Return of Organization Exempt From Income Tax

Devi	, adment	of the Treasury	Under section	501(c), 527, or 494 not enter social s	r(a)(1) c ecurity	numbers on t	Revenu this form	n as it n	nay be	e made pub	ia $\psi$	ואו	(1)	Open to Public
		enua Service	<b>)</b>	Go to www irs go	//Form9	90 tor instruc	tions an	id the fa	atest i	ntormation	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	7	Inspection
<u>A</u>	For t		ar year, or tax year beg			and end			0/:	<i>ر</i> ') وا	<u>ነሪተ</u>		<u> 2X</u>	yearend
В	Cneck if	applicable C Nam		BROTHERS			OF T	HE			- 1	DÆmp	loyer ide	ntification number
	Address	s change		EATER MIAMI	VAL	LEY INC								
	Name c	hanna II	g business as	at a set debugged to se	ool name	cc1				Room/suita	_		- 0 6 4	1306
Ē	initial re	1	ber and street (or P O box if ms S JEFFERSON S		reet addre	22)				runiivsuita				0-6850
7	Final ret		or town state or province, count		ostel cod	e			1				<u> </u>	
	reminal	tea l	YTON		4540						l.	G Gros	s receipts	451,907
	Amende	and the same of th	e and address of principal office									0.00	отоссоры	
П	Applicat	. i	NE PFEIFFER							H(a) is this	a grou	p return	for subord	Inales? Yes X No
			S JEFFERSO					a		H(b) Are a	li subo:	rdinates	included	? Yes No
		j	AYTON		ОН	45402	117		7)	W	"No," ε	attach a	hs! (see	instructions)
1	Tax-ev	<del></del>	501(c)(3) 501(c)	( ) ◀ (insert r	r	4947(a)(1)	. (( )	)527//	/	1				
<u> </u>	Websit		MIAMIVALLEY.	·			5	1		H(c) Group	o exem	otion nu	ımber 🕨	
K			Corporation Trust		ner 🕨		F		L Y	ear of formation		58		State of legal domicile: OH
_	art I	Summa												
	<del></del>		the organization's missi	on or most signifi	cant ac	tivities	T							<u> </u>
ø.			ND SUPPORT ONE				MOITA	SHIE	s I	HAT IG	NIT:	E TI	HE PO	WER
anc.			ISE OF YOUTH.	•			•							
& Governance	1		•	•									_	
Š	2	Check this box I	If the organization	discontinued its	operatio	ons or dispos	ed of m	ore tha	an 25	% of its net	asse	ts		·
ජ	1		g members of the gover					RE(		VED			2	1
S	4	Number of indep	pendent voting members	s of the governing	body (I	Part VI, line		1			٦0		1 2	1
ZĘ.			individuals employed in				łi	1			SO	L		4
Activities			volunteers (estimate if i				454	NOV	2 4	1 2020	)-S	Le	, 0	
٩	7a	Total unrelated I	business revenue from F	Part VIII, column	(C), line	12					182	7	а	<u> </u>
			isiness taxable income t							LIT	J ==	7	b	0
							<u></u> `	<u>og</u>	<u> </u>					Current Year
Revenue	8		id grants (Part VIII, line	•					⊢	<u> </u>	133	,83	<u> </u>	185,898
` <u>[</u>	9	-	revenue (Part VIII, line		<b></b>				-			68	_	701
Se.	10		me (Part VIII, column (A	• •		1.44.3			·  -		061	,26		149,215
	1 ''		Part VIII, column (A), lin				40)		-			, <u>20</u>		335,814
			add lines 8 through 11 (			umn (A), line	12)			<del>'</del>	13	, 10	-	333,814
			lar amounts paid (Part I)						F					
	1		or for members (Part IX			n (A) hann 5	10\		-		60	,09	a	295,337
ses	1		compensation, employee			n (A), lines a	-10)	•	<u> </u>		,00	, 0 2	<del>-</del>  -	233,337
penses	1		draising fees (Part IX, c			6	4,17	1	·				_	
Ĕ	1	_	g expenses (Part IX, colu (Part IX, column (A), lin				•		F	1	45	, 31	4	99,997
	1 40	Total auroneos	Add knos 13 -17 (must	es ita-itu, in-	imn itat				一		705	, 41	3	395,334
	40	Peropus loss of	(Part IX, column (A), lin Add lines 13–17 (must openses Subtract line 18	equal Fait IX, coi	رمرا ا	""ŘÉC	FIVE	<u>-</u> D		·		<del>, 37</del>		-59,520
5 8	13		penaes Subtract file to	C TOTAL INC. IZ	-1_	r <del>-                                   </del>			ıυĽ	Beginning of				End of Year
ets	20	Total assets (Pa	rt X, line 16)		262	1111 1	20	20	S	2	283	, 95	3	242,556
ASa	21	Total liabilities (f	•	,	3		- 2/20	עט	RS-O		41	,27	3	59,396
Net Assets or Fund Balances	22	Net assets or ful	nd balances Subtract lin	ne 21 from line 20		<u> </u>			3	2	42	, 68	0	183,160
	art II	Signatu	re Block		$\perp \perp$	OGDI	<u>EN, (</u>	<u>JT</u>						
U	nder pe	enalties of penjury,	declare that I have exami	ned this return, incli	iding acc	companying so	hedules	and sta	temen	ts, and to th	e best	of my	knowie	dge and belief, it is
tru	e, cor	rect, and complete	Declaration of preparer (o	ther than officer) is	based or	n all informatio	n of whic	ch prepa	arer ha	s any knowl	edge			
_		1	dyner										7/1	12020
Sig		Signature of											ale 	
He	re		E PFEIFFER					EXE	CUI	IVE D	IRE	CTC	JR	
		<del></del>	nt name and little										1=-	DTIN
D-:-	4	Print/Type preparer		Propa	rens signa	nure Cia	2 Co	men	2e	Pf- Date		Che	L	· 1
Paid		SANDRA L. C		SAND	RA L.	COMER, CE	A			07/			-employe	
	parer Only	Firm's name	MANNING 8	<del></del>	TES	CPAS,	LLC				Firm	's EIN	<u> </u>	31-0984000
U3C	Unity	Firm's address	PO BOX 13 DAYTON, C		-044	19					Pho	ne no	9:	37-898-3167

