

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

Form **990-EZ**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Department of the Treasury
Internal Revenue Service

Open to Public Inspection

A For the **2008** calendar year, or tax year beginning **JUL 1, 2008** and ending **JUN 30, 2009**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 9051 SWANSON BLVD City or town, state or country, and ZIP + 4 CLIVE, IA 50325	D Employer identification number 42-1184999 E Telephone number 515-288-6191 F Group Exemption Number ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G** Accounting method: Cash Accrual Other (specify) ▶

I Website: ▶ **WWW.BIGLINK.ORG** **H** Check if the organization is not required to attach Schedule B (Form 990 990-EZ, or 990-PF)

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

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **991,162.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	1 Contributions, gifts, grants, and similar amounts received		1		889,449.
	2 Program service revenue including government fees and contracts		2		
	3 Membership dues and assessments		3		
	4 Investment income		4		5,819.
	5a Gross amount from sale of assets other than inventory STMT 3	5a			60,522.
	b Less: cost or other basis and sales expenses	5b			71,237.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c		-10,715.
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ 246,269. of contributions reported on line 1)	6a			35,372.
	b Less: direct expenses other than fundraising expenses	6b			28,960.
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c		6,412.
	7a Gross sales of inventory, less returns and allowances	7a			
	b Less: cost of goods sold	7b			
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
	8 Other revenue (describe ▶)		8		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9		890,965.
	10 Grants and similar amounts paid (attach schedule)		10		
	11 Benefits paid to or for members		11		
	12 Salaries, other compensation, and employee benefits		12		715,219.
	13 Professional fees and other payments to independent contractors		13		40,435.
	14 Occupancy, rent, utilities, and maintenance SEE STATEMENT 5		14		31,059.
	15 Printing, publications, postage, and shipping		15		15,829.
	16 Other expenses (describe ▶ SEE STATEMENT 1)		16		202,050.
	17 Total expenses. Add lines 10 through 16		17		1,004,592.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18		-113,627.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19		808,591.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4		20		-12,978.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21		681,986.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	386,423.	22 282,774.
23	Land and buildings	396,408.	23 374,995.
24	Other assets (describe ▶ PLEDGES RECEIVABLE)	75,731.	24 85,300.
25	Total assets	858,562.	25 743,069.
26	Total liabilities (describe ▶ SEE STATEMENT 2)	49,971.	26 61,083.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	808,591.	27 681,986.

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Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a N/A		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. ; section 4955 ▶ 0.		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
d	Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. ▶ NONE		
42a	The books are in care of ▶ BIG BROTHERS/BIG SISTERS-CENTRAL IA Telephone no. ▶ 515-288-9025 Located at ▶ 9051 SWANSON BLVD, CLIVE, IA ZIP + 4 ▶ 50325		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- | | | Yes | No |
|---|-----|-----|----|
| 46 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 | 46 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | X |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

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

Sign Here Date 12.16.09

Signature of officer: Althea Holcomb

Type or print name and title: Althea Holcomb, CEO

Paid Preparer's Use Only

Preparer's signature: MICHAEL W. MCNICHOLS Date: 12/07/09 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: MCGOWEN, HURST, CLARK & SMITH, P.C. 1601 WEST LAKES PARKWAY, SUITE 300 WEST DES MOINES, IA 50266

EIN: Phone no.: (515) 288-3279

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

BIG BROTHERS/BIG SISTERS

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	414,586.	623,085.	887,698.	788,942.	889,449.	3,603,760.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	414,586.	623,085.	887,698.	788,942.	889,449.	3,603,760.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						3,603,760.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	414,586.	623,085.	887,698.	788,942.	889,449.	3,603,760.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,872.	4,574.	11,958.	10,534.	5,819.	39,757.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						3,643,517.
12 Gross receipts from related activities, etc. (see instructions)				12		751,204.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.91 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.48 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage for 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

BIG BROTHERS/BIG SISTERS

Schedule G (Form 990 or 990-EZ) 2008

OF CENTRAL IOWA, INC.

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))	
		BOWLING FOR KIDS SAKE (event type)	FISHING DERBY (event type)	2 (total number)		
Revenue	1	Gross receipts	181,036.	55,800.	44,805.	281,641.
	2	Less: Charitable contributions	181,036.	55,800.	9,433.	246,269.
	3	Gross revenue (line 1 minus line 2)			35,372.	35,372.
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes	738.	106.	150.	994.
	6	Rent/facility costs	3,818.		9,648.	13,466.
	7	Other direct expenses	9,325.		5,175.	14,500.
	8	Direct expense summary Add lines 4 through 7 in column (d)				(28,960.)
	9	Net income summary Combine lines 3 and 8 in column (d)				6,412.

