Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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

G Gross receipts $ 33,056,359

F Name and address of principal officer:
Artis Stevens
2502 North Rocky Point Dr 550
Tampa, FL 33607

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

1 Briefly describe the organization's mission or most significant activities:
Since 1904, Big Brothers Big Sisters has been matching youth in meaningful, enduring, professionally supported mentoring 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 243 affiliates in all 50 states, Big Brothers Big Sisters has served nearly 2 million children. Learn how to get involved at bbbs.org.

Activities & Governance

2	Check this box ▶ ☐ 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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	62
6	Total number of volunteers (estimate if necessary)	**6**	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	12,533,038	23,686,845
9	Program service revenue (Part VIII, line 2g)	4,055,493	5,726,098
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	239,850	156,279
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,828,381	29,569,222

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	8,105,722	15,325,934
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,630,396	5,082,067
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,554,458		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,048,281	6,088,988
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,784,399	26,496,989
19	Revenue less expenses. Subtract line 18 from line 12	-1,956,018	3,072,233

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	16,418,193	23,732,732
21	Total liabilities (Part X, line 26)	8,059,942	12,508,021
22	Net assets or fund balances. Subtract line 21 from line 20	8,358,251	11,224,711

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: 2021-05-17

▶ Tim Midkiff CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	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 333014230 — Phone no. (954) 202-8600

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☐

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 $ 13,326,133 including grants of $ 7,662,967) (Revenue $ 3,225,807)

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 250 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 $ 8,735,600 including grants of $ 7,662,967) (Revenue $ 2,103,378)

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 $ 1,666,948 including grants of $ 0) (Revenue $ 396,913)

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** ▶ 23,728,681

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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? *If "Yes," complete Schedule C, Part II*	4		No
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? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
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? *If "Yes," complete Schedule D,* Part VI.	11a	Yes	
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? *If "Yes," complete Schedule D, Part VII*	11b		No
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? *If "Yes," complete Schedule D, Part VIII*	11c		No
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? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	

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? *If "Yes," complete Schedule I, Parts I and III*	22		No
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? *If "Yes," complete Schedule J*	23	Yes	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? *If "Yes," complete Schedule L,* Part I	25a		No
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? *If "Yes," complete Schedule L,* Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? *If "Yes," complete Schedule L,* Part III	27		No
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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
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? *If "Yes," complete Schedule R, Part I*	33		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
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? *If "Yes," complete Schedule R, Part VI*	37		No
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.	38	Yes	

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	1a	51		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

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**	62		
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**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
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**	No
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**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
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**	No
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**	No
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**	No
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**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			**7f**	No
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**	No
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?			**15**	No
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**	No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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. 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.	**1a**	18		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
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?		**2**		No
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?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
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?		**7a**		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
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*		**9**		No

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?	**10a**	Yes	
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?	**10b**	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
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*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	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?	**16a**		No
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?	**16b**		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA, CO, FL, GA, AL, HI, IL, KS, KY, AK, MD, MA, MI, MN, MS, NE, NH, NJ, NM, NY, OH, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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, or 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.

See instructions for the order in which to list the persons above.

☐ 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) Emily Chen Carrera Treasurer	2.0	X		X				0	0	0
(2) Ken Burdick Board Chair	2.0	X		X				0	0	0
(3) Leonard Bernstein Secretary	2.0	X		X				0	0	0
(4) Pam Iorio CEO	50.0	X		X				439,896	0	44,510
(5) Alice Norsworthy Board Director	2.0	X						0	0	0
(6) CHESLIE KRYST BOARD DIRECTOR	2.0	X						0	0	0
(7) DAVID CLARK BOARD DIRECTOR	2.0	X						0	0	0
(8) Elizabeth Smith Board Director - Through February 2020	2.0	X						0	0	0
(9) Ernest Greer Board Director	2.0	X						0	0	0
(10) Greg Page Board Director	2.0	X						0	0	0
(11) GUY ADAMI BOARD DIRECTOR	2.0	X						0	0	0
(12) JEFF FETTERS BOARD DIRECTOR	2.0	X						0	0	0
(13) Larry Renfro BOARD DIRECTOR	2.0	X						0	0	0
(14) Robert Sanchez BOARD DIRECTOR	2.0	X						0	0	0
(15) Rudy Baldoni Board Director	2.0	X						0	0	0
(16) Sally McDevitt Board Director	2.0	X						0	0	0
(17) Shannon Mattingly Board Director	2.0	X						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			
(18) Steve Wheeler Board Director	2.0	X						0	0	0
(19) TOM O'BRIEN BOARD DIRECTOR	2.0	X						0	0	0
(20) Tim Midkiff CFO	50.0			X				197,074	0	20,517
(21) Jarrod Bell Chief Information Officer	50.0				X			181,656	0	28,737
(22) Adam Vasallo Chief Development Officer	50.0					X		150,207	0	4,926
(23) Alais Griffin General Counsel - through May 2019	50.0					X		138,037	0	16,170
(24) Amanda Bisceglia Chief Agency Officer	50.0					X		114,909	0	16,560
(25) Charleston Edwards VP National Events & Stewardship	50.0					X		140,461	0	18,907
(26) Julie Novak VP, Child Safety	50.0					X		124,234	0	1,901
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,486,474	0	152,228

