

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization BIG BROTHERS BIG SISTERS OF AMERICA
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2502 NORTH ROCKY POINT DR. 550
 City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33607

D Employer identification number 23-1365190

E Telephone number (813) 720-8778

F Name and address of principal officer: PAM IORIO
SAME AS C ABOVE

G Gross receipts \$ 23,898,655

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.BBBS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1948 **M** State of legal domicile: DC

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>SINCE 1904, BIG BROTHERS BIG SISTERS HAS BEEN MATCHING YOUTH IN MEANINGFUL, ENDURING, PROFESSIONALLY SUPPORTED MENTORING (CONTINUED ON SCHEDULE O)</u>		
	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	<u>16</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>15</u>
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	<u>50</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>15</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>
b	Net unrelated business taxable income from Form 990-T, line 38	7b	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>22,725,264</u>	<u>12,533,038</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>4,124,351</u>	<u>4,055,493</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>0</u>	<u>239,850</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>26,849,615</u>	<u>16,828,381</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>12,175,695</u>	<u>8,105,722</u>
	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)	<u>4,516,260</u>	<u>4,630,396</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>1,265,088</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>5,596,848</u>	<u>6,048,281</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>22,288,803</u>	<u>18,784,399</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>4,560,812</u>	<u>(1,956,018)</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>17,877,279</u>	<u>16,418,193</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>7,275,122</u>	<u>8,059,942</u>
			<u>10,602,157</u>	<u>8,358,251</u>

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 _____

Type or print name and title TIM MIDKIFF, CFO

Paid Preparer Use Only

Print/Type preparer's name BRITTNEY KOCAJ Preparer's signature Brittney Kocaj Date 3/4/2020 Check if self-employed PTIN P01320603

Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680

Firm's address ▶ 401 EAST LAS OLAS BLVD, SUITE 1100, FORT LAUDERDALE, FL 33301-4230 Phone no. (954) 202-8600

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

Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2019)

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions. BIG BROTHERS BIG SISTERS OF AMERICA	Employer identification number (EIN) or 23-1365190
	Number, street, and room or suite no. If a P.O. box, see instructions. 2502 NORTH ROCKY POINT DR., 550	Social security number (SSN)
City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33607		

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► **TIM MIDKIFF**

Telephone No. ► **(813) 440-3584** 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 is for.

1 I request an automatic 6-month extension of time until 05/15, 20 20, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► calendar year 20 ____ or
 ► tax year beginning 07/01, 20 18, and ending 06/30, 20 19.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 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 Forms 990-PF, 990-T, 4720, or 6069, 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, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat. No. 27916D

Form **8868** (Rev. 1-2019)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

BIG BROTHERS BIG SISTERS OF AMERICA IS THE NATION'S PREMIER MENTORING ORGANIZATION. THE ORGANIZATION'S VISION IS THAT ALL CHILDREN ACHIEVE SUCCESS IN LIFE. THE ORGANIZATION'S MISSION IS TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED 1-TO-1 RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER. (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 9,726,573 including grants of \$ 4,052,861) (Revenue \$ 2,364,016)

AGENCY SERVICE, SUPPORT AND TECHNOLOGY

BBBSA PROVIDES SUPPORT TO ITS AFFILIATES THROUGH GRANTS, TRAINING, BOARD DEVELOPMENT, MARKETING, COMPLIANCE, AND TECHNOLOGY. GRANTS ARE AWARDED TO AFFILIATES FROM FOUNDATIONS, CORPORATE PARTNERS, AND FEDERAL SOURCES. GRANTS FROM BBBSA SUPPORT ALLOW THE AFFILIATES TO EXPAND PROGRAMS, START NEW PROGRAMS, SERVE MORE POPULATIONS, AND STRENGTHEN THE SERVICES THEY PROVIDE. WITH NEARLY 300 AFFILIATES ACROSS THE COUNTRY, PROVIDING TRAINING ON BEST PRACTICES, LEADERSHIP, PROGRAM DEVELOPMENT, AND BOARD DEVELOPMENT IS KEY TO ENSURING QUALITY SERVICE ACROSS THE FEDERATION. MARKETING SUPPORT HELPS AFFILIATES SAFEGUARD THE BRAND SO IT CAN ENDURE INTO THE FUTURE. BBBSA USES A NATIONWIDE DATABASE SYSTEM THAT MANAGES BIG-LITTLE MATCHES AND MEASURES THE IMPACT ON THE CHILDREN WE SERVE.

4b (Code:) (Expenses \$ 5,626,170 including grants of \$ 4,052,861) (Revenue \$ 1,367,423)

PROGRAM IMPLEMENTATION

IN COLLABORATION WITH AFFILIATES, BBBSA DEVELOPS PROGRAMS THAT ALLOW US TO PROVIDE MENTORING SERVICES TO MORE CHILDREN AND TO STRENGTHEN THOSE SERVICES AND TOOLS TO EVALUATE OUR IMPACT ON THE CHILDREN WE SERVE.

4c (Code:) (Expenses \$ 1,333,298 including grants of \$) (Revenue \$ 324,054)

CHILD SAFETY, STANDARDS AND COMPLIANCE

BBBSA'S TOP PRIORITY IS CHILD SAFETY. OUR NATIONALLY ADOPTED STANDARDS ARE BASED ON BEST PRACTICES IN YOUTH PROTECTION, AND THROUGH OUR NATIONWIDE MATCH MANAGEMENT SYSTEM, BBBSA MONITORS THE AFFILIATE COMPLIANCE WITH THESE STANDARDS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 16,686,041

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d 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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	✓	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		✓
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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

		Yes	No
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 return	2a	50
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	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)?	4a	✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 16 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15		
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?		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		✓
6	Did the organization have members or stockholders?		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	✓	
b	Each committee with authority to act on behalf of the governing body?	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		✓

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	✓	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	✓	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	✓	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	✓	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	✓	
13	Did the organization have a written whistleblower policy?	✓	
14	Did the organization have a written document retention and destruction policy?	✓	
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?		
a	The organization's CEO, Executive Director, or top management official	✓	
b	Other officers or key employees of the organization 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?		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [AK, AL, CA, CO, \(CONTINUED ON SCHEDULE O\)](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
 TIM MIDKIFF, 2502 NORTH ROCKY POINT DR SUITE 550, TAMPA, FL 33607, (813) 440-3584

