organiz	ation is exer		n 501(c)(3) and file		352034 Page 2
(election under section A Check if the filing organization be Check if the filing organization cl	elongs to an affil		ovisions apply		
	Lobbying Expe	nditures	>	(a) Filing organization's totals	(b) Affiliated group totals
Total lobbying expenditures to influence Total lobbying expenditures to influence Total lobbying expenditures (add lines 1:	a legislative boo	dy (direct lobbying)		And the second section of the section o	company (September of September
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f Lobbying nontaxable amount. Enter the	amount from the	e following table in bo	th columns.	the rachhilopal shaab	salar old may World 19
If the amount on line 1e, column (a) or (b) is		bying nontaxable an			
Not over \$500,000		the amount on line 1e			
Over \$500,000 but not over \$1,000,000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,500,00			cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0		00 plus 5% of the exc			
Over \$17,000,000	\$1,000,		200 0101 \$ 1,000,000.		
		The same makes of the order paper	at figure estimate recibiographica		
j If there is an amount other than zero on reporting section 4911 tax for this year? (Some organization	4-Year Ave	eraging Period Unde			Yes N
column	s below. See th	e instructions for lin	es 2a through 2f on pa ear Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(ь) 2008 г. З	(c) 2009	(d) 2010	(e) Total
			Providence strange (part)	where editioners to the appropri	remainer ver Colle
22 LODDJING NORMANDO GINDON	stede 100 i de avitagede vita	Stage were transmitted in the state of	i rasayas tagitiks silamu sa	y mis from the of the complete organic	in this is a second to the second sec
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					ers from a designing in the gargety of the contract of the in-
c Total lobbying expenditures				apora Varia	be 47 percunant feat 7 Tenar
d Grassroots nontaxable amount		1	a 80°C Spagifical modern is	i Principalis di Bandari di Appero di Process Bernarda di Amerikan di Processi de Antonio	ner megganggal. S Meg member hill s
e Grassroots ceiling amount (150% of line 2d, column (e))					ra drawa na 1131 ana 1285. Na drawa na wakaziwa
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Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 PENNSYLVANIA Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

And a sign of a different days. And a sign of a sign of the sign		a)	(b)
ning betättigt. 1965 ist. Setat validatione	Yes	No	Amount
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: Nelvetors?		Х	
Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
d Mailings to members, legislators, or the public?	s <u>same a district</u> sometime V den	X	za tirubekan ke Mekesi (*) - ga tirakan kanya yangi terdi
Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes?	End Consists	X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	1 (94) 2 2 2	X	3/65/16/2004
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV	X		13,111
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х	13,111
b 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? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4).	on 501(c	(5) or so	ection
501(c)(6).		,,,o,, o, o,	Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?		ماأ	1 1
 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 	ion 501(c art III-A, I	2 3 3)(5), or seline 3 is a 1 2a 2b 2c	
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2010
Open to Public Inspection