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 ▶ 7

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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
Barkley Inc 1740 Main St Kansas City, MO 64108	Advertising	554,530
Traction Sales and Marketing Inc 2700 Production Way 5th Floor Burnaby, BC CA	SOFTWARE DEVELOPMENT	275,330
True Owl LLC 11608 Elm St Omaha, NE 68144	SOFTWARE DEVELOPMENT	223,892
FirstPic Inc 2614 Chapel Lake Dr Gambrills, MD 210541637	Software System Design & Implementation	182,083
Christian Lee Rummell 6216 N Curtis Avenue Portland, OR 97217	Subject matter expert	123,449

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 ▶ 6

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	29,299			
	b Membership dues	1b	0			
	c Fundraising events	1c	0			
	d Related organizations	1d	0			
	e Government grants (contributions)	1e	7,499,444			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	16,158,102			
	g Noncash contributions included in lines 1a - 1f: $	1g	129,718			
	h **Total.** Add lines 1a-1f		23,686,845			
Program Service Revenue		Business Code				
	2a Technology fee revenue	519190	1,743,572	1,743,572		
	b Membership fees	900099	3,800,565	3,800,565		
	c National Conference Registration	900099	145,265	145,265		
	d Training Revenue	611710	36,696	36,696		
	e					
	f All other program service revenue.		0	0	0	0
	g **Total.** Add lines 2a–2f		5,726,098			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		10,034			10,034
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less: rental expenses	6b				
	c Rental income or (loss)	6c	0	0		
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a	3,633,382			
	b Less: cost or other basis and sales expenses	7b	3,487,137			
	c Gain or (loss)	7c	146,245	0		
	d Net gain or (loss)		146,245			146,245
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					

10a Gross sales of inventory, less returns and allowances . .	**10a**					
b Less: cost of goods sold . .	**10b**					
c Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue			0	0	0	0
e Total. Add lines 11a–11d . . . . . ▶			0			
12 Total revenue. See instructions . . . . . ▶			29,569,222	5,726,098	0	156,279

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	15,325,934	15,325,934		
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	912,390	702,540	72,991	136,859
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	3,508,873	2,701,832	280,710	526,331
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	30,508	23,492	2,440	4,576
9 Other employee benefits	340,757	218,591	63,037	59,129
10 Payroll taxes	289,539	222,945	23,163	43,431
11 Fees for services (non-employees):				
a Management				
b Legal	126,852	92,171	22,019	12,662
c Accounting	96,716	70,274	16,788	9,654
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)	2,443,949	1,775,789	424,218	243,942
12 Advertising and promotion	48,064	31,702	8,181	8,181
13 Office expenses	112,471	59,658	21,360	31,453
14 Information technology	2,413,366	1,858,292	193,069	362,005
15 Royalties				
16 Occupancy	106,113	69,989	18,062	18,062
17 Travel	229,589	161,176	33,874	34,539
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	59,850	59,850		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,252	22,524	2,340	4,388
23 Insurance	237,754	183,071	19,020	35,663
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 fees	27,788	27,788		
b Dues & subscriptions	148,670	114,476	11,894	22,300
c Miscellaneous	8,554	6,587	684	1,283
d				
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	26,496,989	23,728,681	1,213,850	1,554,458
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 ▶ ☐ 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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,814,381	1	9,096,288
	2	Savings and temporary cash investments		8,959,524	2	3,795,872
	3	Pledges and grants receivable, net		2,866,748	3	6,902,725
	4	Accounts receivable, net		373,315	4	1,025,320
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,372,250	9	1,125,917
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 549,218			
	b	Less: accumulated depreciation	10b 549,218	29,252	10c	0
	11	Investments—publicly traded securities		0	11	1,783,887
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,723	15	2,723
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		16,418,193	16	23,732,732
Liabilities	17	Accounts payable and accrued expenses		1,269,199	17	1,498,503
	18	Grants payable		3,639,903	18	7,230,436
	19	Deferred revenue		1,250,840	19	1,071,682
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		1,900,000	23	2,707,400
	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		8,059,942	26	12,508,021
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		3,441,932	27	3,628,196
	28	Net assets with donor restrictions		4,916,319	28	7,596,515
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		8,358,251	32	11,224,711
	33	Total liabilities and net assets/fund balances		16,418,193	33	23,732,732

