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

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 07-01-2024 , and ending 06-30-2025

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) 2502 North Rocky Point Dr 100

Room/suite

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 $ 69,706,545

F Name and address of principal officer:
Artis Stevens
2502 North Rocky Point Dr 100
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 220 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**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	**5**	139
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, Part I, line 11	**7b**	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	54,727,290	62,443,049
9	Program service revenue (Part VIII, line 2g)	5,744,993	5,888,932
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	920,081	838,436
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,392,364	69,170,417

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	31,408,811	28,874,687
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	14,201,781	16,534,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) 5,603,813		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	18,524,821	16,283,220
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	64,135,413	61,691,907
19	Revenue less expenses. Subtract line 18 from line 12	-2,743,049	7,478,510

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	37,270,675	50,968,926
21	Total liabilities (Part X, line 26)	16,907,203	23,199,488
22	Net assets or fund balances. Subtract line 21 from line 20	20,363,472	27,769,438

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
TIM MIDKIFF CFOO
Type or print name and title

2026-04-03
Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date 2026-04-03	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 $ 29,383,341 including grants of $ 14,437,343) (Revenue $ 5,888,932)

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 more than 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 $ 18,769,650 including grants of $ 14,437,344) (Revenue $)

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 $ 4,262,919 including grants of $) (Revenue $)

Child Safety, Standards and Compliance BBBSA's top priority is to ensure child safety throughout the Big Brothers Big Sisters network of affiliated agencies. Each agency has independent and sole management responsibility of its safety procedures through adherence to nationally adopted standards of best practices in youth protection.

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** 52,415,910

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 Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		No
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	Yes	
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		No
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	Yes	
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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 the 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 line 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	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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 on 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	64		
b	Enter the number of Forms W-2G included on 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**	139		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**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? If "Yes," see instructions and file Form 4720, Schedule N.			**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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			**17**	

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**	19		
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	18		
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 on 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 on 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 on 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**		No

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

CA, CO, CT, FL, GA, AL, HI, IL, KS, KY, AK, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OR, PA, RI, SC, TN, UT, VA, AR, WA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
Tim Midkiff 2502 North Rocky Point Dr Suite 100 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ARTIS STEVENS CEO	50.0 0	X		X				695,153	0	28,367
(2) LEONARD BERNSTEIN SECRETARY	2.0 0	X		X				0	0	0
(3) MICHAEL CARREL BOARD CHAIR	2.0 0	X		X				0	0	0
(4) NICOLE PETERSON TREASURER	2.0 0	X		X				0	0	0
(5) TONY COLES BOARD VICE CHAIR	2.0 0	X		X				0	0	0
(6) DAVID CLARK BOARD MEMBER	2.0 0	X						0	0	0
(7) EMILY CHEN CARRERA BOARD MEMBER	2.0 2.0	X						0	0	0
(8) FLOYD FERJUSTE AUDIT COMMITTEE CHAIR	2.0 0	X						0	0	0
(9) JANA BROWN BOARD MEMBER	2.0 0	X						0	0	0
(10) JON DINESMAN BOARD MEMBER	2.0 0	X						0	0	0
(11) MAKOLA ABDULLAH BOARD MEMBER	2.0 2.0	X						0	0	0
(12) MATT ZABEL BOARD MEMBER	2.0 0	X						0	0	0
(13) MICHAEL KASSAN BOARD MEMBER	2.0 0	X						0	0	0
(14) RUDY BALDONI BOARD MEMBER	2.0 0	X						0	0	0
(15) RYAN DETERT BOARD MEMBER	2.0 0	X						0	0	0
(16) SUZY DEPRIZIO BOARD MEMBER	2.0 0	X						0	0	0
(17) TERRANCE WILLIAMS BOARD MEMBER	2.0 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) THOMAS HARVEY BOARD MEMBER	2.00	X						0	0	0
(19) TIMOTHY ELLIS BOARD MEMBER	2.00	X						0	0	0
(20) TIM MIDKIFF CHIEF FINANCIAL & OPERATING OFFICER	50.00 5.00			X				342,918	0	23,758
(21) DEBORAH BARGE CHIEF DEVELOPMENT OFFICER	50.00 5.00				X			277,076	0	27,032
(22) DVON WILLIAMS CHIEF COMMUNICATIONS OFFICER	50.00				X			240,341	0	18,564
(23) ADAM VASALLO CHIEF MARKETING OFFICER	50.00					X		236,872	0	24,225
(24) ALISON AVERA CHIEF AGENCY GROWTH OFFICER	50.00					X		232,958	0	26,719
(25) JULIE NOVAK Chief Youth Safety & Well-Being Officer	50.00					X		237,766	0	15,305
(26) TAWANNA MYERS CHIEF PEOPLE & CULTURE OFFICER	50.00					X		241,154	0	26,758
(27) TRAVIS GIBSON CHIEF TECHNOLOGY OFFICER	50.00					X		233,436	0	24,959
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								2,737,674	0	215,687

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 43

			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
Dentsu US Inc 601 W 26th Street New York, NY 10001	Marketing Campaign Production Services	991,643
Gray Matter Productions LLC 1711 White Oak Drive White Plains, GA 30678	Event production, audiovisual, and technical support services	482,482
Blue State Digital Inc 3 World Trade Center 30th Floor New York, NY 10007	Advertising and Business Growth Services	438,038
Clifton Larson Allen LLP PO Box 740863 Atlanta, GA 30374	Professional with Sage Intacct & Contract Services	437,093
Pierce-Cote Advertising LLC 683C Main Street Osterville, MA 02655	Advertising, marketing, and creative services	353,920