Name of the organization

BIG BROTHERS BIG SISTERS SOUTHEASTERN PENNSYLVANIA

Employer identification number 23-1352034

Par			
	organization answered "Yes" to Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
	waanda iita ahka ayadda ah yaaba ayadda ah yaa yaaba ayadda ah yaaba ayaaba da ga		- 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15
1	Total number at end of year		Oling a Francia (nife ann a thuaireacha an Albaige an Aireanna Ann an Aireanna Aireanna Ann an Aireann Ann an Tagailteann an Aireanna an Aireanna Aireanna Aireanna Aireanna Aireanna Aireanna Aireanna Aireanna Aireanna A
2	Aggregate contributions to (during year)	The Committee of the C	e datum di artita a tri inaladi propensi bili interatori tagina ili. Prima propensi propensi propensi propensi propensi.
3	Aggregate grants from (during year)	N. Wallist J. (2004) 11 10 10 10 10 10 10 10 10 10 10 10 10	
4	Aggregate value at end of year		A FAN - FAN SECULO THE CONTROL FOR THE CONTROL CONTROL OF THE CONT
5	Did the organization inform all donors and donor advisors in		Francisco Francisco
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of		
Par			IV, line 7.
1	Purpose(s) of conservation easements held by the organization		では ・ Tennesis and American
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	
_	the facilities of the production of the control of	Mary Consistency of the Conference of the Confer	
2	Complete lines 2a through 2d if the organization held a quali	itled 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
а	Total number of conservation easements	- 81 + 1	1 22a - Washington Commission
b			2b Annanathana ta tao ad na alifi
C	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic structure	10. 建铁板 医电影
			2d interpretation bisential is
3	Number of conservation easements modified, transferred, re		
_	year -	and the second of the second o	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	• • • • • • • • • • • • • • • • • • • •	1986 The Applicate of the Control of
	violations, and enforcement of the conservation easements	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abo		
· ·			Yes W No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes the	organization's accounting for
	conservation easements.	Ad Historical Transcript on Oth	
or a	Organizations Maintaining Collections of Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·	er Similar Assets.
	If the organization elected, as permitted under SFAS 116 (A		
ıa			
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part Aiv,
	the text of the footnote to its financial statements that described an arrest trade of CFAS 110 (A		
Ø	If the organization elected, as permitted under SFAS 116 (A		
	treasures, or other similar assets held for public exhibition, e		
		ggi Masari Masari 1989, iliyofiya Misafikish isti al	
	(i) Revenues included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tr	-	ain, provide
	the following amounts required to be reported under SFAS		b
a			
b	Assets included in Form 990, Part X		▶ \$

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Schedule D (Form 990) 2010

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Sched	ule D (Form 990) 2010 PENNSYLV	VANIA			23-	1352034 Page 2
Part	III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or C	Other Similar As	sets (continued)
	Using the organization's acquisition, accession					
	(check all that apply):					
a	Public exhibition	d	Loan or exch	nange programs	THE DISC LOC	
b	Scholarly research	e	Other			
С	Preservation for future generations		r adalami Priming Palas	evanoù jar	Highele No and ten	cionagres (Allegia)
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's	s exempt purpose in	Part XIV.
	During the year, did the organization solicit o					
	to be sold to raise funds rather than to be ma					Yes No
Pari		gements. Comple				
1a	ls the organization an agent, trustee, custodi		iary for contribution	s or other asset	s not included	aggrégation de la company de l
	on Form 990, Part X?				a vincenti i ilga ini valgo i la.	Yes No
	If "Yes," explain the arrangement in Part XIV				er år faller i sammer semmer af et m	Programme and a programme
~		ional (veege early self)				Amount
c	Beginning balance					and the fact of the fact
	Additions during the year				1d	Anna a Anthropaga a sanara
	Distributions during the year				1e	
	Ending balance				4000000 41fm - 4000	man Sa. Antisto scriptos
	Did the organization include an amount on Fo				<u>ing panggang ang panggang Panggan ang Pa</u>	Yes No
	If "Yes," explain the arrangement in Part XIV.		4		Andrew September 1911	Limitales Limitale
Par			swarad "Vas" to For	rm 990 Part IV	lino 10	
	Lindowillerit i dired. Complete			[
4			(b) Prior year	T	000000000000000000000000000000000000000	ack (e) Four years back
	Beginning of year balance	35,950.	35,950.	35,9	750.	
	Contributions	1 070	2 154		720	
	Net investment earnings, gains, and losses	1,079.	3,164.	1,0)79.	
	Grants or scholarships			and the state of t		
	Other expenditures for facilities	Att agraps		I	 	
	and programs	1,079.	3,164.	a ma si taspilyo	079.	
	Administrative expenses					
	End of year balance			35,9	950.	
	Provide the estimated percentage of the year					
а	Board designated or quasi-endowment	100.00	<u></u> % — sanstati odis			
b	Permanent endowment	<u>~~~</u> % ->&o gan				
C	Term endowment	%				
3а	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	ınd administered	d for the organization	, independent Material Co
	by:					,
	(i) unrelated organizations	igenting with matter of each	ja el legista el el el Agrico.		<u> partir da la gradición da car</u>	3a(i) X
	(ii) related organizations			*******************	14 p. 200 f. k	3a(ii) X
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?	ty its order	<u>etiloporist ir littissisti tit</u>	Зь
4	Describe in Part XIV the intended uses of the	e organization's end	owment funds.		et weet to two lightly at th	kina (kanggara) ing pangangan
Par	t VI Land, Buildings, and Equipn	nent. See Form 990), Part X, line 10.		કુ જાજા	on the control of the state of
	Description of investment	(a) Cost or o	other (b) Cost	or other	(c) Accumulated	(d) Book value
		basis (investi	ment) basis	(other)	depreciation	a akin manaha
1a	Land	atemaka sati nati namaka mi	1964 48 1964 H	0,000.		10,000
b	Buildings			2,354.	22,354.	4
	•	****		3,931.	66,582.	
C	Leasehold Improvements				,	
	Leasehold improvements	1			68.380.	
d	Equipment A A A A A A A A A A A A A A A A A A A	A CONTRACTOR OF THE STATE OF TH		86,829.	68,380. 145.105.	18,449
d e		<u> </u>	4 * 184	36,829. 31,101.	68,380. 145,105.	18,449

