

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning and ending

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		D Employer identification number
		BANK INFORMATION CENTER		52-1682441
		Doing Business As		E Telephone number
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite		202-624-0628
1100 H STREET, NW		650	G Gross receipts \$	2,200,328.
City or town, state or country, and ZIP + 4			H(a) Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
WASHINGTON, DC 20005			H(b) Are all affiliates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: CHAD DOBSON			If "No," attach a list. (see instructions)	
SAME AS C ABOVE			H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.BICUSA.ORG				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1988 M State of legal domicile: DC	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	SEE PART III	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	8
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5	Total number of employees (Part V, line 2a)	5	31
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,079,613.	Current Year 2,131,050.
	9	Program service revenue (Part VIII, line 2g)		17,503.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	45,537.	17,287.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,465.	34,488.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,177,615.	2,200,328.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,500.
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	766,770.	1,156,282.
16a		Professional fundraising fees (Part IX, column (A), line 11e)		
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	98,907.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	751,489.	915,145.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,526,759.	2,112,927.	
19	Revenue less expenses. Subtract line 18 from line 12	650,856.	87,401.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Year 2,046,058.	End of Year 2,146,009.
	21	Total liabilities (Part X, line 26)	89,523.	102,073.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,956,535.	2,043,936.

Part II Signature Block

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

Sign Here		Date	6/19/09
	Signature of officer		
	CHAD DOBSON, EXECUTIVE DIRECTOR		
	Type or print name and title		
Paid Preparer's Use Only	Preparer's signature	Date	6/19/09
		Check if self-employed	<input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's identifying number (see instructions)	
	GELMAN, ROSENBERG & FREEDMAN	EIN ▶	
	4550 MONTGOMERY AVE., SUITE 650 NORTH	Phone no. ▶	(301) 951-9090
	BETHESDA, MARYLAND 20814-2930		

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