SCANNED MAY 1 7 2021

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions DAA

Yes No Form 990 (2018)

Form 990 (2018) ·BI	G BROTHERS	BIG SISTERS	OF THE	31-06413	06	Page 2
		Service Accomplentains a response		in this Part III		🖸
1 Briefly describe t	he organization's mission SUPPORT Of	NE-TO-ONE ME			PS THAT IGNITE	THE POWER
AND PROMIS	SE OF YOUTH.	•		- •		•
prior Form 990 o	r 990-EZ?	inficant program service:	s during the year which	were not listed or	n the	Yes X No
3 Did the organization services?		or make significant cha	nges in how it conduct	s, any program	, ,	Yes X No
4 Describe the organization expenses Section	n 501(c)(3) and 501(c)	nedule O rvice accomplishments (4) organizations are re- for each program servic	quired to report the am			
4a (Code PROVIDING	)(Expenses \$ ADULT GUIDA	296,813 ind		H ONE TO	) (Revenue \$ ONE MENTORING	
,						•
	•			· · ·		•
	•			· ,	· ,	,
4b (Code N/A	) (Expenses \$	inc	cluding grants of \$		) (Revenue \$	)
N/A .						
•						
						•
			. , ,			
					, ,	•
4c (Code N/A	) (Expenses \$	inc	fluding grants of \$		) (Revenue \$	
	• • •					
	•	•				•
				٠		-
	•	then where		•		
4d Other program se (Expenses \$	rvices (Describe in Sch	redule O.) Including grants of \$		) (Revenue	\$	)
4e Total program ser	vice expenses ▶	296,81	3			

# Form 990 (2018) BIG BROTHERS BIG SISTERS OF THE

31-0641306

DADGO Page 3

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	X	
2	Is the organization required to complete Schedule 8, Schedule of Contributors (see instructions)?	2	X	ــــــ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	Ì		1
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<b>-</b>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)		1	
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4	┼	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_	-	
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	ı		1
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	1 _	Ì	
-	"Yes," complete Schedule D, Part I	6	┼	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	1	7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	┼	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
	Complete Schedule D, Pert III	8	+	1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			1
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			x
10	debt negotiation services? If "Yes," complete Schedule D, Pert IV	9	<del> </del>	<del>  ^</del>
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	ĺ	x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	$\vdash$	<del>  ^</del>
• •	VII, VIII, IX, or X as applicable		1	
а			1	ĺ
•	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	7.18	<del>                                     </del>	<del>                                     </del>
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	1	1 -	
	of its total assets reported in Part X, line 16? If "Yes " complete Schedule D, Part VIII	11c	ļ	X
d		<u> </u>		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X	11e		X
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	116		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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		<u> </u>
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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
20-	If "Yes," complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
D 24	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		ļ	7.7
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21		Х