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

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

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?		
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		

Schedule G (Form 990 or 990-EZ) 2008

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a		%
13b		%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
 Employee
 Independent contractor

17 Mandatory distributions.

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

17a

- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
BANK FEES		2,574.	
COMPUTER NETWORK		24,600.	
DUES/FEES		13,853.	
INSURANCE		29,122.	
MEETINGS		3,830.	
MISCELLANEOUS		3,933.	
PAYROLL TAXES		58,136.	
STAFF TRAINING/SCREENING		6,615.	
SUPPLIES		30,286.	
TELEPHONE		8,856.	
TRAVEL		14,856.	
OFFICE EQUIPMENT		5,389.	
TOTAL TO FORM 990-EZ, LINE 16		202,050.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCOUNTS PAYABLE	33,321.	61,083.	
DEFERRED REVENUE	16,650.	0.	
TOTAL TO FORM 990-EZ, LINE 26	49,971.	61,083.	

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3	
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	60,522.	71,237.	0.	-10,715.
TO FORM 990-EZ, LINE 5	60,522.	71,237.	0.	-10,715.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
NET UNREALIZED GAIN OR (LOSS) ON INVESTMENTS	-12,978.
TOTAL TO FORM 990-EZ, LINE 20	-12,978.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES AND MAINTENANCE STATEMENT 5

DESCRIPTION	AMOUNT
DEPRECIATION/AMORTIZATION	21,413.
OTHER EXPENSES	9,646.
TOTAL TO FORM 990-EZ, LINE 14	31,059.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

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

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE	
			BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN HOLLINGSWORTH, 6400 WESTOWN PARKWAY, WEST DES MOINES, IA 50265	PRESIDENT 2.00	0.	0.	0.
MIKE LETSCH, 317 6TH AVENUE, STE. 200, DES MOINES, IA 50309	TREASURER 1.00	0.	0.	0.
JULIE BROWN, 616 10TH STREET, DES MOINES , IA 50309	DIRECTOR 1.00	0.	0.	0.
MALCOLM GOODWIN, 107 EAST 5TH STREET, DES MOINES, IA 50309	DIRECTOR 1.00	0.	0.	0.
TARA HALL, 215 10TH STREET, STE. 1300Q DES MOINES, IA 50309	DIRECTOR 1.00	0.	0.	0.
SCOTT HATFIELD, 1466 28TH STREET, STE. 200, WEST DES MOINES, IA 50266	DIRECTOR 1.00	0.	0.	0.
JIM HAYES 701 N.C STREET, INDIANOLA, IA 50125	DIRECTOR 1.00	0.	0.	0.
TODD MILLANG, 6900 WESTOWN PARKWAY, WEST DES MOINES, IA 50266	DIRECTOR 1.00	0.	0.	0.
TIM MINARD 711 HIGH STREET, DES MOINES, IA 50392	DIRECTOR 1.00	0.	0.	0.
MIKE PETERSON 303 49TH STREET, DES MOINES, IA 50312	DIRECTOR 1.00	0.	0.	0.
JANELL PITTMAN, 1716 LOCUST STREET, DES MOINES, IA 50309	DIRECTOR 1.00	0.	0.	0.
BRAXTON PULLEY, 300 EAST LOCUST, SUITE 140, DES MOINES, IA 50309	DIRECTOR 1.00	0.	0.	0.
DEVIN ROWLING 1975 NW 86TH STREET, CLIVE, IA 50325	DIRECTOR 0.50	0.	0.	0.
DEANN SHEPPARD, 1212 PLEASANT STREET, SUITE 211, DES MOINES, IA	DIRECTOR 1.00	0.	0.	0.

BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA

42-1184999

HUGH SHEPPARD 4412 71ST STREET, URBAN DALE, IA 50322	DIRECTOR 1.00	0.	0.	0.
ANDY STREIT, 1990 GRAND AVE & EP TRUE, WEST DES MOINES, IA 50265	DIRECTOR 1.00	0.	0.	0.
HEATHER TORPY, 888 NINTH STREET, DES MOINES, IA 50309	DIRECTOR 1.00	0.	0.	0.
TONY TREGLIA, 699 WALNUT STREET, SUITE 1350, DES MOINES, IA 50309	DIRECTOR 1.00	0.	0.	0.
HEATH WILLIAMS, 4601 WESTOWN PARKWAY, WEST DES MOINES, IA 50266	DIRECTOR 1.00	0.	0.	0.
MICHELE WINGER, 1100 LOCUST STREET, DES MOINES, IA 50391	DIRECTOR 1.00	0.	0.	0.
ALTHEA HOLCOMB 9051 SWANSON BLVD, CLIVE, IA 50325	EXECUTIVE DIRECTOR 40.00	73,126.	8,161.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		<u>73,126.</u>	<u>8,161.</u>	<u>0.</u>

COMMUNITY BASED MENTORING: MATCHES YOUTH, AGES 6-14, WITH ADULT ROLE MODELS 1-ON-1 FOR GUIDANCE, SUPPORT, AND UNCONDITIONAL FRIENDSHIP. THEY MEET AT LEAST 4 HRS/MO IN A VARIETY OF ACTIVITIES. PROFESSIONAL STAFF SUPPORTS MATCHES WITH THEIR GOALS AND HELPS ENSURE A FUN, FULFILLING EXPERIENCE. IN FY2008, 575 CHILDREN WERE SERVED, OFFERING THAT MANY ADULTS THIS UNIQUE OPPORTUNITY TO INVEST IN THEIR COMMUNITY BY INVESTING IN A CHILD. CHILDREN IN POLK, DALLAS, JASPER, MAHASKA, WAPELLO, AND WARREN COUNTIES ARE SERVED THROUGH THIS PROGRAM. PER 2008 EVALUATION BY PARENTS, TEACHERS AND VOLUNTEERS SHOW CHILD IMPROVEMENT IN SELF-CONFIDENCE (82%); ACADEMIC PERFORMANCE (70%); RELATIONSHIPS WITH PEERS (68%); ATTITUDE TOWARD SCHOOL (67%).

SCHOOL BASED MENTORING: PAIRS CHILDREN IN POSITIVE, 1-TO-1 MENTORING RELATIONSHIPS WITH VOLUNTEERS IN THE SCHOOL SETTING. THESE MATCHES MEET FOR ONE HOUR ONCE A WEEK AT THE SCHOOL DURING REGULAR SCHOOL HOURS OR IN AFTER-SCHOOL PROGRAMS. THE PROGRAM FOCUSES ON EDUCATIONAL NEEDS AND RELATIONSHIP BUILDING. IN FY2008, 839 CHILDREN WERE MENTORED. CHILDREN IN POLK, DALLAS, JASPER, MAHASKA, WAPELLO, AND WARREN COUNTIES ARE SERVED THROUGH THIS PROGRAM. PER 2006 EVALUATION BY PARENTS, TEACHERS AND VOLUNTEERS SHOW CHILD IMPROVEMENT IN SELF-CONFIDENCE (82%); ACADEMIC PERFORMANCE (70%); RELATIONSHIPS WITH PEERS (68%); ATTITUDE TOWARD SCHOOL (67%).

TO ORGANIZE, UNDER PROFESSIONAL DIRECTION, ADULT VOLUNTEERS WHO ARE INTERESTED IN THE WELFARE AND IMPROVEMENT OF CHILDREN.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Depreciation and Amortization 990-EZ
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment
Sequence No 67

**BIG BROTHERS/BIG SISTERS
OF CENTRAL IOWA, INC.**

Business or activity to which this form relates
FORM 990-EZ PAGE 1

Identifying number
42-1184999

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

14	Special depreciation for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	21,052.

Part III MACRS Depreciation (Do not include listed property) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property	/	27.5 yrs	MM	S/L	
i	Nonresidential real property	/	39 yrs.	MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs		S/L	
c	40-year	/	40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	21,052.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year					
43 Amortization of costs that began before your 2008 tax year				43	361.
44 Total. Add amounts in column (f). See the instructions for where to report				44	361.

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization BIG BROTHERS/BIG SISTERS OF CENTRAL IOWA, INC.	Employer identification number 42-1184999
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 9051 SWANSON BLVD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions CLIVE, IA 50325	

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

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

BIG BROTHERS/BIG SISTERS-CENTRAL IA

• The books are in the care of ▶ **9051 SWANSON BLVD, CLIVE, IA - 50325**

Telephone No ▶ **515-288-9025**

FAX No ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2010**, to file the exempt organization return for the organization named above The extension is for the organization's return for.

▶ calendar year _____ or

▶ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	N/A

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