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

Check if Schedule O contains a response or note to any line 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 employee."
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEN BURDICK BOARD CHAIR	2.0	✓		✓				0	0	0
(2) EMILY CHEN CARRERA TREASURER	2.0	✓		✓				0	0	0
(3) LEONARD BERNSTEIN SECRETARY	2.0	✓		✓				0	0	0
(4) PAM IORIO PRESIDENT & CEO	50.0	✓		✓			428,318	0	34,264	
(5) RUDY BALDONI BOARD DIRECTOR	2.0	✓					0	0	0	
(6) GREG PAGE BOARD DIRECTOR	2.0	✓					0	0	0	
(7) ALICE NORSWORTHY BOARD DIRECTOR	2.0	✓					0	0	0	
(8) TOM O'BRIEN BOARD DIRECTOR	2.0	✓					0	0	0	
(9) ELIZABETH SMITH BOARD DIRECTOR	2.0	✓					0	0	0	
(10) STEVE WHEELER BOARD DIRECTOR	2.0	✓					0	0	0	
(11) ERNEST GREER BOARD DIRECTOR	2.0	✓					0	0	0	
(12) SHANNON MATTINGLY BOARD DIRECTOR	2.0	✓					0	0	0	
(13) LARRY RENFRO BOARD DIRECTOR (BEGINNING DECEMBER 2018)	2.0	✓					0	0	0	
(14) GUY ADAMI BOARD DIRECTOR	2.0	✓					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) ROBERT SANCHEZ BOARD DIRECTOR	2.0	✓					0	0	0	
(16) JEFF FETTERS BOARD DIRECTOR	2.0	✓					0	0	0	
(17) TIM MIDKIFF CFO	50.0			✓			191,696	0	17,737	
(18) KEVIN CHAPMAN CHIEF OF STAFF (THRU FEBRUARY 2019)	50.0			✓			170,489	0	9,038	
(19) ALAIS GRIFFIN GENERAL COUNSEL (THRU MAY 2019)	50.0				✓		195,737	0	17,212	
(20) GREG ZWEBER CHIEF AFFILIATE OFFICER (THRU APRIL 2019)	50.0				✓		152,895	0	25,205	
(21) JARROD BELL CIO	50.0				✓		152,654	0	25,205	
(22) JULIE NOVAK VP, CHILD SAFETY	50.0					✓	120,694	0	2,060	
(23) CHARLESTON EDWARDS VP NATIONAL EVENTS & STEWARDSHIP	50.0					✓	134,354	0	16,197	
(24) ADAM VASALLO CHIEF DEVELOPMENT OFFICER	50.0					✓	118,230	0	18,926	
(25)										
1b Sub-total							1,665,067	0	165,844	
c Total from continuation sheets to Part VII, Section A							0	0	0	
d Total (add lines 1b and 1c)							1,665,067	0	165,844	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 9

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	✓	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
TRACTION SALES AND MARKETING, INC., 2700 PRODUCTION WAY, 5TH FLOOR, BURNABY, BC, CA	SOFTWARE DEVELOPMENT	861,015
BARKLEY, INC., 1740 MAIN ST., KANSAS CITY, MO 64108	ADVERTISING	262,365
TRUE OWL, LLC, 11608 ELM ST., OMAHA, NE 68144	SOFTWARE DEVELOPMENT	217,027
FIRSTPIC, INC., 2614 CHAPEL LAKE DR., GAMBRILLS, MD 21054-1637	SOFTWARE SYSTEM DESIGN & IMPLEMENTATION	166,713
MELISSA GORDON, 409 GLENVIEW HTS, NEW ALBANY, IN 47150	SOFTWARE DEVELOPMENT	154,085

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 7

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 34,864				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 5,847,505				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6,650,669				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		12,533,038			
Program Service Revenue		Business Code				
	2a AIM FEE REVENUE	519190	853,472	853,472		
	b MEMBERSHIP FEES	900099	2,480,741	2,480,741		
	c NATIONAL CONFERENCE REGISTRATION	900099	675,046	675,046		
	d TRAINING REVENUE	611710	46,234	46,234		
	e _____					
	f All other program service revenue		0	0	0	0
g Total. Add lines 2a-2f		4,055,493				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		41,653			41,653
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7,268,471				
	b Less: cost or other basis and sales expenses	7,070,274				
	c Gain or (loss)	198,197	0			
	d Net gain or (loss)			198,197		198,197
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code				
11a _____						
b _____						
c _____						
d All other revenue			0	0	0	
e Total. Add lines 11a-11d			0			
12 Total revenue. See instructions			16,828,381	4,055,493	0	239,850

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).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 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 domestic organizations and domestic governments. See Part IV, line 21	8,105,722	8,105,722		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,421,354	1,094,443	113,708	213,203
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,715,876	2,091,224	217,270	407,382
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,703	22,101	2,296	4,306
9 Other employee benefits	204,310	157,319	16,345	30,646
10 Payroll taxes	260,153	200,318	20,812	39,023
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	86,039	75,569	4,861	5,609
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,615,148	1,202,878	191,399	220,871
12 Advertising and promotion	626,582	573,082	21,696	31,804
13 Office expenses	109,187	77,849	15,501	15,837
14 Information technology	2,427,462	2,183,641	85,020	158,801
15 Royalties				
16 Occupancy	183,513	112,604	45,878	25,031
17 Travel	645,536	509,199	72,494	63,843
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	29,925	29,925		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,551	18,134	1,884	3,533
23 Insurance	231,886	178,552	18,551	34,783
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REGISTRATION FEE	34,259	26,379	2,741	5,139
b BANK/CREDIT CARD FEES	25,404	19,561	2,032	3,811
c				
d				
e All other expenses	9,789	7,541	782	1,466
25 Total functional expenses. Add lines 1 through 24e	18,784,399	16,686,041	833,270	1,265,088
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,456,943	1	2,814,381
	2 Savings and temporary cash investments	9,183,979	2	8,959,524
	3 Pledges and grants receivable, net	5,642,525	3	2,866,748
	4 Accounts receivable, net	316,471	4	373,315
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	163,787	9	1,372,250
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 549,218		
	b Less: accumulated depreciation	10b 519,966	52,802	10c 29,252
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	60,772	15	2,723
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,877,279	16	16,418,193	
Liabilities	17 Accounts payable and accrued expenses	1,380,280	17	1,269,199
	18 Grants payable	4,984,850	18	3,639,903
	19 Deferred revenue	909,992	19	1,250,840
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	1,900,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	7,275,122	26	8,059,942
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,423,397	27	3,441,932
	28 Temporarily restricted net assets	6,899,030	28	4,636,589
	29 Permanently restricted net assets	279,730	29	279,730
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,602,157	33	8,358,251	
34 Total liabilities and net assets/fund balances	17,877,279	34	16,418,193	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,828,381
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,784,399
3	Revenue less expenses. Subtract line 2 from line 1	3	(1,956,018)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,602,157
5	Net unrealized gains (losses) on investments	5	13,881
6	Donated services and use of facilities	6	(219,420)
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	(82,349)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	8,358,251