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12	. Problek kelê wêr		
(a) Description of security or category (including name of security)	(b) Book value	Street J. Street	(c) Method of valuat ost or end-of-year mark	
(1) Financial derivatives		adis e de l'ami	tunituil muu utoili	franklig migravski
(2) Closely-held equity interests		. 1744	andresette het terne mit egw	ob teksterinin in in in
(3) Other			and the policy will be there in	mander of an installation of the
(A)				sangga disersi dan periodi
(B)				na Bartarika mesiri
(C) 3 % A			······································	regulal anglig restrict
- C (D)			e with a specificación deserva-	
(E) (F)	tagge from the parties of a con-			
(G) (A)	eli egyttese ki	I	Memorine editari bilgi utab Rompoma Bati bombo edi	
(H) (j)		The state of the s	- Programme Commence of the Co	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	See Form 990 Part Y line 1	3		oraș în arrigina sali (s
(a) Description of investment type	(b) Book value	-		tion: Nanačij nastija ili
(1)				ring and an arranged of
(2)	. 7 /	r kanton kolta gandid	en med Kilonese kan s	
(3)	1 NA	and leading the co	The Production particles	san da ang ang ang ang ang ang ang ang ang an
(4)			2530 8820	ne recite grand to recite in
(5)			10	Anna gili sarah Mag
(6)		i gartu i kunggi ngan	particular transfer of the	And Composite Appalace of
(7) १५३ वर्षी असर सम्बद्ध सरपूर है । स्टेर्ड्स क	y analy medican consisting the		unasta ja japiasi	
(8)		and the second second	The Stock of Section Section 1	s the control strategy to the control of
(9)	1.	14 1 May 11 M	Transport of the first states	province or establish
(10)			, where it has again have	Name and Special Control
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				estating (10 m
y 250 251 (30) 30 (30)	Description		the transit	(b) Book value
- 1 (1) - 総立			14/14/2	इत्तरकोई करिन्द्रान्त्रहोत्तरक ।
(2)			gradi sa sa	grafia
(3)			Agricultural two energia ax	est na kita i in ni niversali.
(4)			All the following Project States of Maria High States	teva e Sagaragovaja elimita Tambén e Sagaragovaja elimita
(5) (2.45V) ave				er i karal maggad (ga espeka ta ta mag Ta meningka meningka (ga pa ta mag
(6)	g i kan ayan da ka yi ka sa i			
(8)				
(9) 1 (48) Note Andrew (8) 1 (44) (45) (45) (47) (47) (47) (47) (47) (47) (47) (47	A CARROLL TO THE RESIDENCE OF THE SECOND CONTRACTOR OF THE SECOND CONTR	A CONTRACTOR OF THE STATE OF TH		
(10) ****** **** **** *******************	San	ing the second of the second o	Notes and the second of the second	The Action Services
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)		>	SMILE Y DAG
Part X Other Liabilities. See Form 990, Part X				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6) REPORT OF A PERSON		HEART FOR		
(7)				
(8)				
(9)				
(10)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	
(11)			_	
Total. (Column (b) must equal Form 990, Part X, col (B) lir	to the organization's financial	monto that rope to the	an ration's liability for a	