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 24

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 OtherAmt Similar Amounts				
1a Federated campaigns . .	1a			
b Membership dues . .	1b			
c Fundraising events . .	1c			
d Related organizations	1d	6,290,194		
e Government grants (contributions)	1e	14,299,601		
f All other contributions, gifts, grants, and similar amounts not included above	1f	41,853,254		
g Noncash contributions included in lines 1a - 1f:$	1g	1,224,904		
h **Total.** Add lines 1a-1f		62,443,049		
Program Service Revenue	Business Code			
2a Technology fee revenue	519190	1,651,181	1,651,181	
b Membership fees	900099	3,831,313	3,831,313	
c National Conference Registration	900099	375,812	375,812	
d Training Revenue	611710	30,626	30,626	
e				
f All other program service revenue.		0	0	0
g **Total.** Add lines 2a–2f.	5,888,932			
3 Investment income (including dividends, interest, and other similar amounts)		639,006		639,006
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	735,558			
b Less: cost or other basis and sales expenses 7b	536,128			
c Gain or (loss) 7c	199,430	0		
d Net gain or (loss)		199,430		199,430
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 . .				
Other Revenue	Business Code			
11a				
b				
c				
OtherRevenueMiscAmt				
d All other revenue		0	0	0
e **Total.** Add lines 11a–11d		0		
12 **Total revenue.** See instructions		69,170,417	5,888,932	0 838,436

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	28,874,687	28,874,687		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,756,823	1,352,753	140,546	263,524
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	12,430,770	9,571,716	994,434	1,864,620
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	332,724	256,198	26,618	49,908
9 Other employee benefits	1,119,276	861,820	89,569	167,887
10 Payroll taxes	894,407	688,693	71,553	134,161
11 Fees for services (non-employees):				
a Management				
b Legal	144,256	104,817	25,040	14,399
c Accounting	271,537	197,301	47,133	27,103
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)	5,419,217	3,937,637	940,664	540,916
12 Advertising and promotion	173,731	107,161	42,215	24,355
13 Office expenses	398,888	298,831	40,757	59,300
14 Information technology	3,237,228	2,492,666	258,978	485,584
15 Royalties				
16 Occupancy	161,072	99,353	39,139	22,580
17 Travel	1,758,962	684,573	347,715	726,674
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,957,811	762,103	386,982	808,726
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	97,515	75,087	7,801	14,627
23 Insurance	943,038	726,139	75,443	141,456
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 Bad Debt Expense	505,949	389,581	40,476	75,892
b Misc. Expenses	481,369	370,656	38,509	72,204
c Legal Settlement	450,000	346,500	36,000	67,500
d Dues & Subscriptions	282,647	217,638	22,612	42,397
e All other expenses	0	0	0	0
25 **Total functional expenses.** Add lines 1 through 24e	61,691,907	52,415,910	3,672,184	5,603,813
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		13,184,260	1	11,819,571
	2	Savings and temporary cash investments		32,745	2	24,652,084
	3	Pledges and grants receivable, net		17,400,405	3	9,450,716
	4	Accounts receivable, net		1,083,643	4	558,982
	5	Loans and other receivables from 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		1,406,697	9	1,906,885
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 487,580			
	b	Less: accumulated depreciation	10b 221,249	363,847	10c	266,331
	11	Investments—publicly traded securities		3,307,055	11	2,042,147
	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		492,023	15	272,210
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		37,270,675	16	50,968,926
Liabilities	17	Accounts payable and accrued expenses		3,828,485	17	6,138,276
	18	Grants payable		11,581,070	18	15,786,276
	19	Deferred revenue		1,008,348	19	1,005,449
	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			23	
	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		489,300	25	269,487
	26	**Total liabilities.** Add lines 17 through 25		16,907,203	26	23,199,488
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		5,256,363	27	2,855,234
	28	Net assets with donor restrictions		15,107,109	28	24,914,204
		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		20,363,472	32	27,769,438
	33	Total liabilities and net assets/fund balances		37,270,675	33	50,968,926

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	69,170,417
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,691,907
3	Revenue less expenses. Subtract line 2 from line 1	3	7,478,510
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,363,472
5	Net unrealized gains (losses) on investments	5	10,561
6	Donated services and use of facilities	6	-83,105
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	27,769,438

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 on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	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: 24020961
Software Version: 2024v5.1

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A (Form 990)

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

2024

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).)