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<input checked="" type="checkbox"/>	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization BIG BROTHERS BIG SISTERS OF AMERICA	Employer identification number 23-1365190
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,197,822	13,276,617	18,414,498	22,725,264	12,533,038	78,147,239
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	11,197,822	13,276,617	18,414,498	22,725,264	12,533,038	78,147,239
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)						14,862,811
6 Public support. Subtract line 5 from line 4						63,284,428

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	11,197,822	13,276,617	18,414,498	22,725,264	12,533,038	78,147,239
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	8,977	3,059	10,538	0	41,653	64,227
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	10,504	334	659,731	0	0	670,569
11 Total support. Add lines 7 through 10						78,882,035
12 Gross receipts from related activities, etc. (see instructions)					12	19,865,547
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 2018 (line 6, column (f) divided by line 11, column (f))	14	80.23 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	83.41 %
16a 33 1/3% support test—2018. 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—2017. 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—2018. 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 VI 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—2017. 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 VI 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 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2018. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2017. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	3	

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D—Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014 . . .			
b Excess from 2015 . . .			
c Excess from 2016 . . .			
d Excess from 2017 . . .			
e Excess from 2018 . . .			

Part VI

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	OTHER INCOME	10,504	334	9,731	0	0	20,569
	INSURANCE PROCEEDS	0	0	650,000	0	0	650,000
	Total	10,504	334	659,731	0	0	670,569

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

Name of the organization
BIG BROTHERS BIG SISTERS OF AMERICA

Employer identification number
23-1365190

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BIG BROTHERS BIG SISTERS OF AMERICA	Employer identification number 23-1365190
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ ----- 1,250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ ----- 562,357	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ ----- 310,059	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ ----- 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ ----- 742,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BIG BROTHERS BIG SISTERS OF AMERICA	Employer identification number 23-1365190
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

Name of organization BIG BROTHERS BIG SISTERS OF AMERICA	Employer identification number 23-1365190
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: BIG BROTHERS BIG SISTERS OF AMERICA; Employer identification number: 23-1365190

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number and aggregate values. Rows 5-6 for donor and grantee notification questions.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple rows for conservation easement details, including purpose, acreage, and monitoring information. Includes a table for 'Held at the End of the Tax Year' with rows 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with rows for reporting on collections of art and historical treasures, including revenue and asset values.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,300,985	282,182	279,898	229,730	229,500
b Contributions		2,948,875	0	50,000	0
c Net investment earnings, gains, and losses	53,620	69,928	2,284	168	230
d Grants or scholarships		0	0	0	0
e Other expenditures for facilities and programs	352,000	0	0	0	0
f Administrative expenses		0	0	0	0
g End of year balance	3,002,605	3,300,985	282,182	279,898	229,730

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 3.34 %
- b** Permanent endowment ▶ 9.32 %
- c** Temporarily restricted endowment ▶ 87.34 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		549,218	519,966	29,252
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				29,252

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	0	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include description, sub-row identifier, amount, and total. Values include 19,116,024, 13,881, 2,331,811, (58,049), 2,287,643, 16,828,381, 0, and 16,828,381.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e). Columns include description, sub-row identifier, amount, and total. Values include 21,359,930, 2,551,231, 24,300, 2,575,531, 18,784,399, 0, and 18,784,399.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE STATEMENT

Series of horizontal dashed lines for providing supplemental information.

Part XIII

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	CHANGE IN BENEFICIAL INTEREST IN TRUST	- 58,049
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	UNCOLLECTIBLE PLEDGES	24,300

Part XIII

Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE ORGANIZATION'S ENDOWMENT IS HELD TO SUPPORT THE PROGRAMS AND MISSION OF BIG BROTHERS BIG SISTERS OF AMERICA
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	THE ORGANIZATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION OTHER THAN A PRIVATE FOUNDATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS NO PROVISIONS FOR FEDERAL OR STATE INCOME TAXES. MANAGEMENT HAS PERFORMED AN EVALUATION AND CONCLUDED THAT THERE ARE NO MATERIAL UNRECOGNIZED TAX POSITIONS AS OF JUNE 30, 2019 AND 2018.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