Sche	BIG BROTHERS BIG SISTERS SO	OUTHE	ASTERN		23-1	352034 - Page 4
¥11111111	tXI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial S			
1	Total revenue (Form 990, Part VIII, column (A), line 12)					2,087,407.
2	Total expenses (Form 990, Part IX, column (A), line 25)			to Asty	sto elajo	2,494,769.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<407,362.
4	Net unrealized gains (losses) on investments		,	1 1	sandari si	293,579.
5	Donated services and use of facilities					
6	Investment expenses		1	<u> </u>		
7	Prior period adjustments					5(3
8	Other (Describe in Part XIV.)			<u> </u>		100
9	Total adjustments (net). Add lines 4 through 8					293,579.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and					<113,783.
The state of the s	t XII Reconciliation of Revenue per Audited Financial Stateme			oer R	eturn	
1	Total revenue, gains, and other support per audited financial statements				1	2,169,170.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		*********************			giş'
а	Net unrealized gains on investments	2a				
b	Donated services and use of facilities		128,0	25.		
	Recoveries of prior year grants	1	drajaši dipilijas			
	Other (Describe in Part XIV.)					
	Add lines 2a through 2d				2e	128,025.
3	Subtract line 2e from line 1				3	2,041,145.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					v. iv.
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)		46,2	262.		
c	Add lines 4a and 4b				4c	46,262.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	2,087,407.
Pa	T XIII Reconciliation of Expenses per Audited Financial Statem	ents V	ith Expense/	s per	Retur	
1	Total expenses and losses per audited financial statements				1	2,622,794.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	128,0	<u>)25.</u>		
b	Prior year adjustments	2b	un seud est de la comp	<u>-2 -22</u>		
	Other losses		April Salatin Spirit	20 G 10		
	Other (Describe in Part XIV.)	-				
е	Add lines 2a through 2d				2e	128,025.
3	Subtract line 2e from line 1				3	2,494,769.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b		.,		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5	2,494,769
EXECUTE:	t XIV Supplemental Information					
X, lin	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp RT V, LINE 4: INCOME FROM THESE PERMANENTL	olete this	part to provide	any ad	ditional	information.
DOI	NOR, IS RESTRICTED FOR POST-SECONDARY SCHO	OL T	UITION A	ND C	THE	R RELATED
EX	PENSES ONLY.				Markey 199	er enny forwarde
:						ia N

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 IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.

Schedule D (Form 990) 2010

Part XIV Supplemental Information (continued)

DURING THE SIX MONTHS ENDED DECEMBER 31, 2010, THE ORGANIZATION HAD NO

UNRELATED BUSINESS INCOME. IN ADDITION, THE ORGANIZATION QUALIFIES FOR

THE CHARITABLE CONTRIBUTION DEDUCTION 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 EVALUATED THE IMPACT OF THIS STANDARD (WHICH

BECAME EFFECTIVE IN 2009) 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 ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX POSITIONS, IF ANY, AS A MANAGEMENT AND GENERAL ADMINISTRATIVE EXPENSE. THERE WERE NO INCOME TAX RELATED INTEREST OR PENALTIES RECORDED FOR THE SIX MONTHS ENDED DECEMBER 31, 2010.

THE FEDERAL AND STATE EXEMPT ORGANIZATION TAX RETURNS OF THE ORGANIZATION

FOR THE YEARS ENDED JUNE 30, 2008, 2009 AND 2010 ARE SUBJECT TO

EXAMINATION BY THE INTERNAL REVENUE SERVICE AND OTHER VARIOUS TAXING

AUTHORITIES, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

29

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT INCOME

46,346.

REALIZED LOSS

-84.

TOTAL TO SCHEDULE D, PART XII, LINE 4B

46,262. Schedule D (Form 990) 2010

032055 12-20-10

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

BIG BROTHERS BIG SISTERS SOUTHEASTERN

Inspection

PENNSYL	VANIA						23-1352	034
Part I Fundraising Activities. required to complete this part		e organization	answe	red "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Policitations b If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	or oral agreeme art VII) or entity viduals or entit	e S f S g S nt with any ind in connection ies (fundraisers	olicitat olicitat pecial ividual with p	ion of ion of fundra (includation rofess uant to	non-governising of	overnment grants nment grants events fficers, directors, tru undraising services	stees or Yes the fundraiser is to	
(i) Name and address of individual or entity (fundraiser)	4 12 34 (31 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) Activity	3745	(iii) fundr have c or con contrib	aiser ustody trol 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
	3 - 2 - 10 - 10 - 10 - 10 - 10 - 10 - 10			Yes	No			
		V de la della dell	11	-, : e ² %	1111			Mark Mark
							and through a feety	gas a gistina a
			-					
		<u> </u>		13.5				
			1.1			BARAT		esgitter i 1919 gibbes
	2, 1 1 1 4 14 14 1		M. T			A STATE OF THE STA		
Fotal					. >			
List all states in which the organization or licensing.	on is registered		solicit	contril	oution	er <u>yra</u> ntida	sa s	
								. i grant and in the