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 on 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	17,856,426	60,697,426	39,408,111	54,727,290	62,443,049	235,132,302
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	17,856,426	60,697,426	39,408,111	54,727,290	62,443,049	235,132,302
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) . .						59,625,813
6 **Public support.** Subtract line 5 from line 4.						175,506,489

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4. .	17,856,426	60,697,426	39,408,111	54,727,290	62,443,049	235,132,302
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	696	208	243,436	99,468	639,006	982,814
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .	0	0	0			0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	0	0	0	0	0	0
11 **Total support.** Add lines 7 through 10						236,115,116

12 Gross receipts from related activities, etc. (see instructions) 12 30,965,144

13 **First 5 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 2024 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 74.331 %

15 Public support percentage for 2023 Schedule A, Part II, line 14 . . . . . 15 79.052 %

16a **33 1/3% support test—2024.** 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—2023.** 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—2024.** 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—2023.** 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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 on 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 5 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 2024 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2023 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2024** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2023** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests-2024.** 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—2023.** 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 box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in* ***Part VI****.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the officers, 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 line 2 above, 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 lines 2a and 2b 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 on line 2a, above 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 lines 3a and 3b 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? *If "Yes" or "No", 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 0.015 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 0.035	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	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (*prior IRS approval required - provide details in* ***Part VI***)	**5**	
6 Other distributions (*describe in* ***Part VI***). See instructions	**6**	
7 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2024 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2024**	**(iii) Distributable Amount for 2024**
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2024:			
a From 2019.			
b From 2020.			
c From 2021.			
d From 2022.			
e From 2023.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020.			
b Excess from 2021.			
c Excess from 2022.			
d Excess from 2023.			
e Excess from 2024.			

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

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

Schedule B
(Form 990)
(Rev. January 2025)
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

Name of the organization
Big Brothers Big Sisters Of America

Employer identification number
23-1365190

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (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
23-1365190

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
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.)

Name of organization
Big Brothers Big Sisters Of America

Employer identification number
23-1365190

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
23-1365190

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
-	

Additional Data

Return to Form

Software ID: 24020961

Software Version: 2024v5.1

SCHEDULE D
(Form 990)

(Rev. January 2025)
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

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 July 25, 2006, 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 FASB 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 FASB 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 FASB 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	1,446,630	1,715,785	1,750,314	2,277,397	2,529,855
b	Contributions . . .					
c	Net investment earnings, gains, and losses	84,740	80,845	316,721	-177,083	97,542
d	Grants or scholarships . . .					
e	Other expenditures for facilities and programs . . .	350,000	350,000	351,250	350,000	350,000
f	Administrative expenses					
g	End of year balance	1,181,370	1,446,630	1,715,785	1,750,314	2,277,397

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

- **a** Board designated or quasi-endowment ▶ 8.38 %
- **b** Permanent endowment ▶ 36.84 %
- **c** Term endowment ▶ 54.78 %

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		487,580	221,249	266,331
d Equipment				
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				266,331

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

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

Part VIII Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
Federal Income Taxes	
Operating lease liabilities	269,487
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	269,487

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
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	0

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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	0
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	0

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part lV, 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. A tax position is recognized as a benefit only if it is "more likely than not" that the tax position would be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount of tax benefit that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax benefit is recorded. The Organization does not expect the total amount of unrecognized tax benefits to significantly change in the next 12 months. The Organization recognizes interest and/or penalties related to income tax matters in income tax expense. The Organization did not have any amount accrued for interest and penalties at June 30, 2025 or 2024.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

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

Schedule I (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization: Big Brothers Big Sisters Of America