BIG BROTHERS BIG SISTERS OF AMERICA

Employer identification number

23-1365190

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(1) (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	75-0800632	501(C)(3)	294,201				CAPACITY BUILDING
(2) KANSAS BBBS, INC 310 E 2ND STREET, WICHITA, KS 67202	48-0999016	501(C)(3)	247,040				CAPACITY BUILDING
(3) (SEE STATEMENT)	04-2104754	501(C)(3)	239,032				CAPACITY BUILDING
(4) (SEE STATEMENT)	23-7161796	501(C)(3)	212,115				CAPACITY BUILDING
(5) (SEE STATEMENT)	83-3554712	501(C)(3)	208,751				CAPACITY BUILDING
(6) (SEE STATEMENT)	13-5600383	501(C)(3)	204,909				CAPACITY BUILDING
(7) (SEE STATEMENT)	36-2360012	501(C)(3)	186,754				CAPACITY BUILDING
(8) (SEE STATEMENT)	59-2173085	501(C)(3)	181,124				CAPACITY BUILDING
(9) BBBS OF GREATER PITTSBURGH, INC. 5989 CENTRE AVENUE, PITTSBURGH, PA 15206	25-6074707	501(C)(3)	173,843				CAPACITY BUILDING
(10) BBBS OF MIDDLE TENNESSEE 1704 CHARLOTTE AVENUE, NASHVILLE, TN 37203	51-0164560	501(C)(3)	172,503				CAPACITY BUILDING
(11) (SEE STATEMENT)	94-3143502	501(C)(3)	164,684				CAPACITY BUILDING
(12) (SEE STATEMENT)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 110
- 3** Enter total number of other organizations listed in the line 1 table 0

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

Cat. No. 50055P

Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
 Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(SEE STATEMENT)