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

Schedule G (Form 990 or 990-EZ) 2010

Schedule G (Form 990 or 990-EZ) 2010 PENNSYLVANIA 23-1352034 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

23-1352034 Page 2

	`	of fundraising event contributions and gr	oss income on Form 990		events with gross receip	ts greater than \$5,000.
62		and the state of t	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			1	L	aboren ermana er Aggiba	(add col. (a) through
.			OUTING	KIDS	2.0	col. (c))
e			(event type)	(event type)	(total number)	terre de l'établisée les les les les les les les les les le
Revenue	1	Gross receipts		8,505.	3,517.	276,732.
	2	Less: Charitable contributions	127,000.			127,000.
	3	Gross income (line 1 minus line 2)	137,710.		3,517.	
147			er i kir ne vila vlastigadje e mir i	e gagas elektra internetien et e		terapata ora se ve estable
	4	Cash prizes	1 4 About		i de Companya da Maria da Santa da Sant	Harris Milese Milya eta 100 tibb
_	5	Noncash prizes				1
Revenue Tg Direct Expenses		Tronocadi prizad		the section	s ness the elegate stage travel and	Jan Spring Carly (Carl
Expe	6	Rent/facility costs	67,560			67,560.
Direct	7	Food and beverages				Walter de des de
	8	Entertainment				
	9	Other direct expenses	00 701	82.	1,000.	
	10	Direct expense summary. Add lines 4 through	h 9 in column (d)		>	98,343
,	11	Net income summary. Combine line 3, colun				51,389
Pa	n	III Gaming. Complete if the organization	answered "Yes" to Forr	n 990, Part IV, line 19, or i		
		\$15,000 on Form 990-EZ, line 6a.		<u> </u>	gi sai e iserana en en en	terigen i skrypt stag 60
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Rev	1	Gross revenue				
ses	2	Cash prizes	Harry Control	The second	14. 12	A company of the second
Direct Expenses	3	Noncash prizes		The agreement of the Maria and the Maria	to the second control of the second control	The second secon
irect	4	Rent/facility costs			The State of the S	
Ω	-	n de la companya de l	A service of the service and decompositions		recest several in a petition.	stanta de la mediatria di La compania di menerala
	3	Other direct expenses	Yes 9	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)			
	8	Net gaming income summary. Combine line	1, column d, and line 7		>	
	, -		The state of the s			
9	En	ter the state(s) in which the organization oper	rates gaming activities:			
		the organization licensed to operate gaming a "No," explain:				Yes No
		•				
		ere any of the organization's gaming licenses "Yes," explain:			year?	Yes No
						· · · · · · · · · · · · · · · · · · ·
					Sabadula C /Ea	orm 990 or 990-F71 201