Employer identification number: 23-1365190

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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 New York City Inc 40 Rector Street New York,NY 10006	13-5600383	501(C)(3)	1,180,997				CAPACITY BUILDING
(2) BBBS of Eastern Massachusetts 184 High Street Boston,MA 02110	04-2104754	501(C)(3)	1,065,907				CAPACITY BUILDING
(3) BBBS of Metropolitan Chicago 560 W LAKE ST 5TH FL CHICAGO,IL 60661	36-2360012	501(C)(3)	999,660				CAPACITY BUILDING
(4) Big Brothers Big Sisters Lone Star 450 E John Carpenter Freeway Suite 300 Irving,TX 75062	75-0800632	501(C)(3)	841,414				CAPACITY BUILDING
(5) BBBS of Kentuckiana Inc 1519 Gardiner Lane Suite B Louisville,KY 40218	31-1054014	501(C)(3)	681,953				CAPACITY BUILDING
(6) BBBS of New Hampshire 3 Portsmouth Ave Stratham,NH 03885	51-0180586	501(C)(3)	598,898				CAPACITY BUILDING
(7) BBBS of Orange County 1801 E Edinger Ave Suite 101 Santa Ana,CA 92705	95-1992702	501(C)(3)	581,192				CAPACITY BUILDING
(8) BBBS of Coastal & Northern New Jersey 305 Bond Street 2nd floor Asbury Park,NJ 07712	22-2115416	501(C)(3)	564,150				CAPACITY BUILDING
(9) BBBS OF METRO ATLANTA INC 1382 Peachtree St NE Suite 1090 Atlanta,GA 30309	58-0861895	501(C)(3)	508,067				CAPACITY BUILDING
(10) Kansas BBBS Inc PO Box 1521 Wichita,KS 67201	23-7056717	501(C)(3)	474,543				CAPACITY BUILDING
(11) Big Brothers Big Sisters of Miami 550 Northwest 42nd Avenue Miami,FL 33126	59-6166904	501(C)(3)	473,309				CAPACITY BUILDING
(12) BBBS of Greater Los Angeles 3333 Wilshire Blvd Suite 103 Los Angeles,CA 90010	95-3400882	501(C)(3)	439,301				CAPACITY BUILDING
(13) Big Brothers Big Sisters Independence Region 100 N 20th Street 5th Floor Suite 1050 Philadelphia,PA 19103	94-3143502	501(C)(3)	427,862				CAPACITY BUILDING
(14) BBBS of Acadiana Inc 123 E Main St Lafayette,LA 70501	58-1634741	501(C)(3)	411,829				CAPACITY BUILDING
(15) BBBS of Greater Birmingham Inc 1901 14th Avenue South Birmingham,AL 35205	63-0647080	501(C)(3)	364,251				CAPACITY BUILDING
(16) BBBS of South Texas 10843 Gulfdale San Antonio,TX 78216	74-1897630	501(C)(3)	351,072				CAPACITY BUILDING
(17) BBBS of Tampa Bay Inc 4630 Woodland Corporate Blvd Tampa,FL 33614	59-2173085	501(C)(3)	309,241				CAPACITY BUILDING
(18) BBBS of Colorado Inc 750 W Hampden Ave Suite 450 Englewood,CO 80110	23-7161796	501(C)(3)	294,048				CAPACITY BUILDING
(19) Big Brothers Big Sisters of Puget Sound 1600 S Graham St Seattle,WA 98108	54-1153403	501(C)(3)	287,028				CAPACITY BUILDING
(20) BBBS of Utah Inc 2121 S State Street Suite 201 Salt Lake City,UT 84115	87-0625452	501(C)(3)	285,126				CAPACITY BUILDING
(21) Big Brothers Big Sisters of Northeast Indiana 1005 W Rudisill Blvd Fort Wayne,IN 46807	35-1271943	501(C)(3)	270,028				CAPACITY BUILDING
(22) Big Brothers Big Sisters of Alaska 1057 W Fireweed Lane Anchorage,AK 99503	80-0064172	501(C)(3)	237,270				CAPACITY BUILDING
(23) BBBS OF BROWARD COUNTY INC 3511 W Commercial Blvd Suite 202 Fort Lauderdale,FL 33309	59-1507595	501(C)(3)	224,059				CAPACITY BUILDING
(24) Big Brothers Big Sisters of Middle Tennessee 1704 Charlotte Ave Suite 130 Nashville,TN 37203	23-7056024	501(C)(3)	221,181				CAPACITY BUILDING
(25) Be-A-Friend Inc BBBS of Erie Niagara and the Southern Tier 100 River Rock Drive Suite 104 Buffalo,NY 14207	16-1106399	501(C)(3)	220,278				CAPACITY BUILDING
(26) BBBS of South Texas 10843 Gulfdale San Antonio,TX 78216	74-1678586	501(C)(3)	216,123				CAPACITY BUILDING
(27) BBBS of Greater Chattanooga 2015 Bailey Ave Chattanooga,TN 37404	62-0586090	501(C)(3)	212,737				CAPACITY BUILDING
(28) BBBS of Ventura County 555 Airport Way Suite D Camarillo,CA 93010	20-3425568	501(C)(3)	211,498				CAPACITY BUILDING
(29) BBBS of the National Capital Area 910 17th Suite NW Suite 404 Washington DC,WA 20006	53-0190849	501(C)(3)	207,735				CAPACITY BUILDING
(30) BBBS of Northern Sierra 3461 Robin Lane Suite 2 Cameron Park,CA 95682	94-2523254	501(C)(3)	207,103				CAPACITY BUILDING
(31) BBBS of Greater Pittsburgh Inc 5989 Centre Avenue Pittsburgh,PA 15206	25-6074707	501(C)(3)	206,211				CAPACITY BUILDING
(32) BBBS of Greater Kansas City 1709 Walnut Street Kansas City,MO 64108	38-1846835	501(C)(3)	204,303				CAPACITY BUILDING
(33) BBBS Services Inc - VA 1707 Summit Avenue Suite 200 Richmond,VA 23230	54-0702502	501(C)(3)	194,499				CAPACITY BUILDING
(34) Big Brothers Big Sisters of Connecticut (formerly NUTMEG BBBS INC) 30 Laurel Street Hartford,CT 06106	06-0943916	501(C)(3)	190,629				CAPACITY BUILDING