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Part II Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) BBBS OF UTAH, INC. 2121 S. STATE STREET, SUITE 201, SALT LAKE CITY, UT 84115	23-7041917	501(C)(3)	156,943				CAPACITY BUILDING
(13) BIG BROTHERS BIG SISTERS OF MIAMI 550 NW 42ND AVENUE, MIAMI, FL 33126	59-6166904	501(C)(3)	154,538				CAPACITY BUILDING
(14) BBBS OF ALASKA 1057 WEST FIREWEED LANE 202, ANCHORAGE, AK 99503	80-0064172	501(C)(3)	151,607				CAPACITY BUILDING
(15) BB/BS OF KENTUCKIANA, INC. 1519 GARDINER LANE SUITE B, LOUISVILLE, KY 40218	31-1054014	501(C)(3)	148,837				CAPACITY BUILDING
(16) BBBS OF SOUTH TEXAS 10843 GULFDALE, SAN ANTONIO, TX 78216	74-1678586	501(C)(3)	142,703				CAPACITY BUILDING
(17) BBBS COLUMBIA NORTHWEST 1827 NE 44TH AVENUE SUITE 100, PORTLAND, OR 97213	31-0968026	501(C)(3)	139,965				CAPACITY BUILDING
(18) BBBS OF METROPOLITAN DETROIT 7700 SECOND AVENUE SUITE 602, DETROIT, MI 48202	38-1358163	501(C)(3)	136,422				CAPACITY BUILDING
(19) BBBS OF ORANGE COUNTY 1801 E. EDINGER AVENUE, SUITE 101, SANTA ANA, CA 92705	33-0683335	501(C)(3)	135,192				CAPACITY BUILDING
(20) BBBS OF METRO ATLANTA, INC 1382 PEACHTREE STREET NE, ATLANTA, GA 30309	58-0861895	501(C)(3)	128,740				CAPACITY BUILDING
(21) BBBS OF GREATER KANSAS CITY 1709 WALNUT STREET, KANSAS CITY, MO 64108	38-1846835	501(C)(3)	125,545				CAPACITY BUILDING
(22) BBBS OF PUGET SOUND 1600 SOUTH GRAHAM STREET, SEATTLE, WA 98108	54-1153403	501(C)(3)	124,005				CAPACITY BUILDING
(23) BBBS OF CENTRAL TEXAS, INC. POST OFFICE BOX 4555, AUSTIN, TX 78765	62-0842531	501(C)(3)	123,254				CAPACITY BUILDING
(24) BBBS OF METRO MILWAUKEE, INC. 788 N JEFFERSON ST., SUITE 600, MILWAUKEE, WI 53202	39-1239687	501(C)(3)	116,596				CAPACITY BUILDING
(25) BBBS OF THE SUNCOAST, INC 1000 S. TAMIAMI TRAIL, SUITE C, VENICE, FL 34285	59-2996893	501(C)(3)	113,929				CAPACITY BUILDING
(26) BBBS OF CENTRAL OHIO 1855 E DUBLIN-GRANVILLE RD, 1ST FLOOR, COLUMBUS, OH 43229	16-0997229	501(C)(3)	109,152				CAPACITY BUILDING
(27) BBBS OF GREATER CINCINNATI COMMUNITY CHEST BUILDING, 2400 READING ROAD, #148, CINCINNATI, OH 45202	31-0577668	501(C)(3)	105,762				CAPACITY BUILDING
(28) BBBS OF CENTRAL NEW MEXICO, INC. 2500 LOUISIANA BLVD NE, SUITE 200, ALBUQUERQUE, NM 87110	85-0271207	501(C)(3)	102,165				CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(29) BBBS OF EASTERN MISSOURI, INC. 501 NORTH GRAND BLVD, SUITE 101, SAINT LOUIS, MO 63103	32-0017737	501(C)(3)	99,227				CAPACITY BUILDING
(30) BBBS OF CENTRAL INDIANA, INC. 2960 N MERIDIAN ST., SUITE 150, INDIANAPOLIS, IN 46208	35-1323831	501(C)(3)	97,646				CAPACITY BUILDING
(31) BIG BROTHERS BIG SISTERS OF NEW HAMPSHIRE 3 PORTSMOUTH AVENUE #2, PORTSMOUTH, NH 03885	51-0180586	501(C)(3)	93,960				CAPACITY BUILDING
(32) BBBS OF OKLAHOMA, INC 1401 SOUTH BOULDER AVENUE, SUITE 300, TULSA, OK 74119	31-1634115	501(C)(3)	92,685				CAPACITY BUILDING
(33) BBBS AT THE Y 3600 CLIPPER MILL ROAD - 250, BALTIMORE, MD 21211	52-0631265	501(C)(3)	90,777				CAPACITY BUILDING
(34) BBBS OF GREATER BIRMINGHAM, INC. 1901 14TH AVENUE SOUTH, BIRMINGHAM, AL 35205	63-0647080	501(C)(3)	88,780				CAPACITY BUILDING
(35) BBBS OF VENTURA COUNTY 555 AIRPORT WAY STE D, CAMARILLO, CA 93010	20-3425568	501(C)(3)	86,458				CAPACITY BUILDING
(36) BE-A-FRIEND, INC. BBBS OF ERIE, NIAGARA AND THE SOUTHERN TIER 100 RIVER ROCK DR., SUITE 104, BUFFALO, NY 14207	16-1106399	501(C)(3)	85,308				CAPACITY BUILDING
(37) BBBS OF GREATER LOS ANGELES 3150 N. SAN FERNANDO ROAD, SUITE C, LOS ANGELES, CA 90065	95-3400882	501(C)(3)	82,468				CAPACITY BUILDING
(38) BBBS OF NORTHERN NEW JERSEY 333 ROUTE 46 WEST, SUITE 205, MOUNTAIN LAKES, NJ 07046	11-3675554	501(C)(3)	82,351				CAPACITY BUILDING
(39) BBBS OF SOUTHWEST IDAHO, INC. 110 N 27TH, BOISE, ID 83702	82-0349401	501(C)(3)	80,941				CAPACITY BUILDING
(40) BBBS OF EL DORADO COUNTY 3461 ROBIN LANE, SUITE 2, CAMERON PARK, CA 95682	94-2523254	501(C)(3)	78,516				CAPACITY BUILDING
(41) BBBS OF CENTRAL ARIZONA 4745 N. 7TH STREET, SUITE 210, PHOENIX, AZ 85284	74-2551676	501(C)(3)	74,499				CAPACITY BUILDING
(42) BBBS OF MONMOUTH & MIDDLESEX COUNTIES INC. 305 BOND STREET, ASBURY PARK, NJ 07712	22-2115416	501(C)(3)	73,830				CAPACITY BUILDING
(43) BBBS OF NORTHEAST FLORIDA 40 EAST ADAMS STREET, SUITE 220, JACKSONVILLE, FL 32202	59-0683256	501(C)(3)	73,608				CAPACITY BUILDING
(44) BBBS OF SOUTHERN ARIZONA 160 EAST ALAMEDA ST., TUCSON, AZ 85701	86-0188050	501(C)(3)	71,659				CAPACITY BUILDING
(45) BBBS OF THE CAPITAL REGION 1500 N 2ND STREET, SUITE H, HARRISBURG, PA 17102	23-2260248	501(C)(3)	71,550				CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(46) BBBS OF NORTHERN NEVADA 1300 FOSTER DRIVE, SUITE 210, RENO, NV 89509	85-0347573	501(C)(3)	68,763				CAPACITY BUILDING
(47) BBBS OF DELAWARE, INC. 413 LARCH CIRCLE, WILMINGTON, DE 19804	51-6018399	501(C)(3)	66,749				CAPACITY BUILDING
(48) BBBS OF THE GREATER TWIN CITIES 2550 UNIVERSITY AVENUE - SUITE 410, ST. PAUL, MN 55114	41-1466521	501(C)(3)	66,537				CAPACITY BUILDING
(49) BBBS OF NORTHWEST ARKANSAS 91 WEST COLT STREET, SUITE 1, FAYETTEVILLE, AR 72703	71-0744925	501(C)(3)	65,669				CAPACITY BUILDING
(50) BBBS OF NORTHEAST INDIANA, INC 1005 W. RUDISILL BLVD #101, FORT WAYNE, IN 46807	35-1271943	501(C)(3)	64,791				CAPACITY BUILDING
(51) BBBS OF MOUNTAIN REGION 1229 ST FRANCIS DRIVE SUITE C , SANTA FE, NM 87505	85-0276498	501(C)(3)	64,281				CAPACITY BUILDING
(52) BIG BROTHERS BIGS SISTERS OF CENTRAL CAROLINAS 3801 E INDEPENDENCE BOULEVARD, CHARLOTTE, NC 28205	43-0953286	501(C)(3)	64,275				CAPACITY BUILDING
(53) BIG SISTER ASSOCIATION OF GREATER BOSTON 20 PARK PLAZA, SUITE 1420, BOSTON, MA 02116	04-2150651	501(C)(3)	62,156				CAPACITY BUILDING
(54) NUTMEG BBBS, INC. 30 LAUREL STREET SUITE 3, HARTFORD, CT 06106	06-0943916	501(C)(3)	58,302				CAPACITY BUILDING
(55) BBBS OF MISSISSIPPI PO BOX 16414, JACKSON, MS 39236	64-0930671	501(C)(3)	57,716				CAPACITY BUILDING
(56) BBBS OF GREATER CHATTANOOGA 2015 BAILEY AVE, CHATTANOOGA, TN 37404	62-0586090	501(C)(3)	56,507				CAPACITY BUILDING
(57) BBBS OF THE VILLAGE FAMILY SERVICES P.O. BOX 9859, FARGO, ND 58106	45-0226423	501(C)(3)	54,648				CAPACITY BUILDING
(58) BBBS OF CENTRAL ILLINOIS 310 W. WILLIAM ST., DECATUR, IL 62522	37-1348685	501(C)(3)	53,031				CAPACITY BUILDING
(59) BBBS OF THE NATIONAL CAPITAL AREA 910 17TH STREET NW, SUITE 404, WASHINGTON, DC 20006	53-0190849	501(C)(3)	52,492				CAPACITY BUILDING
(60) BBBS OF HAMPSHIRE COUNTY 70 BOLTWOOD WALK, AMHERST, MA 01002	04-2503926	501(C)(3)	51,938				CAPACITY BUILDING