Part XI Reconcilliation 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	29,569,222
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,496,989
3	Revenue less expenses. Subtract line 2 from line 1	3	3,072,233
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,358,251
5	Net unrealized gains (losses) on investments	5	-29,678
6	Donated services and use of facilities	6	-178,952
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2,857
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column	10	11,224,711

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: ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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?	3a	Yes	
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.	3b	Yes	

Additional Data

Return to Form

Software ID: 19010655
Software Version: 2019v5.0

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.**

OMB No. 1545-0047

2019

Open to Public Inspection

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 **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 33 1/3% 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 33 1/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	13,276,617	18,414,498	22,725,264	12,533,038	23,686,845	90,636,262
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	13,276,617	18,414,498	22,725,264	12,533,038	23,686,845	90,636,262
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). .						16,954,763
6 **Public support.** Subtract line 5 from line 4.						73,681,499

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	13,276,617	18,414,498	22,725,264	12,533,038	23,686,845	90,636,262
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	3,059	10,538	0	41,653	10,034	65,284
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.). .	334	659,731	0	0	0	660,065
11 **Total support.** Add lines 7 through 10						91,361,611

12	Gross receipts from related activities, etc. (see instructions)	12	21,795,107

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** . . . . . ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	80.65 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	80.23 %

16a **33 1/3% support test—2019.** 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 . . . . . ☑

b **33 1/3% support test—2018.** 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 . . . . . ☐

17a **10%-facts-and-circumstances test—2019.** 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 . . . . . ☐

b **10%-facts-and-circumstances test—2018.** 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 . . . . . ☐

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 . . . . . ☐

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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**. . . . . ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . ▶☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		
b	**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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
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))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	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? *If "Yes," provide detail in* ***Part VI.***	9b		
c	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? *If "Yes," provide detail in* ***Part VI.***	9c		
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)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

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? *If "Yes" to a, b, or c, provide detail in* ***Part VI****.*	**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? *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.*	**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? *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.*	**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)? *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).*	**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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	**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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	**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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ 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.**

			Yes	No
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? *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.*	**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? *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.*	**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? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**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):	1		
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 ☐ 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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI **Supplemental Information.** 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).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 334.0, COLUMN B - 9731.0, COLUMN C - 0.0, COLUMN D - 0.0, COLUMN E - 0.0, COLUMN F - 10065.0; DESCRIPTION - INSURANCE PROCEEDS, COLUMN A - 0.0, COLUMN B - 650000.0, COLUMN C - 0.0, COLUMN D - 0.0, COLUMN E - 0.0, COLUMN F - 650000.0;

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Software Version: 2019v5.0

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	**Schedule of Contributors** ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047 **2019**

Name of the organization	**Employer identification number**
Big Brothers Big Sisters Of America	23-1365190

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (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 other 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 33 1/3% 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, 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 990PF, 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
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

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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
		$	

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

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

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

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

(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
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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

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Software Version: 2019v5.0

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

2019

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

		Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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	**1c**
d	Additions during the year	**1d**
e	Distributions during the year	**1e**
f	Ending balance	**1f**

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 in 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	3,002,605	3,300,985	282,182	279,898	229,730
b	Contributions . . .	0		2,948,875	0	50,000
c	Net investment earnings, gains, and losses	104,728	53,620	69,928	2,284	168
d	Grants or scholarships . . .			0	0	0
e	Other expenditures for facilities and programs . . .	577,478	352,000	0	0	0
f	Administrative expenses			0	0	0
g	End of year balance	2,529,855	3,002,605	3,300,985	282,182	279,898

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

- **a** Board designated or quasi-endowment ▶ 3.96 %
- **b** Permanent endowment ▶ 9.32 %
- **c** Temporarily restricted endowment ▶ 86.72 %

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:

		Yes	No
	(i) unrelated organizations	**3a(i)**		No
	(ii) related organizations	**3a(ii)**		No
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	**3b**		

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	549,218	0
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				0

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		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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.