(35) BBBS of Central New Mexico Inc 2501 Yale Blvd SE Suite 302 Albuquerque,NM 87106	85-0271207	501(C)(3)	186,966				CAPACITY BUILDING
(36) BBBS of the Midlands 1209 Harney Street Suite 110 Omaha,NE 68102	47-0466144	501(C)(3)	179,632				CAPACITY BUILDING
(37) Big Brothers Big Sisters of Central Mass MetroWest Inc 18 Chestnut Street Suite 360 Worcester,MA 01608	04-2317926	501(C)(3)	178,665				CAPACITY BUILDING
(38) BBBS of Metro Milwaukee Inc 788 North Jefferson Street Milwaukee,WI 53202	39-1239687	501(C)(3)	173,319				CAPACITY BUILDING
(39) BBBS of Long Island Inc 25 Carle Road Westbury,NY 11590	11-2422452	501(C)(3)	172,758				CAPACITY BUILDING
(40) BBBS Columbia Northwest 6443 SW Beaverton Hillsdale Highway Portland,OR 97221	31-0968026	501(C)(3)	171,119				CAPACITY BUILDING
(41) Big Brothers Big Sisters of the Sun Coast Inc 5731 Rosin Way Sarasota,FL 34233	59-1361826	501(C)(3)	169,128				CAPACITY BUILDING
(42) BBBS of the Capital Region 1519 North 3rd Street Harrisburg,PA 17102	23-2260248	501(C)(3)	163,271				CAPACITY BUILDING
(43) BBBS of Central Oregon 2125 NE Daggett Lane Bend,OR 97701	93-0677650	501(C)(3)	162,260				CAPACITY BUILDING
(44) BBBS of Central Indiana Inc 1433 N Meridian Street Indianapolis,IN 46202	35-1323831	501(C)(3)	160,428				CAPACITY BUILDING
(45) Big Sister Association of Greater Boston Inc 20 Park Plaza Suite 1420 Boston,MA 02116	04-2150651	501(C)(3)	158,562				CAPACITY BUILDING
(46) BBBS of Oklahoma Inc 1306 S Denver Ave Tulsa,OK 74119	31-1634115	501(C)(3)	154,654				CAPACITY BUILDING
(47) BBBS of Central Arizona 1615 East Osborn Road Phoenix,AZ 85016	74-2551676	501(C)(3)	153,129				CAPACITY BUILDING
(48) BBBS Hawaii Inc 2119 North King Street Honolulu,HI 96819	99-0109970	501(C)(3)	149,860				CAPACITY BUILDING
(49) BBBS OF THE BAY AREA - CA 1230 Preservation Park Way Oakland,CA 94612	23-7108045	501(C)(3)	146,256				CAPACITY BUILDING
(50) BBBS of Northeast Florida 40 East Adams Street Jacksonville,FL 32202	59-0683256	501(C)(3)	142,199				CAPACITY BUILDING
(51) BBBS of Central Ohio 1855 E Dublin-Granville Rd Columbus,OH 43229	31-4379429	501(C)(3)	138,250				CAPACITY BUILDING
(52) BBBS of Central Florida 618 E South Street Suite 500 Orlando,FL 32801	59-1502582	501(C)(3)	136,759				CAPACITY BUILDING
(53) BBBS of Southeast Michigan 11 West Michigan Avenue Ypsilanti,MI 48197	26-0344984	501(C)(3)	136,527				CAPACITY BUILDING
(54) BBBS of Mountain Region 1229 St Francis Drive Suite C Santa Fe,NM 87505	85-0276498	501(C)(3)	136,239				CAPACITY BUILDING
(55) BBBS of Central Texas Inc 4800 Manor Road Building K Austin,TX 78723	62-0842531	501(C)(3)	128,042				CAPACITY BUILDING
(56) Big Brothers Big Sisters of Marquette and Alger Counties 97 South Fourth Street Ishpeming,MI 49849	38-1966729	501(C)(3)	124,127				CAPACITY BUILDING
(57) BBBS of Southern Arizona 160 East Alameda Street Tucson,AZ 85701	86-0188050	501(C)(3)	116,918				CAPACITY BUILDING
(58) BBBS of Southwest Colorado 175 Mercado Street Suite 109 Durango,CO 81301	74-2333611	501(C)(3)	113,235				CAPACITY BUILDING
(59) BBBS of Northern Nevada 600 Mill Street Reno,NV 89502	85-0347573	501(C)(3)	110,016				CAPACITY BUILDING
(60) BBBS of Hampden County 266 Cold Spring Aenue West Springfield,MA 01089	04-2800998	501(C)(3)	105,914				CAPACITY BUILDING
(61) BBBS at the Y 303 West Chesapeake Avenue Towson,MD 21204	53-0631265	501(C)(3)	103,887				CAPACITY BUILDING
(62) BBBS of San Luis Obispo County 142 Cross Street Suite 140 San Luis Obispo,CA 93406	77-0348487	501(C)(3)	103,663				CAPACITY BUILDING
(63) BBBS of the Southern Adirondacks 1 Lawrence street Suite 1B Glens Falls,NY 12801	14-1596697	501(C)(3)	102,838				CAPACITY BUILDING
(64) BBBS of Southwest Idaho Inc 7609 W Emerald Street Boise,ID 83704	82-0349401	501(C)(3)	101,236				CAPACITY BUILDING
(65) BBBS of Central Illinois 310 W WILLIAM STREET Decatur,IL 62522	37-1348685	501(C)(3)	98,812				CAPACITY BUILDING
(66) BBBS of South Central Indiana 501 North Walnut Street Bloomington,IL 47402	35-1330448	501(C)(3)	97,777				CAPACITY BUILDING
(67) Big Brothers Big Sisters of San Diego 4305 University Avenue Suite 590 San Diego,CA 92105	94-2768855	501(C)(3)	95,795				CAPACITY BUILDING
(68) BBBS of Southern Minnesota 545 Dunnell Drive Owatonna,MN 55060	36-3501479	501(C)(3)	94,498				CAPACITY BUILDING
(69) BBBS of the Greater Twin Cities 3110 North Washington Avenue Minneapolis,MN 55411	41-1466521	501(C)(3)	86,551				CAPACITY BUILDING
(70) Jewish Big Brother Big Sister 1430 Main Street Waltham,MA 02451	04-2104354	501(C)(3)	84,088				CAPACITY BUILDING