(61) BBBS OF SOUTHWEST VIRGINIA, INC 124 WELLS AVE., NW, ROANOKE, VA 24016	54-0837136	501(C)(3)	49,459				CAPACITY BUILDING
(62) BBBS OF ORANGE COUNTY, INC. 871 BLOOMING GROVE TURNPIKE, PO BOX 426, VAILS GATE, NY 12584	14-1597893	501(C)(3)	49,192				CAPACITY BUILDING
(63) BBBS OF CENTRAL OREGON 2125 NE DAGGETT LANE, BEND, OR 97701	93-0677650	501(C)(3)	48,779				CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(64) BBBS OF HARRISONBURG-ROCKINGHAM COUNTY 225 NORTH HIGH ST., HARRISONBURG, VA 22802	51-0209104	501(C)(3)	48,109				CAPACITY BUILDING
(65) BBBS OF WASHTENAW COUNTY 11 WEST MICHIGAN AVENUE, YPSILANTI, MI 48197	26-0344984	501(C)(3)	44,176				CAPACITY BUILDING
(66) BBBS OF SNOHOMISH COUNTY 10520 19TH AVENUE S.E., SUITE B, EVERETT, WA 98208	91-0565561	501(C)(3)	43,174				CAPACITY BUILDING
(67) BBBS OF THE MISSISSIPPI VALLEY 130 W. 5TH STREET, DAVENPORT, IA 52801	42-1320908	501(C)(3)	42,055				CAPACITY BUILDING
(68) BBBS OF THE BAY AREA 65 BATTERY STREET, 2ND FLOOR, SAN FRANCISCO, CA 94111	23-7108045	501(C)(3)	38,966				CAPACITY BUILDING
(69) BBBS OF VERMONT 32 WALNUT ST., BRATTLEBORO, VT 05302-6008	81-4162286	501(C)(3)	38,610				CAPACITY BUILDING
(70) BBBS OF SAN LUIS OBISPO COUNTY P.O. BOX 12644, SAN LUIS OBISPO, CA 93406	77-0348487	501(C)(3)	38,010				CAPACITY BUILDING
(71) CATHOLIC BIG BROTHERS BIG SISTERS 1530 JAMES M. WOOD BLVD, 2ND FL, LOS ANGELES, CA 90015-0095	95-1690972	501(C)(3)	37,611				CAPACITY BUILDING
(72) BBBS OF SOUTH CENTRAL INDIANA 501 NORTH WALNUT ST., BLOOMINGTON, IN 47404	35-1330448	501(C)(3)	37,432				CAPACITY BUILDING
(73) BBBS OF SOUTHERN NEVADA, INC. 2000 EAST FLAMINGO ROAD, LAS VEGAS, NV 89119	51-0136847	501(C)(3)	33,931				CAPACITY BUILDING
(74) BBBS OF THE MID-SOUTH 1005 TILLMAN ST., SUITE 223, MEMPHIS, TN 38112	23-7113070	501(C)(3)	33,024				CAPACITY BUILDING
(75) BBBS OF NORTHEAST WISCONSIN, INC. 1345 WEST MASON STREET - #210, GREEN BAY, WI 54303-2049	39-1274696	501(C)(3)	30,593				CAPACITY BUILDING
(76) BIG BROTHERS BIG SISTERS OF MARQUETTE AND ALGER COUNTIES 97 SOUTH FOURTH ST., ISHPEMING, MI 49849	38-1966729	501(C)(3)	30,279				CAPACITY BUILDING
(77) BBBS OF THE INLAND NORTHWEST 222 W MISSION AVE, STE 210, SUITE 40, SPOKANE, WA 99201	91-6061587	501(C)(3)	27,889				CAPACITY BUILDING
(78) BBBS OF EAST TENNESSEE 318 N. GAY STREET, SUITE 100, KNOXVILLE, TN 37917	46-0282706	501(C)(3)	25,678				CAPACITY BUILDING
(79) YAYAPAI BBBS, INC. 3208 LAKESIDE VILLAGE DR, PRESCOTT, AZ 86301	86-0278776	501(C)(3)	25,399				CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(90) BBBS OF GREATER LAFAYETTE 100 SAW MILL ROAD SUITE 2000, LAFAYETTE, IN 47905	35-1157567	501(C)(3)	24,690				CAPACITY BUILDING
(81) BBBS LINCOLN 6201 HAVELOCK AVE, LINCOLN, NE 68507-1236	47-0794732	501(C)(3)	24,418				CAPACITY BUILDING
(82) BBBS OF FLINT AND GENESEE COUNTY 410 EAST SECOND STREET, FLINT, MI 48503	38-2259541	501(C)(3)	21,362				CAPACITY BUILDING
(83) BBBS OF MISSOULA 1520 SOUTH RUSSEL STREET, MISSOULA, MT 59801-3630	81-6023638	501(C)(3)	18,770				CAPACITY BUILDING
(94) BBBS OF THE TRI-STATE 501 5TH AVENUE, SUITE 3, HUNTINGTON, WV 25701	55-0559711	501(C)(3)	18,765				CAPACITY BUILDING
(85) BIG BROTHERS BIG SISTERS OF SAN DIEGO 4305 UNIVERSITY AVENUE, SUITE 300, SAN DIEGO, CA 92105	94-2768855	501(C)(3)	15,634				CAPACITY BUILDING
(86) BBBS OF SOUTHWEST LOUISIANA 4135 COMMON STREET, LAKE CHARLES, LA 70607-4501	72-1009565	501(C)(3)	15,545				CAPACITY BUILDING
(87) BBBS OF THE UPSTATE 620 N. MAIN ST., #102, GREENVILLE, SC 29601	20-4243553	501(C)(3)	13,937				CAPACITY BUILDING
(88) BBBS OF THE TRIANGLE 808 AVIATION PARKWAY, SUITE 900, MORRISVILLE, NC 27560	54-0702502	501(C)(3)	13,527				CAPACITY BUILDING
(89) BBBS OF SOUTHWESTERN CONNECTICUT 2470 FAIRFIELD AVE, BRIDGEPORT, CT 06605-2647	06-0943916	501(C)(3)	12,432				CAPACITY BUILDING
(90) BBBS OF THE SIOUX EMPIRE 1108 N. WEST AVE., SUITE B, SIOUX FALLS, SD 57104	05-0593016	501(C)(3)	12,249				CAPACITY BUILDING
(91) BBBS OF THE MIDLANDS 10831 OLD MILL RD., SUITE 400, OMAHA, NE 68154	47-0466144	501(C)(3)	10,916				CAPACITY BUILDING
(92) BBBS OF NEVADA COUNTY P.O. BOX 1362, GRASS VALLEY, CA 95945	94-2768855	501(C)(3)	10,798				CAPACITY BUILDING
(93) BBBS OF NORTH ALABAMA, INC. 303 WILLIAMS AVE SW SUITE 123, HUNTSVILLE, AL 35801	63-0833364	501(C)(3)	9,681				CAPACITY BUILDING
(94) BBBS OF FAMILY SERVICES OF NW PA C/O FAMILY SERVICES, 5100 PEACH STREET, ERIE, PA 16509-2418	25-0987225	501(C)(3)	9,274				CAPACITY BUILDING
(95) BBBS OF CENTRAL FLORIDA 807 S ORLANDO AVE SUITE R, WINTER PARK, FL 32789	59-1502582	501(C)(3)	9,238				CAPACITY BUILDING
(96) BBBS OF SOUTHWESTERN INDIANA 2516 WATERBRIDGE WAY, EVANSVILLE, IN 47710	35-1305578	501(C)(3)	8,628				CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(97) BBBS OF THE LEHIGH VALLEY, INC 41 S. CARLISLE ST., ALLENTOWN, PA 18109	23-1746895	501(C)(3)	8,529				CAPACITY BUILDING
(98) BBBS OF MERCER COUNTY 535 EAST FRANKLIN ST, TRENTON, NJ 08610	06-1653897	501(C)(3)	7,765				CAPACITY BUILDING
(99) BBBS SERVICES, INC. 1707 SUMMIT AVENUE, SUITE 200, RICHMOND, VA 23230	54-0702502	501(C)(3)	7,755				CAPACITY BUILDING
(100) BBBS OF BROWARD COUNTY, INC 4101 RAVENSWOOD RD., SUITE 202, FT. LAUDERDALE, FL 33312	59-1507595	501(C)(3)	6,626				CAPACITY BUILDING
(101) BBBS OF THE BLUEGRASS, INC. 436 GEORGETOWN STREET, LEXINGTON, KY 40508	61-0523288	501(C)(3)	6,607				CAPACITY BUILDING
(102) BBBS OF THE FOX VALLEY REGION 3301 C NORTH BALLARD RD., APPLETON, WI 54911	39-6103907	501(C)(3)	6,418				CAPACITY BUILDING
(103) BBBS OF MIAMI VALLEY 22 S. JEFFERSON ST., DAYTON, OH 45402	31-0641306	501(C)(3)	6,182				CAPACITY BUILDING
(104) JEWISH BBBS OF LOS ANGELES COUNTY 6505 WILSHIRE BLVD - #600, LOS ANGELES, CA 90048	95-1691009	501(C)(3)	5,988				CAPACITY BUILDING
(105) BBBS OF THE LAKESHORE, INC. 4265 GRAND HAVEN ROAD, STE. 201, MUSKEGON, MI 49441	38-1918631	501(C)(3)	5,664				CAPACITY BUILDING
(106) BBBS OF ST. JOSEPH COUNTY, INC P.O. BOX 1632, SOUTH BEND, IN 46617- 1632	35-1172510	501(C)(3)	5,605				CAPACITY BUILDING
(107) BIG BROTHERS BIG SISTERS OF YORK & ADAMS COUNTIES 227 WEST MARKET ST., SUITE 102, YORK, PA 17401	23-2580603	501(C)(3)	5,276				CAPACITY BUILDING
(108) BBBS OF THE LAUREL REGION, INC 106 NORTH MAIN ST., GREENSBURG, PA 15601	25-1368402	501(C)(3)	5,276				CAPACITY BUILDING
(109) BBBS OF NORTHWEST FLORIDA 1149 CRIEHTON RD, STE 1, PENSACOLA, FL 32504	59-2996893	501(C)(3)	5,261				CAPACITY BUILDING
(110) BBBS OF NORTHWESTERN MICHIGAN 900 E. FRONT STREET, STE. 125, TRAVERSE CITY, MI 49686	23-7043163	501(C)(3)	5,218				CAPACITY BUILDING