1	Total revenue, gains, and other support per audited financial statements			1	32,350,324
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	-29,678		
b	Donated services and use of facilities	2b	2,810,780		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	2,781,102
3	Subtract line **2e** from line **1**			3	29,569,222
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	29,569,222

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.

1	Total expenses and losses per audited financial statements			1	29,483,864
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	2,989,732		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	-2,857		
e	Add lines **2a** through **2d**			2e	2,986,875
3	Subtract line **2e** from line **1**			3	26,496,989
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
c	Add lines **4a** and **4b**			4c	0
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	26,496,989

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	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, 2020 and 2019.
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	UNCOLLECTIBLE PLEDGES - -2857

Additional Data

Return to Form

Software ID: 19010655
Software Version: 2019v5.0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Big Brothers Big Sisters Of America

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
23-1565190

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.

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.

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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) BBBS of Lone Star Region 5500 CARPENTER FWY IRVING,TX 75062	75-0806632	501(C)(3)	501,889				Capacity Building
(2) BBBS of Eastern Massachusetts 184 High St 3rd Floor BOSTON,MA 02110	42-0885714	501(C)(3)	398,061				Capacity Building
(3) BBBS OF PUGET SOUND 1600 SOUTH GRAHAM St SEATTLE,WA 98108	94-1153403	501(C)(3)	368,878				Capacity Building
(4) BBBS of New York City Inc 1 Pastor St 10th Fl New York,NY 10006	13-5609383	501(C)(3)	350,380				Capacity Building
(5) BBBS Independence Region 1700 Ben Franklin Pkwy PHILADELPHIA,PA 19105	94-3145502	501(C)(3)	344,329				Capacity Building
(6) BBBS Services Inc 1707 Summit Ave RICHMOND,VA 23220	54-0702502	501(C)(3)	333,293				Capacity Building
(7) BBBS Of METROPOLITAN CHICAGO 1 NORTH LASALLE FLOOR CHICAGO,IL 60115	36-2360012	501(C)(3)	332,153				Capacity Building
(8) BBBS of Kentuckiana Inc 1519 GARDINER LN LOUISVILLE,KY 40218	31-1054014	501(C)(3)	308,878				Capacity Building
(9) BBBS OF MIDDLE TENNESSEE 1704 CHARLOTTE Ave NASHVILLE,TN 37203	51-0164560	501(C)(3)	298,449				Capacity Building
(10) BBBS OF COLORADO Region 707 W Hampden Ave Englewood,CO 80110	23-7161796	501(C)(3)	284,072				Capacity Building
(11) Big Brothers Big Sisters of Miami 350 NW 42nd Ave MIAMI,FL 33126	59-6166904	501(C)(3)	280,659				Capacity Building
(12) BBBS of Coastal & Northern New Jersey 305 Bond St 2nd Floor Asbury Park,NJ 07712	22-2115416	501(C)(3)	244,711				Capacity Building
(13) Kansas BBBS Inc 1515 N Saint Francis WICHITA,KS 67202	48-0999016	501(C)(3)	228,653				Capacity Building
(14) BBBS OF THE NATIONAL CAPITAL AREA 910 17th St NW Washington,DC 20006	53-0190849	501(C)(3)	223,350				Capacity Building
(15) BBBS of Tampa Bay Inc 808 Woodland Corporate Blvd Tampa,FL 33614	59-2173085	501(C)(3)	217,465				Capacity Building
(16) BBBS of Greater Birmingham Inc 2100 16th Ave South Birmingham,AL 35205	63-0647080	501(C)(3)	193,251				Capacity Building
(17) BBBS COLUMBIA NORTHWEST 1827 NE 44TH Ave PORTLAND,OR 97213	31-0968026	501(C)(3)	189,381				Capacity Building
