

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)

OMB No. 1545-0047

2011

Open to Public Inspection

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

A For the 2011 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BANK INFORMATION CENTER		D Employer identification number 52-1682441
	Doing Business As		E Telephone number 202-624-0629
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1100 H STREET, NW		G Gross receipts \$ 2,171,838.
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005-5496		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: CHAD DOBSON SAME AS C ABOVE		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.BICUSA.ORG			
K Form 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, LINE 1.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	9
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	27
	6	Total number of volunteers (estimate if necessary)	6	9
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,796,103.	2,070,583.
	9	Program service revenue (Part VIII, line 2g)	27,278.	19,867.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,027.	2,057.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,548.	75,693.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,883,956.	2,168,200.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	108,000.	19,020.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,359,399.	1,385,282.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 116,749.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,102,156.	1,014,478.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,569,555.	2,418,780.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	<685,599.>	<250,580.>
	20	Total assets (Part X, line 16)	1,854,966.	1,585,495.
	21	Total liabilities (Part X, line 26)	99,319.	81,045.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,755,647.	1,504,450.

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	▶ Signature of officer	Date			
	▶ CHAD DOBSON, EXECUTIVE DIRECTOR Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ GELMAN, ROSENBERG & FREEDMAN	Firm's EIN ▶ 52-1392008	Phone no. (301) 951-9090		
	Firm's address ▶ 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930				

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