Part IV

Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	BIG BROTHERS BIG SISTERS OF AMERICA (BBBSA) MONITORS GRANT FUNDS PASSED THROUGH TO AFFILIATE AGENCIES THROUGH COMPLIANCE REQUIREMENTS ESTABLISHED IN THE MEMORANDUM OF AGREEMENT BETWEEN BBBSA AND THE AFFILIATE, AS WELL AS THROUGH DIRECT MONITORING DURING THE GRANT TERM BY THE GRANT PERFORMANCE AND SUPPORT TEAM. AGENCIES ARE REQUIRED TO SUBMIT MONTHLY RECEIPT FORMS TO THE FINANCE TEAM TO CONFIRM RECEIPT OF GRANT FUNDS AND AN INDICATION OF USE AGENCIES ALSO SUBMIT THEIR ANNUAL AUDIT, COMPLIANT WITH A-133 REGULATIONS IF APPROPRIATE, TO BBBSA FOR REVIEW AND FILING.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BBBS OF LONE STAR 450 E JOHN CARPENTER FREEWAY, IRVING, TX 75062
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BBBS OF MASSACHUSETTS BAY 75 FEDERAL STREET 8TH FLOOR, BOSTON, MA 02110
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BBBS OF COLORADO, INC. 750 W. HAMPDEN AVE., SUITE 450, ENGLEWOOD, CO 80110
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BIG BROTHERS BIG SISTERS OF THE LOWCOUNTRY 4151 SPRUILL AVE, NORTH CHARLESTON, SC 29405
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BBBS OF NEW YORK CITY, INC. 40 RECTOR STREET. 11TH FLOOR, NEW YORK, NY 10006
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BBBS OF METROPOLITAN CHICAGO 560 W LAKE STREET 5TH FLOOR, CHICAGO, IL 60115
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BBBS OF TAMPA BAY, INC. 4630 WOODLAND CORPORATE BLVD., SUITE 160, TAMPA, FL 33614
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	BBBS INDEPENDENCE REGION 123 SOUTH BROAD STREET SUITE 1050, PHILADELPHIA, PA 19109

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BIG BROTHERS BIG SISTERS OF AMERICA

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

23-1365190

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		✓
4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		✓
8		✓
9		