(18) BBBS OF GREATER PITTSBURGH INC 5989 Centre Ave PITTSBURGH,PA 15206	25-6074707	501(C)(3)	182,010				Capacity Building
(19) BBBS of Metro Nebraska 7915 Cameron St Milwaukee,WI 53222	39-1239687	501(C)(3)	175,821				Capacity Building
(20) BBBS OF UTAH INC 2121 S State St Salt Lake City,UT 84115	23-7041917	501(C)(3)	175,213				Capacity Building
(21) BBBS OF ALASKA 1057 WEST FIREWEED LN ANCHORAGE,AK 99503	80-0064172	501(C)(3)	163,254				Capacity Building
(22) BBBS of Greater Cincinnati Kennedy Cheal Building 2400 Reading Rd Cincinnati,OH 45202	31-0577648	501(C)(3)	163,012				Capacity Building
(23) BBBS OF THE SUNCOAST INC 1111 N Westshore Blvd TAMPA,FL 33607	59-2996893	501(C)(3)	162,302				Capacity Building
(24) BBBS of Central New Mexico Inc 2500 Louisiana Blvd NE Albuquerque,NM 87110	85-0271207	501(C)(3)	160,834				Capacity Building
(25) BBBS of Orange County and Inland Empire Santa Ana,CA 92705	33-0683335	501(C)(3)	160,545				Capacity Building
(26) BBBS of the Triangle 808 Aviation Parkway Morrisville,NC 27560	54-0702502	501(C)(3)	159,191				Capacity Building
(27) BBBS OF METRO ATLANTA 1362 PEACHTREE St NE ATLANTA,GA 30309	58-0861895	501(C)(3)	146,044				Capacity Building
(28) BBBS of the Capital Region 1 Winners Cir Albany,NY 12212	23-2260248	501(C)(3)	137,791				Capacity Building
(29) BBBS OF GREATER KANSAS CITY 1709 Walnut St KANSAS CITY,MO 64108	38-1846835	501(C)(3)	135,309				Capacity Building
(30) BBBS of Inland Inc BBBS of Erie Niagara and the Southern Tier 100 River Rock Dr Buffalo,NY 14207	16-1186399	501(C)(3)	130,950				Capacity Building
(31) BBBS OF NORTHERN NEVADA 1500 Foster Dr RENO,NV 89509	85-0347573	501(C)(3)	129,740				Capacity Building
(32) BBBS OF GREATER LOS ANGELES 3150 N San Fernando Rd LOS ANGELES,CA 90065	95-3400882	501(C)(3)	127,605				Capacity Building
(33) BBBS OF CENTRAL TEXAS INC 1111 Rio Grande 4555 AUSTIN,TX 78705	62-0842531	501(C)(3)	126,016				Capacity Building
(34) BBBS OF METROPOLITAN DETROIT 7700 SECOND Ave DETROIT,MI 48202	38-1358163	501(C)(3)	119,101				Capacity Building
(35) BBBS OF VENTURA COUNTY 550 Airport Way CAMARILLO,CA 93010	20-3425568	501(C)(3)	117,294				Capacity Building
(36) Big Sister Association of Greater Boston 1 Ashburton Pl Boston,MA 02116	04-2150651	501(C)(3)	115,272				Capacity Building
(37) NUTMEG BBBS INC 30 LAUREL St HARTFORD,CT 06106	06-0943916	501(C)(3)	113,132				Capacity Building
(38) BBBS of Northeast Indiana Inc 1020 Rudisill Blvd Fort Wayne,IN 46807	35-1271943	501(C)(3)	109,233				Capacity Building
(39) BBBS OF CENTRAL OHIO 1855 E DUBLIN GRANVILLE Rd COLUMBUS,OH 43229	16-0997229	501(C)(3)	108,159				Capacity Building
(40) BBBS of Southern Arizona 160 East Alameda St TUCSON,AZ 85705	86-0188050	501(C)(3)	107,464				Capacity Building
(41) BBBS of Central Indiana Inc 2960 N Meridian St Indianapolis,IN 46208	35-1329831	501(C)(3)	104,089				Capacity Building
(42) BBBS of San Luis Obispo County PO Box 12644 San Luis Obispo,CA 93406	77-0348487	501(C)(3)	103,224				Capacity Building
(43) BBBS OF SOUTH TEXAS 10941 Gulfdale SAN ANTONIO,TX 78216	74-1678586	501(C)(3)	99,829				Capacity Building
(44) BBBS of Greater Chattanooga 1100 E 3rd St Chattanooga,TN 37404	62-0566090	501(C)(3)	95,265				Capacity Building
(45) BBBS OF EAST TENNESSEE 316 N Gay St KNOXVILLE,TN 37917	46-0282706	501(C)(3)	95,113				Capacity Building
(46) BBBS of the Tri-State Area Inc 2400 Old Ivy Rd BALTIMORE,MD 21211	52-0631265	501(C)(3)	92,338				Capacity Building
(47) BBBS OF CENTRAL ARIZONA 4745 N 7th St PHOENIX,AZ 85014	74-2551676	501(C)(3)	88,539				Capacity Building