BIG BROTHERS BIG SISTERS SOUTHEASTERN

Sch	edule G (Form 990 or 990-EZ) 2010	PENNSYLVANI	IA	23-1352034	Page 3
			nembers?	Yes	☐ No
12	is the organization a grantor, benef	ficiary or trustee of a tru	st or a member of a partnership or other en	ity formed	
	to administer charitable gaming?			Yes	No
	Indicate the percentage of gaming				
а	The organization's facility	•	विद्याप पर्यो । विद्याप भव देवरे	13a	%
b	An outside facility	and the second s	well was the land of the second	13b	<u>%</u>
14	Enter the name and address of the	person who prepares t	he organization's gaming/special events bo	oks and records:	
	Name -		4.		
	Address -				<u> </u>
				नीरे स्वर्ध रहाका १३ म की राष्ट्रकार व हारका	
15a	Does the organization have a conti	ract with a third party fro	om whom the organization receives gaming	revenue? Yes	∟ No
	3 2			the book of	
b			the organization > \$	•	
	of gaming revenue retained by the				
C	If "Yes," enter name and address of	of the third party:			
	Name -				
	Address >			when the sign of the	
16	Gaming manager information:				
	Name >			to the same of the	
	Gaming manager compensation				
	Description of services provided	State of the state	an artifestati		······································
				Service of the servic	·
	Director/officer	Employee	Independent contractor		
47	B. B				
17	Mandatory distributions:		ia til attack attack at a same	t en marke å.	
ć			itable distributions from the gaming proceed		☐ No
			v to be distributed to other exempt organiza		
E	organization's own exempt activiti	•		tions or spent in the	
D.			to provide the explanations required by Par	t Lline 2h columns (iii) and (v) and	- Part III
(A)		The state of the s	cable. Also complete this part to provide an		
	m, 100, 100, 100, 100	<u> </u>			
**********			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		***************************************		CONTRACTOR OF THE CONTRACTOR O	
:			The second secon		
				•	
		1			
		1. 1. 1.		ransa a sa	

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.

ZUTU

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

BIG BROTHERS BIG SISTERS SOUTHEASTERN

PENNSYLVANIA

Employer identification number 23-1352034

Par	til Questions Regarding Compensation			
1			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	*******	
	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		
	tradices, and the OLO Excedite Director, regarding the terms offence in time 14:	. <u>-</u>		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations X Approval by the board or compensation committee			
A				
	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:			v
	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	A 131	X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	80000000	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a	3 (3)	X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b	1.13	X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	1		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	1.3%	X
	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2010

BIG BROTHERS BIG SISTERS SOUTHEASTERN

23-1352034

PENNSYLVANIA

Schedule J (Form 990) 2010

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D) Nontaxable	(E) Total of columns	(F) Compensation
Ø)	(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-()(B)	reported in prior Form 990 or Form 990-EZ
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SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No. 1545-0047
2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BIG BROTHERS BIG SISTERS SOUTHEASTERN PENNSYLVANIA

Employer identification number 23-1352034

Par	t I Types of Property				
	ALO PERIO POSTATE	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art		한민 전문 이 상황이		[변화] 경기를 하다 <u>하다. 기술을 하다</u> 던
2	Art - Historical treasures				
3	Art - Fractional interests	48 (8)			· 自己的
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				TAK MARI YOME BARRE
8	Intellectual property				
9	Securities - Publicly traded	X	DESCRIPTION AS	19,223.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or		TOSS AROL	[14] 14 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	MARINE THAN AREA TO THE
40	trust interests Securities - Miscellaneous				
12		· ·	* * * * * * * * * * * * * * * * * * * *		
13	Qualified conservation contribution -	W No.	Tura a la line	makan saka mang man	BATATO TO SALEDA ON NOTE OF JUST 48
	Historic structures				
14	Qualified conservation contribution - Other	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
15	Real estate - Residential	1 1 1 1 1 1			
16	Real estate - Commercial	-			
17	Real estate - Other	A 222	A Section 1	A 378	The same of the American
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy			National Charles Alex	
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SPORTING EVEN)	X	1 (14)41.4 (4)	49,400.	FAIR MARKET VALUE
26	Other ()				
27	Other ▶ ()			The state of the s	
28	Other ()				
29	Number of Forms 8283 received by the organ	ization durir	ng the tax year for	contributions	a y or many or y a supplication
	for which the organization completed Form 82				Yes No
30a	During the year, did the organization receive t	oy contributi	on any property re	eported in Part I, lines 1-28 th	p
	at least three years from the date of the initial				
	the entire holding period?			•	
h	If "Yes," describe the arrangement in Part II.				
31	Does the organization have a gift acceptance	policy that	requires the reviev	v of any non-standard contrib	outions?
	Does the organization hire or use third parties				·····
0-0	contributions?		_	•	1 1
b	If "Yes," describe in Part II.				
33	If the organization did not report an amount is	n column (c)	for a type of prop	erty for which column (a) is c	hecked,
	describe in Part II.	erad (A)			
LHA	For Paperwork Reduction Act Notice, se	e the Instru	ctions for Form 9	90.	Schedule M (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Name of the organization

BIG BROTHERS BIG SISTERS SOUTHEASTERN PENNSYLVANIA

Employer identification number 23-1352034

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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 ACKNOWLEDGE (VIA SIGNATURE) A COPY OF THE PERSONNEL HANDBOOK CONTAINING THE CONFLICT OF INTEREST STATEMENTS ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD COLLECTS 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 ADJUSTMENTS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11

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

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 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

293,579

FORM 990, PART XI, 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.