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	PAM IORIO PRESIDENT & CEO	428,318	0	0	31,816	2,448	462,582	0
2	TIM MIDKIFF CFO	191,696	0	0	924	16,813	209,433	0
3	KEVIN CHAPMAN CHIEF OF STAFF (THRU FEBRUARY 2019)	170,489	0	0	0	9,038	179,527	0
4	ALAIS GRIFFIN GENERAL COUNSEL (THRU MAY 2019)	195,737	0	0	972	16,240	212,949	0
5	GREG ZWEBER CHIEF AFFILIATE OFFICER (THRU APRIL 2019)	152,895	0	0	755	24,450	178,100	0
6	JARROD BELL CIO	152,654	0	0	755	24,450	177,859	0
7	CHARLESTON EDWARDS VP NATIONAL EVENTS & STEWARDSHIP	134,354	0	0	665	15,532	150,551	0
8								
9								
10								
11								
12								
13								
14								
15								
16								

Part III

Supplemental Information. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	EFFECTIVE AUGUST 31, 2016, THE PRESIDENT & CEO PARTICIPATES IN A 457(F) PLAN CONTINGENT UPON A 5-YEAR TENURE. THE ORGANIZATION ACCRUED \$30,000 FOR THIS PLAN IN 2018.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of 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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the Organization
BIG BROTHERS BIG SISTERS OF AMERICA

Employer Identification Number
23-1365190

Return Reference - Identifier	Explanation	
FORM 990, PART I, LINE 1 - BRIEF MISSION	RELATIONSHIPS WITH ADULT VOLUNTEERS WHO DEFEND THEIR POTENTIAL AND HELP THEM ACHIEVE THEIR BIGGEST POSSIBLE FUTURES. BIG BROTHERS BIG SISTERS' EVIDENCE-BASED APPROACH IS DESIGNED TO CREATE POSITIVE YOUTH OUTCOMES, INCLUDING EDUCATIONAL SUCCESS, AVOIDANCE OF RISKY BEHAVIORS, HIGHER ASPIRATIONS, GREATER CONFIDENCE, AND IMPROVED RELATIONSHIPS. IN THE PAST 10 YEARS, WITH 270 AFFILIATES IN ALL 50 STATES, BIG BROTHERS BIG SISTERS HAS SERVED NEARLY 2 MILLION CHILDREN. LEARN HOW TO GET INVOLVED AT BIGBROTHERSBIGSISTERS.ORG	
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION CONTINUATION	(CONTINUED FROM PART III) THE ORGANIZATION AND ITS STAFF PARTNER WITH PARENTS/GUARDIANS, VOLUNTEERS AND OTHERS IN THE COMMUNITY SO THAT EACH CHILD IN THE PROGRAM ACHIEVES HIGHER ASPIRATIONS, GREATER CONFIDENCE, AND BETTER RELATIONSHIPS; AVOIDANCE OF RISKY BEHAVIORS; AND EDUCATIONAL SUCCESS. THE ORGANIZATION WORKS CLOSELY WITH BIG BROTHERS BIG SISTERS AGENCIES ("LOCAL AFFILIATES" OR "AFFILIATED AGENCIES") THROUGHOUT THE COUNTRY TO IMPLEMENT ITS PROGRAMS. THESE AGENCIES ARE SEPARATE LEGAL ENTITIES WHICH ARE NOT CONTROLLED BY THE ORGANIZATION, AND ARE THEREFORE NOT CONSOLIDATED WITHIN THE ORGANIZATION'S FINANCIAL STATEMENTS.	
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE ORGANIZATION HAS ESTABLISHED AN EXECUTIVE COMMITTEE CONSISTING OF ALL OFFICERS OF THE BOARD OF DIRECTORS AND ANY OTHER MEMBERS OF THE BOARD OF DIRECTORS APPOINTED BY THE CHAIR OF THE BOARD. THE EXECUTIVE COMMITTEE HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE BOARD.	
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 WILL BE REVIEWED BY THE CEO AND CFO WITH THE AUDIT COMMITTEE. IN ADDITION, IT WILL BE PROVIDED TO THE FULL BOARD PRIOR TO FILING.	
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH REQUIRES OFFICERS, DIRECTORS AND KEY EMPLOYEES TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST. POTENTIAL AND ACTUAL CONFLICTS OF INTEREST ARE REVIEWED AND ANY MEMBERS WITH CONFLICTS OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN RELATED DECISIONS.	
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE UTILIZES THE COMPENSATION INFORMATION REPORTED ON THE FORMS 990 OF SIMILAR ORGANIZATIONS FOR INDIVIDUALS IN COMPARABLE ROLES IN EVALUATING CEO COMPENSATION. THIS PROCESS IS UNDERTAKEN ANNUALLY AND WAS LAST CONDUCTED IN FYE 6/30/2019.	
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE COMPENSATION OF OTHER OFFICERS IS DETERMINED BY THE CEO AND APPROVED BY THE BOARD. THE CEO AND THE BOARD UTILIZE THE COMPENSATION INFORMATION REPORTED ON THE FORMS 990 OF SIMILAR ORGANIZATIONS FOR INDIVIDUALS IN COMPARABLE ROLES IN EVALUATING THE COMPENSATION OF OTHER OFFICERS. THIS PROCESS IS UNDERTAKEN ANNUALLY AND WAS LAST CONDUCTED IN FYE 6/30/2019.	
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NE, NH, NJ, NM, NY, OH, OR, PA, RI, SC, TN, UT, VA, WA, WI, WV	
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON OUR WEBSITE AT WWW.BBBS.ORG	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	UNCOLLECTIBLE PLEDGES	- 24,300
	CHANGE IN BENEFICIAL INTEREST IN TRUST	- 58,049

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning 07/01, 2018, and ending 06/30, 20 19

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

2018

Name of exempt organization BIG BROTHERS BIG SISTERS OF AMERICA	Employer identification number 23-1365190
Name and title of officer TIM MIDKIFF, CFO	

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>16,828,381</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CROWE LLP to enter my PIN

6	5	1	9	0
---	---	---	---	---

 as my signature

ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ *Brittney Koca* Date ▶ 3/4/2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3	5	5	6	2	4	2	1	6	8	0
---	---	---	---	---	---	---	---	---	---	---

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ *Tim Midkiff* Date ▶ 3/2/2020

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So