(48) BBBS of the Tri-State Area Inc Huntington,WV 25701	55-0559711	501(C)(3)	79,092				Capacity Building
(49) BBBS OF VENTURA COUNTY 3901 Avalon Dr Carpinteria,CA 93012	20-3425568	501(C)(3)	78,490				Capacity Building
(50) BBBS of Northern Sierra 441 Main St Grass Valley,CA 95945	94-2523254	501(C)(3)	76,180				Capacity Building
(51) BBBS of Northeastern Big Sisters of Central Carolina 3811 E INDEPENDENCE BOULEVARD CHARLOTTE,NC 28205	43-0953286	501(C)(3)	77,984				Capacity Building
(52) BBBS OF NORTHEAST FLORIDA 40 East Adams St JACKSONVILLE,FL 32202	59-0683256	501(C)(3)	77,568				Capacity Building
(53) BBBS OF OKLAHOMA Inc 1401 SOUTH BOULDER Ave TULSA,OK 74119	31-1634115	501(C)(3)	77,288				Capacity Building
(54) BBBS - A Community of Caring 1 Washington Rd Kalamazoo,MI 49001	38-1720832	501(C)(3)	75,030				Capacity Building
(55) BBBS of the Greater Twin Cities 2550 University Ave St Paul,MN 55114	41-1466521	501(C)(3)	71,736				Capacity Building
(56) BBBS of Eastern Missouri Inc 1001 CRAIG ROAD BLVD SAINT LOUIS,MO 63103	32-0017737	501(C)(3)	71,119				Capacity Building
(57) BBBS of Delaware Inc 413 Lorch Circle Wilmington,DE 19804	51-0018399	501(C)(3)	68,215				Capacity Building
(58) BBBS of Acadiana Inc 125 E Main St New Iberia,LA 70501	58-1634741	501(C)(3)	65,529				Capacity Building
(59) BBBS of Central Oregon 2125 NE Daggett LN Bend,OR 97701	93-0677650	501(C)(3)	64,919				Capacity Building
(60) BBBS Of Broward County Inc 631 Tennessee Rd Ft Lauderdale,FL 33312	59-1507595	501(C)(3)	63,279				Capacity Building
(61) BBBS OF Hawaii Inc 418 Kuwili St Honolulu,HI 96817	99-0109970	501(C)(3)	62,720				Capacity Building
(62) BBBS of Mississippi Inc PO Box 4247 Jackson,MS 39216	64-0930671	501(C)(3)	57,933				Capacity Building
(63) BBBS of Mountain Region 1229 ST FRANCIS Dr SANTA FE,NM 87505	85-0276498	501(C)(3)	56,724				Capacity Building
(64) BBBS of Flint and Genesee County 410 East Second St Flint,MI 48503	38-2259541	501(C)(3)	53,403				Capacity Building
(65) BBBS of Fond Du Lac County Inc Fond du Lac,WI 54935	39-1330971	501(C)(3)	47,875				Capacity Building
(66) BBBS of Central Illinois 310 W Wilson St Decatur,IL 62522	37-1346865	501(C)(3)	47,839				Capacity Building
(67) BBBS of Greater Tri-State Area 1724 Wyoming Dr El Paso,TX 79902	74-1970973	501(C)(3)	46,595				Capacity Building
(68) BBBS of Hampshire County 1 Boltwood Walk Amherst,MA 01002	04-2503926	501(C)(3)	46,586				Capacity Building
(69) BBBS of the Midlands 1081 Old Mill Rd Omaha,NE 68154	47-0466144	501(C)(3)	46,476				Capacity Building
(70) BBBS of Harrisburg-Rockingham County 1 Eagle Ridge Cir Harrisonburg,VA 22802	51-0209104	501(C)(3)	46,451				Capacity Building
(71) BBBS OF SOUTHWEST IDAHO INC 116 N 27TH BOISE,ID 83702	82-0349461	501(C)(3)	42,325				Capacity Building
(72) BBBS of Orange County 871 Blooming Grove Turnpike Mid-Otis,NY 12584	14-1597893	501(C)(3)	41,564				Capacity Building
(73) BBBS Lincoln-Lancaster County Inc Lincoln,NE 685037236	47-0794732	501(C)(3)	40,457				Capacity Building
(74) Big Brothers Big Sisters of Marquette and Alger Counties 1500 Fourth St Jolspering,MI 49849	38-1966729	501(C)(3)	39,864				Capacity Building
(75) BBBS of the Mississippi Valley 136 M 5th St Davenport,IA 52801	42-1329908	501(C)(3)	39,028				Capacity Building
(76) BBBS of Washtenaw County 11 West Michigan Ave Ypsilanti,MI 48197	26-0344984	501(C)(3)	36,727				Capacity Building
(77) BBBS of the Rio County 10 South Rio Rd Bozeman,MT 59715	81-0359636	501(C)(3)	36,169				Capacity Building
(78) BBBS of Vermont 32 Walnut St Brattleboro,VT 053026508	81-4162286	501(C)(3)	35,760				Capacity Building