(71) BBBS of Harrisonburg-Rockingham County 225 North High Street Harrisonburg,VA 22802	51-0209104	501(C)(3)	83,194				CAPACITY BUILDING
(72) BBBS of the Mississippi Valley 3247 E 35th St Ct Davenport,IA 52807	42-1320908	501(C)(3)	72,482				CAPACITY BUILDING
(73) BBBS of El Paso 1724 Wyoming Street El Paso,TX 79902	74-1970973	501(C)(3)	70,751				CAPACITY BUILDING
(74) BBBS of Family Services of Westchester 10 Midland Ave Port Chester,NY 10573	13-1773419	501(C)(3)	70,715				CAPACITY BUILDING
(75) BBBS of Greater Cincinnati 2400 Reading Road Suite 148 Cincinnati,OH 45202	31-0577668	501(C)(3)	68,821				CAPACITY BUILDING
(76) BBBS of Miami Valley 22 S Jefferson Street Dayton,OH 45402	31-0641306	501(C)(3)	64,925				CAPACITY BUILDING
(77) Big Brothers Big Sisters of the Sun Coast Inc 1000 South Tamiami Trail Venice,FL 34285	59-2996893	501(C)(3)	62,702				CAPACITY BUILDING
(78) Big Brothers Big Sisters of Northeastern PA 190 Welles Street Forty Fort,PA 18704	84-4420458	501(C)(3)	62,562				CAPACITY BUILDING
(79) BBBS WI Shoreline 632 North 8th Street Unit 2 Sheboygan,WI 53081	39-1102065	501(C)(3)	61,764				CAPACITY BUILDING
(80) BBBS of Finney & Kearny Counties 122 N Main St Suite C Garden City,KS 67846	48-1007859	501(C)(3)	59,331				CAPACITY BUILDING
(81) BBBS of Summit Medina & Stark Counties 50 S Main Street Suite LL 110 Akron,OH 44308	34-1104356	501(C)(3)	56,785				CAPACITY BUILDING
(82) BBBS of the Upstate 620 NORTH MAIN STREET Ste102 GREENVILLE,SC 29601	20-4243553	501(C)(3)	54,557				CAPACITY BUILDING
(83) BBBS of The Village Family Services 1201 25th St S Fargo,ND 58103	45-0226423	501(C)(3)	49,726				CAPACITY BUILDING
(84) BBBS of the Laurel Region Inc 106 North Main Street Greensburg,PA 15601	25-1368402	501(C)(3)	47,310				CAPACITY BUILDING
(85) BBBS of Southern Nevada Inc 2880B Meade Avenue Suite 250 Las Vegas,NV 89102	51-0136847	501(C)(3)	46,813				CAPACITY BUILDING
(86) BBBS of Eastern Missouri Inc 501 North Grand Blvd Suite 100 Saint Louis,MO 63103	32-0017737	501(C)(3)	45,972				CAPACITY BUILDING
(87) BBBS of Palm Beach & Martin Counties 1700 KIRK ROAD WEST PALM BEACH,FL 33406	59-2676889	501(C)(3)	45,152				CAPACITY BUILDING
(88) Big Brothers Big Sisters of Central Carolinas 8514 McAlpine Park Drive Ste 130 Charlotte,NC 28211	56-2264009	501(C)(3)	43,609				CAPACITY BUILDING
(89) Big Brothers Big Sisters of Flint and Genesee County 1176 Robert T Longway Blvd Flint,MI 48503	38-2259541	501(C)(3)	43,532				CAPACITY BUILDING
(90) Big Brothers Big Sisters of Dane County 2059 Atwood Avenue 2 Madison,WI 53704	39-1077783	501(C)(3)	40,505				CAPACITY BUILDING
(91) BBBS of the Greater Sacramento 3001 J Street Suite 440 Sacramento,CA 95816	94-1559853	501(C)(3)	40,501				CAPACITY BUILDING
(92) BBBS of Northwest Arkansas 91 West Colt Street Suite 1 FAYETTEVILLE,AR 72703	71-0744925	501(C)(3)	38,478				CAPACITY BUILDING
(93) BBBS of Central California 4047 North Fresno Street Fresno,CA 93726	94-1668376	501(C)(3)	37,205				CAPACITY BUILDING
(94) BBBS of the Big Bend Inc 565 E Tennessee Street Tallahassee,FL 32308	59-2130789	501(C)(3)	37,122				CAPACITY BUILDING
(95) BBBS of Greater Lafayette 2000 Elmwood Avenue Lafayette,IN 47904	35-1157567	501(C)(3)	36,021				CAPACITY BUILDING
(96) BBBS of the Lehigh Valley Inc 41 S Carlisle Street Allentown,PA 18109	23-1746895	501(C)(3)	33,987				CAPACITY BUILDING
(97) BBBS of Cedar Rapids & East Central Iowa 3150 E Ave NW Suite 103 Cedar Rapids,IA 52405	42-1170475	501(C)(3)	31,814				CAPACITY BUILDING
(98) BBBS of Northeast Wisconsin Inc 520 North Broadway Street Ste 220 Ste 220 Green Bay,WI 54303	39-1274696	501(C)(3)	31,461				CAPACITY BUILDING
(99) BBBS of Western North Carolina 50 South French Broad Room 213 Suite 213 Asheville,NC 28801	58-1505917	501(C)(3)	29,543				CAPACITY BUILDING
(100) BBBS of the Triangle 808 AVIATION PARKWAY SUITE 900 MORRISVILLE,NC 27560	56-2109717	501(C)(3)	28,733				CAPACITY BUILDING
(101) BBBS of Northcentral Wisconsin 613 North 5th Street Suite G Wausau,WI 54403	39-1258616	501(C)(3)	23,765				CAPACITY BUILDING
(102) BBBS of Lorain County 1917 North Ridge Road East - A Suite A Lorain,OH 44055	34-1809153	501(C)(3)	22,304				CAPACITY BUILDING
(103) Big Brothers Big Sisters of the Eastern Shore Inc - 788 200 West Main St Salisbury,MD 21801	81-3569849	501(C)(3)	20,036				CAPACITY BUILDING
(104) Gulf Coast BB & BS Inc 1021 61st Street Suite 600A Galveston,TX 77551	51-0163281	501(C)(3)	19,792				CAPACITY BUILDING