PARTI XII, QUESTION 3A

THE ORGANIZATION HAS ELECTED TO CHANGE ITS FISCAL YEAR END FROM JUNE 30

TO DECEMBER 31 EFFECTIVE AS OF DECEMBER 31, 2010. TO EFFECT THIS

CHANGE, THE ORGANIZATION OBTAINED PRIOR APPROVAL FROM GOVERNMENTAL

FUNDERS TO SUBMIT AN AUDIT IN ACCORDANCE WIHT OMB CIRCULAR A-133 AS OF

DECEMBER 31, 2011. THIS AUDIT WILL INCLUDE A SCHEDULE OF EXPENDITURES

OF FEDERAL AWARDS FOR THE EIGHTEEN MONTH PERIOD FROM JULY 1, 2010

THROUGH DECEMBER 31, 2011.

Form 8868 (Rev. January 2011) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

If you	are filing for an Automatic 3-Month Extension, comple	ete only Pa	rt I and check this box			X		
	are filing for an Additional (Not Automatic) 3-Month Ex							
Do not c	omplete Part II unless you have already been granted	an automa	tic 3-month extension on a previously fil	ed Forr	n 8868.			
Electron	ic filing (e-file). You can electronically file Form 8868 if	you need a	3-month automatic extension of time to	file (6	months for a corpo	oration		
required	to file Form 990-T), or an additional (not automatic) 3-mo	onth extens	sion of time. You can electronically file F	orm 88	68 to request an ex	ctension		
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	sfers A	ssociated With Cer	tain		
Personal	Benefit Contracts, which must be sent to the IRS in page	per format	(see instructions). For more details on the	ne elect	tronic filing of this fo	orm,		
visit www	irs.gov/efile and click on e-file for Charities & Nonprofit.	s.						
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed).			gia in in		
A corpor	ation required to file Form 990-T and requesting an auto	matic 6-mo	onth extension - check this box and com	plete	,			
Part I onl	у	• • • • • • • • • • • • • • • • • • • •						
	corporations (including 1120-C filers), partnerships, REN	MICs, and t	rusts must use Form 7004 to request ar	extens	sion of time			
to file inc	ome tax returns.		Marin Marine and Article		maja a seje	45000		
Type or	Name of exempt organization			Emple	oyer identification	number		
print	BIG BROTHERS BIG SISTERS S	OUTHE	astern a december of the control of					
	PENNSYLVANIA			2:	3-1352034			
File by the due date for	Number, street, and room or suite no. If a P.O. box,	see instruc	tions.					
filing your return. See 123 SOUTH BROAD STREET, NO. 2180								
instructions	City, town or post office, state, and ZIP code. For a	foreign add	Iress, see instructions.	1.35	作品的 法程序	REAL STATES		
	PHILADELPHIA, PA 19109	_						
	TO BEEVER JEECOL THE SET OF				an in the War	1 11/4		
Enter the	Return code for the return that this application is for (fi	le a separa	te application for each return)			0 1		
	· 使一定要求,增加的第三位数据,使用的分类数(1)中的数	N MEN	regions have have his					
Applicat	ion	Return	Application			Return		
Is For Code Is For Code Is For								
Form 99)	01	Form 990-T (corporation)	******		07		
Form 99		02	Form 1041-A	413.54		08		
Form 99		03	Form 4720		· · · · · · · · · · · · · · · · · · ·	09		
Form 99		04	Form 5227	,1-4		10		
***************************************	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	O-T (trust other than above)	06	Form 8870			12		
			BBBS SEPA 123 SOUTH	BRO	חקקקה מע			
• The h	ooks are in the care of SUITE 2180 - P			DICO	ad Sikeei,			
	hone No. ► 215-790-9200	*********	FAX No.					
•	organization does not have an office or place of busines	ee in the H			N MAN TO PERSONAL CONTRACTOR			
	is for a Group Return, enter the organization's four digit				the whole group of	abook this		
box >	. If it is for part of the group, check this box							
	equest an automatic 3-month (6 months for a corporation				ers trie extension is	IOI.		
1 110		-	ation return for the organization named		The automotion			
ic :	for the organization's return for:	pr organiza	ation return for the organization named a	above.	The extension			
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	X tax year beginning JUL 1, 2010							
		, ai	nd ending DEC 31, 2010		*			
0 164		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
	he tax year entered in line 1 is for less than 12 months, Change in accounting period		son: Initial return Fin	al returi	n Higher School School			
				1				
	his application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any			_		
	nrefundable credits. See instructions.			3a	\$	<u> </u>		
	his application is for Form 990-PF, 990-T, 4720, or 6069					_		
-	timated tax payments made. Include any prior year over			3b	\$	0.		
	lance due. Subtract line 3b from line 3a. Include your p	•						
by	using EFTPS (Electronic Federal Tax Payment System)	. See instru	uctions.	3c	\$	0.		
Caution	. If you are going to make an electronic fund withdrawal	with this F	Form 8868, see Form 8453-EO and Form	8879-1	EO for payment inst	tructions.		