(79) BBBS of Central Pennsylvania The Dantzler Building 484 Main St Wilkinsburg,PA 15608	04-2317926	501(C)(3)	33,453				Capacity Building
(80) BBBS of Northern New York 333 Route 46 West Mountain Lakes,NJ 07046	11-3675554	501(C)(3)	33,398				Capacity Building
(81) Yavapai BBBS Inc 3208 Lakeside Village Dr Prescott,AZ 86301	86-0278776	501(C)(3)	33,284				Capacity Building
(82) BIG BROTHERS BIG SISTERS OF SAN DIEGO 4305 University Ave SAN DIEGO,CA 92105	94-2768855	501(C)(3)	33,189				Capacity Building
(83) BBBS OF SNOHOMISH COUNTY 2707 10th Ave SE EVERETT,WA 98208	91-0565561	501(C)(3)	32,819				Capacity Building
(84) BBBS of Northeast Arkansas 91 West Colt St JONESBORO,AR 72703	71-0744925	501(C)(3)	31,430				Capacity Building
(85) BBBS of Southwest Virginia Inc 124 Walls Ave NW Roanoke,VA 24016	54-0837136	501(C)(3)	30,942				Capacity Building
(86) BBBS OF THE INLAND NORTHWEST 222 W MISSION AVE SPOKANE,WA 99202	91-6061587	501(C)(3)	29,230				Capacity Building
(87) Catholic Big Brothers Big Sisters 1530 James M Wood Blvd 2nd Fl Los Angeles,CA 900150595	95-1696972	501(C)(3)	26,163				Capacity Building
(88) BBBS of the Village Inc PO Box 9859 Fargo,ND 58106	45-0226423	501(C)(3)	25,044				Capacity Building
(89) BBBS of Santa Cruz County 1960 41st Ave Capitola,CA 95010	94-2826754	501(C)(3)	24,958				Capacity Building
(90) BBBS OF THE BAY AREA 1 Sansome St SAN FRANCISCO,CA 94111	23-7108045	501(C)(3)	24,106				Capacity Building
(91) BBBS of Northeast Iowa 2530 University Ave Waterloo,IA 50701	42-0885714	501(C)(3)	21,680				Capacity Building
(92) BBBS of Santa Barbara County 123 West Gutierrez St Santa Barbara,CA 93101	95-1641425	501(C)(3)	21,661				Capacity Building
(93) BBBS of Greater Lafayette 1915 W 4th St Lafayette,IN 47905	35-1157567	501(C)(3)	19,499				Capacity Building
(94) BBBS of the Upstate 620 N Main St Greenville,SC 29601	20-4245553	501(C)(3)	16,655				Capacity Building
(95) BBBS of Southern Nevada Inc 1961 E Flamingo Rd Las Vegas,NV 89119	51-0136847	501(C)(3)	16,449				Capacity Building
(96) BBBS of Northwest Wisconsin Inc 1345 West Mason St GREEN BAY,WI 543032049	39-1274696	501(C)(3)	15,309				Capacity Building
(97) BBBS of Central Missouri 4350 E Broadway Columbia,MO 65201	43-1598644	501(C)(3)	13,870				Capacity Building
(98) BBBS of Southeastern Connecticut 2470 Fairfield Ave Bridgeport,CT 066525647	06-0943916	501(C)(3)	11,831				Capacity Building
(99) BBBS of Shelby & Darke Counties PO Box 581 Sidney,OH 453650585	34-1262676	501(C)(3)	10,060				Capacity Building
(100) BBBS of the Big Bend Inc 560 E Tennessee St Tallahassee,FL 32308	59-2130789	501(C)(3)	9,990				Capacity Building
(101) BBBS of Central Arkansas 312 Pershing Blvd North Little Rock,AR 72114	71-0407117	501(C)(3)	9,557				Capacity Building
(102) BBBS of Southwest Michigan 4135 Cannon St Lake Charles,LA 70607450	72-1009565	501(C)(3)	9,389				Capacity Building
(103) BBBS of Central Iowa Inc 901 Swanson Blvd Clive,IA 50325	42-1495950	501(C)(3)	8,359				Capacity Building
(104) BBBS of Franklin County Inc 1 Smith Circle Greenfield,MA 01301	04-2491950	501(C)(3)	8,274				Capacity Building
(105) BBBS of South Central Indiana 501 North Walnut St Bloomington,IN 47404	35-1330448	501(C)(3)	6,978				Capacity Building
(106) BBBS of Nevada Inc PO Box 1362 Grass Valley,CA 95945	94-2768855	501(C)(3)	6,352				Capacity Building
(107) BBBS of Mercer County 1 Quakerbridge Plaza Trenton,NJ 08610	86-1653897	501(C)(3)	6,299				Capacity Building
(108) Jewish Big Brothers Big Sisters of Greater Boston 333 Nahanton St NEWTON,MA 024593213	04-2104354	501(C)(3)	5,841				Capacity Building