(105) BBBS of Will and Grundy Counties 14 Fairlane Drive Joliet,IL 60435	23-7072557	501(C)(3)	19,506				CAPACITY BUILDING
(106) Jewish BBBS of Los Angeles County 11150 West Olympic Boulevard Los Angeles,CA 90064	95-1691009	501(C)(3)	18,329				CAPACITY BUILDING
(107) BBBS of Vermont PO Box 1729 Brattleboro,VT 05302	81-4162286	501(C)(3)	17,563				CAPACITY BUILDING
(108) Big Brothers Big Sisters of the North Coast Inc - 26 428 C Street Ste G Eureka,CA 95501	94-2279513	501(C)(3)	17,221				CAPACITY BUILDING
(109) Catholic Big Brothers Big Sisters 1530 James M Wood Blvd 2nd Fl Los Angeles,CA 90015	95-1690972	501(C)(3)	17,175				CAPACITY BUILDING
(110) BBBS of the Capital Region Inc 563 New Scotland Ave Box 8468 Albany,NY 12208	14-6035512	501(C)(3)	16,200				CAPACITY BUILDING
(111) BBBS of Cumberland & Salem Counties Inc 1944 East Landis Avenue Vineland,NJ 08361	22-2506724	501(C)(3)	15,689				CAPACITY BUILDING
(112) BBBS of the Lowcountry 3324 Rivers Avenue North Charleston,SC 29405	83-3554712	501(C)(3)	15,486				CAPACITY BUILDING
(113) BBBS of Snohomish County 4730 Colby Avenue Everett,WA 98203	91-0565561	501(C)(3)	13,949				CAPACITY BUILDING
(114) BBBS of the Essex Hudson and Union Counties 550 BROAD STREET NEWARK,NJ 07102	22-3676931	501(C)(3)	12,840				CAPACITY BUILDING
(115) BBBS of Southwest Louisiana 4135 Common Street Lake Charles,LA 70607	72-1009565	501(C)(3)	12,255				CAPACITY BUILDING
(116) BBBS of Santa Cruz County 1500 41st Ave Suite 250 Capitola,CA 95010	94-2826754	501(C)(3)	12,130				CAPACITY BUILDING
(117) BBBS of Rhode Island Inc 1540 Pontiac Avenue Suite 1 Cranston,RI 02920	22-2606942	501(C)(3)	11,478				CAPACITY BUILDING
(118) BBBS of the Desert 42-600 Cook Street Suite 110 Palm Desert,CA 92211	33-0683335	501(C)(3)	11,088				CAPACITY BUILDING
(119) BBBS of the Inland Northwest 1912 North Division Street Spokane,WA 99207	91-6061587	501(C)(3)	10,194				CAPACITY BUILDING
(120) Big Brothers Big Sisters Central Piedmont 815 Phillips Avenue High Point,NC 27262	20-4648395	501(C)(3)	9,941				CAPACITY BUILDING
(121) BBBS of the Tri-State 501 5th Avenue Suite 3 Huntington,WV 25701	55-0559711	501(C)(3)	9,219				CAPACITY BUILDING
(122) BB&S of Eastern Ohio and Western PA 705 Oakwood Street Suite 115 Ravenna,OH 44266	81-3312375	501(C)(3)	8,997				CAPACITY BUILDING
(123) Big Brothers Big Sisters Greater Fredericksburg 325-A Wallace Street Fredericksburg,VA 22401	54-0848850	501(C)(3)	8,522				CAPACITY BUILDING
(124) BBBS of East Central Wisconsin 1331 American Drive Neenah,WI 54956	39-6103907	501(C)(3)	8,223				CAPACITY BUILDING
(125) Yavapai BBBS Inc 3208 Lakeside Village Dr Prescott,AZ 86301	86-0278776	501(C)(3)	8,103				CAPACITY BUILDING
(126) BBBS of the Heart of Georgia 2720 Riverside Drive Macon,GA 31204	58-0707593	501(C)(3)	7,811				CAPACITY BUILDING
(127) Big Brothers Big Sisters of Mercer County 535 East Franklin Street Hamilton Township,NJ 08610	06-1653897	501(C)(3)	7,555				CAPACITY BUILDING
(128) BBBS Of The Bluegrass Inc 181 W Lowry Ln Lexington,KY 40503	61-0523288	501(C)(3)	7,502				CAPACITY BUILDING
(129) BBBS of Northeast Alabama 801 East Broad Street Gadsden,AL 35902	63-0847018	501(C)(3)	7,350				CAPACITY BUILDING
(130) BBBS of Greater Rochester 37 South Washington Street Rochester,NY 14608	16-0997229	501(C)(3)	7,342				CAPACITY BUILDING
(131) BBBS of Southern Maine 625 Main Street Westbrook,ME 04092	01-0475146	501(C)(3)	7,241				CAPACITY BUILDING
(132) BBBS of Onondaga County PEACE Inc 215 Bassett Street Syracuse,NY 13210	16-6095039	501(C)(3)	7,183				CAPACITY BUILDING
(133) BBBS of Fond du Lac County In 987 South Main Street Fond du Lac,WI 54935	39-1330971	501(C)(3)	6,508				CAPACITY BUILDING
(134) BBBS of Washington Cty Maryland 1037 Haven Road Hagerstown,MD 21742	52-6017446	501(C)(3)	6,179				CAPACITY BUILDING
(135) Heart of Iowa Big Brothers Big Sisters 31 South 1st Street Marshalltown,IA 50158	23-7288089	501(C)(3)	6,000				CAPACITY BUILDING
(136) BBBS of Delaware Inc 413 Larch Circle Wilmington,DE 19804	51-6018399	501(C)(3)	5,872				CAPACITY BUILDING
(137) Big Brothers Big Sisters Of Southwestern Illinois 2900 Frank Scott Parkway West Belleville,IL 62223	37-1095468	501(C)(3)	5,858				CAPACITY BUILDING
(138) Big Brothers Big Sisters of Southwestern Indiana 320 SE Martin Luther King Jr Blvd Ste C Evansville,IN 47713	35-1305578	501(C)(3)	5,845				CAPACITY BUILDING
(139) BBBS - Southern Lake Michigan Region 218 W Washington Street Suite 710 SOUTH BEND,IN 46601	35-1172510	501(C)(3)	5,351				CAPACITY BUILDING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 139