LHA

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)					Page 2	
• If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II and check this bo	х		X	
Note. Only complete Part II if you have already been granted an a		,	Form 8	3868.		
If you are filing for an Automatic 3-Month Extension, comple						
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no co	ppies n	eeded).		
Type or 1	Name of exempt organization					
print BIG BRUTHERS BIG SISTERS SU	IG BROTHERS BIG SISTERS SOUTHEASTERN					
PENNSYLVANIA File by the			2	23-1352034		
extended Number, street, and room or suite no. If a P.O. box, s		tions.				
filing your 123 500111 DROAD STREET, NO.					·	
return. See City, town or post office, state, and ZIP code. For a functions.	oreign add	lress, see instructions.				
PHILADELPHIA, PA 19109						
Enter the Return code for the return that this application is for (file	e a separa	te application for each return)	• • • • • • • • • • • • • • • • • • • •		0 1	
A 12						
Application	Return	1			Return	
Is For	Code	Is For			Code	
Form 990 Form 990-BL	01	F 1041 A	***************************************	 		
	02	Form 1041-A	80			
Form 990-EZ Form 990-PF	03	Form 4720			09	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 5227 Form 6069	10			
Form 990-T (trust other than above)	06	Form 8870				
STOP! Do not complete Part II if you were not already granted			oly file	d Form 9969	12	
		BBBS SEPA 123 SOUTH				
• The books are in the care of ▶ SUITE 2180 − P			2210	DINEEL	,	
Telephone No. ► 215-790-9200		FAX No. >				
If the organization does not have an office or place of business	s in the U					
If this is for a Group Return, enter the organization's four digit					check this	
box ▶ . If it is for part of the group, check this box ▶						
4 I request an additional 3-month extension of time until						
5 For calendar year, or other tax year beginning			DEC	31, 2010		
6 If the tax year entered in line 5 is for less than 12 months, or		production of the control of the con	Final r			
X Change in accounting period						
7 State in detail why you need the extension						
ADDITIONAL TIME IS REQUESTED	DUE T	O CERTAIN INFORMATIO	W NC	HICH IS N	OT	
AVAILABLE AT THIS TIME IN ORD	ER TO	FILE A COMPLETE & A	7CCD	RATE RETU	RN	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any				
nonrefundable credits. See instructions.			8a	\$	0.	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
tax payments made. Include any prior year overpayment a	llowed as	a credit and any amount paid				
previously with Form 8868.			8b	\$	0.	
c Balance due. Subtract line % from line 8a. Include your p	ayment w	ith this form, if required, by using				
EFTPS (Electronic Federal Tax Payment System). See insti			8c	\$	0.	
		nd Verification				
Under penalties of perjury, declare that I have examined this form, incluit is true, correct, and complete, and that amounthorized to prepare this t	form.		ie best c	of my knowledge and	belief,	
Signature Title	CE	$\mathcal{U}_{}$	Date	× 8/8/20	11	
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