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 108

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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 noncash assistance	**(e)** Method of valuation (book, FMV, appraisal, other)	**(f)** Description of noncash 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.

Return Reference	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.

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

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2019

Open to Public Inspection

Name of the organization
Big Brothers Big Sisters Of America

Employer identification number
23-1365190

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
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.			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☑ Form 990 of other organizations	☑ 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?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**		

Part II **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 are not 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 CEO	**(i)**	439,896	0	0	34,231	10,279	484,406	0
	(ii)	0	0	0	0	0	0	0
2 Tim Midkiff CFO	**(i)**	197,074	0	0	2,043	18,474	217,591	0
	(ii)	0	0	0	0	0	0	0
3 Jarrod Bell Chief Information Officer	**(i)**	156,656	25,000	0	1,673	27,064	210,393	0
	(ii)	0	0	0	0	0	0	0
4 Adam Vasallo Chief Development Officer	**(i)**	150,207	0	0	1,587	3,339	155,133	0
	(ii)	0	0	0	0	0	0	0
5 Charleston Edwards VP National Events & Stewardship	**(i)**	140,461	0	0	1,470	17,437	159,368	0
	(ii)	0	0	0	0	0	0	0
6 Alais Griffin General Counsel - through May 2019	**(i)**	79,743	0	58,294	852	15,318	154,207	0
	(ii)	0	0	0	0	0	0	0

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	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	The following individual received a severance payment upon their separation from the organization: Alais Griffin: $58,294
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 2019.
Schedule J, Part I, Line 7 Non-fixed payments	The bonus paid to the CHIEF INFORMATION OFFICER was determined at the discretion of the CEO.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

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Name of the organization
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Employer identification number
23-1365190

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	20	129,718	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Securities - Publicly traded - Number of contributions

Additional Data

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the 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.

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Name of the organization
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Return Reference	Explanation
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 6/30/2020.
Form 990, Part VI, Line 15b Process to establish compensation of other 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 6/30/2020.
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	UNCOLLECTIBLE PLEDGES - 2857;

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