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.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

Schedule J (Form 990)

(Rev. January 2025)

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.**

OMB No. 1545-0047

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 appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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, 1099-MISC compensation, and/or 1099-NEC			**(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 ARTIS STEVENS CEO	(i)	537,248	157,905	0	9,278	19,089	723,520	0
	(ii)	0	0	0	0	0	0	0
2 TIM MIDKIFF CHIEF FINANCIAL & OPERATING OFFICER	(i)	297,918	45,000	0	9,165	14,593	366,676	0
	(ii)	0	0	0	0	0	0	0
3 DEBORAH BARGE CHIEF DEVELOPMENT OFFICER	(i)	251,076	26,000	0	7,943	19,089	304,108	0
	(ii)	0	0	0	0	0	0	0
4 DVON WILLIAMS CHIEF COMMUNICATIONS OFFICER	(i)	207,941	32,400	0	0	18,564	258,905	0
	(ii)	0	0	0	0	0	0	0
5 ADAM VASALLO CHIEF MARKETING OFFICER	(i)	209,872	27,000	0	6,599	17,626	261,097	0
	(ii)	0	0	0	0	0	0	0
6 TAWANNA MYERS CHIEF PEOPLE & CULTURE OFFICER	(i)	208,154	33,000	0	6,721	20,037	267,912	0
	(ii)	0	0	0	0	0	0	0
7 TRAVIS GIBSON CHIEF TECHNOLOGY OFFICER	(i)	201,936	31,500	0	6,416	18,543	258,395	0
	(ii)	0	0	0	0	0	0	0
8 ALISON AVERA CHIEF AGENCY GROWTH OFFICER	(i)	201,458	31,500	0	6,416	20,303	259,677	0
	(ii)	0	0	0	0	0	0	0
9 JULIE NOVAK Chief Youth Safety & Well-Being Officer	(i)	206,266	31,500	0	0	15,305	253,071	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 7 Non-fixed payments	THE BONUS OF THE CEO WAS DETERMINED BY THE ORGANIZATION'S BOARD OF DIRECTORS BASED ON PERFORMANCE EVALUATIONS. Bonuses for other employees were determined by Performance Metric established at the beginning of each fiscal year.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

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.**

OMB No. 1545-0047

2024

Open to Public Inspection

Name of the organization
Big Brothers Big Sisters Of America

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		14	1,224,904	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

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE O
(Form 990)
(Rev. January 2025)
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Big Brothers Big Sisters Of America

Employer identification number
23-1365190

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 "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 6/30/2025.
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 6/30/2025.
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.

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1

SCHEDULE R (Form 990)

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
Big Brothers Big Sisters Of America

Employer identification number
23-1365190

Part I **Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BBBSA Charitable Fund LLC 2502 NORTH ROCKY POINT DR STE 100 TAMPA, FL 33607 87-2699019	INVESTMENT HOLDINGS	DE	0	0	BBBSA

Part II **Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)BBBSA CHARITABLE FOUNDATION INC 2502 N ROCKY POINT DRIVE SUITE 100 tampa, FL 33607 92-0426088	Supporting Organization	FL	501(c)(3)	Type I	BIG BROTHERS BIG SISTERS OF AMERICA	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o	Sharing of paid employees with related organization(s)	1o	Yes	
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BBBSA CHARITABLE FOUNDATION INC	C	6,290,194	FMV

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation

Additional Data

Return to Form

Software ID: 24020961
Software Version: 2024v5.1