

Form **990**

**Return of Organization Exempt From Income Tax**

**2009**

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.

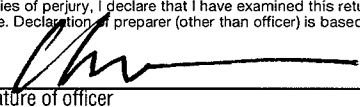
**A** For the **2009** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>BANK INFORMATION CENTER</b>		<b>D</b> Employer identification number <b>52-1682441</b>
		Doing Business As		<b>E</b> Telephone number <b>202-624-0629</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1100 H STREET, NW 650</b>	<b>G</b> Gross receipts \$ <b>2,675,423.</b>	
City or town, state or country, and ZIP + 4 <b>WASHINGTON, DC 20005-5496</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>F</b> Name and address of principal officer: <b>CHAD DOBSON</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>SAME AS C ABOVE</b>		If "No," attach a list. (see instructions)		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number		
<b>J</b> Website: <b>WWW.BICUSA.ORG</b>		<b>L</b> Year of formation: <b>1988</b> <b>M</b> State of legal domicile: <b>DC</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE PART III, LINE 1.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>8</b>
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>35</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>8</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>2,131,050.</b>	<b>2,546,036.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>17,503.</b>	<b>60,144.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>17,287.</b>	<b>12,301.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>34,488.</b>	<b>56,942.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,200,328.</b>	<b>2,675,423.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>41,500.</b>	<b>36,936.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,156,282.</b>	<b>1,179,739.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>127,021.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>915,145.</b>	<b>1,065,952.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,112,927.</b>	<b>2,282,627.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>87,401.</b>	<b>392,796.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>2,146,009.</b>	<b>End of Year</b> <b>2,513,194.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>102,073.</b>	<b>76,462.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>2,043,936.</b>	<b>2,436,732.</b>

**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: **28 August 2010**

Signature of officer: **CHAD DOBSON, EXECUTIVE DIRECTOR**

Type or print name and title

Paid Preparer's Use Only: Preparer's signature: **David F. Kelly CPA** Date: **8-26-10** Check if self-employed:  Preparer's identifying number (see instructions): **EIN**

Firm's name (or yours if self-employed), address, and ZIP + 4: **GELMAN, ROSENBERG & FREEDMAN**  
**4550 MONTGOMERY AVE., SUITE 650 NORTH**  
**BETHESDA, MARYLAND 20814-2930**

Phone no.: **(301) 951-9090**

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