<u>.</u>	· · · · · · · · · · · · · · · · · · ·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			<u> </u>
	Part IX. column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	L	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<b>1</b> :		1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	· · · · · · · · · · · · · · · · · · ·			
	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		<del> </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	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		x
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?	į		
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	1 1		
	Schedule L. Part IV	28b		<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1.1		4.5
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	1 1	1	v
•	complete Schedule N, Part II	32		<u> </u>
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	- 1	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
J4	or IV, and Part V, line 1	34	- 1	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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	İ	
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	1	X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note All Form 990 filers are required to complete Schedule O.	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			نـــا
	Check if Schedule O contains a response or note to any line in this Part V			
		<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0		- {	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	<u>   1c  </u>	990	<u>.</u>
		Form	33U	CAMAN

b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 If "Yes," see instructions and file Form 4720, Schedule N  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O	P	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return    2		•		Yes	No
b If a least one is reported on line 2a, dut the organization fire all required feeding employment tax returns?  Note: If the sum of lines 1 and 22 is grates from 250, you may be required to -6fic get emsturbanes)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if filled a Form 990-1 for the year? If Yo 10 in lea 30, provide an explanation in Schedule O  3c If Yes, and the during the catenotic year, and the organization have an interest in, or a significance or other authority over, a financial account in a foreign country?  5c If Yes 10 in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR)  5c If Yes 10 into 5c 5c, 5c, did the organization have an interest in, or a significant and any time during the tax year?  5c If Yes 10 into 5c 5c, 5c, did the organization hat it was or is a party to a prohibited tax sheller transaction?  5c If Yes 2 of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization in the star deductible as chantable contributions or gifts were not tax deductibles as chantable contributions or gifts were not tax deductibles as chantable contributions or gifts were not tax deductibles as chantable contributions and partly for goods and services provided to the payor?  7c Organizations that may receive adductible contributions under section 170(c)  8c If Yes, did the organization notify the donor of the value of the goods or services provided?  9c If Yes, did the organization notify the donor of the value of the goods or services provided?  9c If Yes, did the organization notify the donor of the value of the goods or services provided?  9c If Yes, did the organization will be a donor of the value of the goods or services provided?  9c If Yes, did the organization enceived a contribution of qualified intellectual property, did the organization file a Form 1998-C?  9c If Yes, did the organization make any starbile destributions under s	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b If a least one is reported on line 2a, did the organization file all required feeding employment tax returns?  Note, if the sum of lines 1 and 2a is greater than 250, you may be required to -file (see instructions)  3a Old the organization have unrelated business gross income of \$1,000 of more during the yea?  4a At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (auch as a bank account, secunities account, or other financial accounts?  4b If "Yes," inter the name of the foreign country?  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR)  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR)  Was the organization a problem tax sheller transaction at any time during the tax year?  5a Use the organization should require a problem tax sheller transaction at any time during the tax year?  5b Old any taxable party rollify the organization file foreign 886-17  5c If "Yes", did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization should with every solicitation an express statement that such contributions or gifts were not ack educibles as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not ack educibles as charitable contributions or gifts were not ack educibles or a services provided?  5c If Yes, "Indicate the number of Forms 8282 filed during the year.  5c If Yes, "Indicate the number of Forms 8282 filed during the year.  6c If Yes, "Indicate the number of Forms 8282 filed during the year.  6c If Yes, "Indicate the number of Forms 82828 filed during the year.  6c If Yes, "Indicate the number of Forms 82828 filed		Statements, filed for the calendar year ending with or within the year covered by this return 2a 14			
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year?  4a Al arry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial account; or the f	b	•	2b_	X	
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year?  4a Al arry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; or other financial account; or the f		Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
Second	3a		3a		X
4a A any time during the calendary 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 accounts (FBAR)  b If "Yes," enter the name of the foreign country ▶  5a Was the organization and interest in the foreign country ▶  5b Was the organization of the organization that it was or is a party to a princhleted tax shelter transaction?  5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization to less or 5b, did the organization to that it was or is a party to a princhleted tax shelter transaction?  5c May the value of the organization that it was or is a party to a princhleted tax shelter transaction?  5c May the organization have annual gross receipts that are normally greater than \$100,000, and did the organization isobic any contributions that where not tax deductibles or organization sobic any contributions that where not tax deductibles or organization sobic any contributions under section 170(c)  5c Did the organization to tax deductible?  7c Organizations that may receive deductible contributions under section 170(c)  8d If "Yes," did the organization and party or socious and services provided?  7d If "Yes," did the organization and party or socious and services provided?  7e Did the organization sell, exchange, or otherwise dispose of fangible personal property for which it was required to file Form \$222?  8d If "Yes," did the organization did the payor?  9d If "Yes," did the organization did the payor?  9d If "Yes," did the organization did the payor?  9d If "Yes," did the organization did the payor?  9d If "Yes," did the organization did the payor?  9d If "Yes," did the organization did the payor?  9d If "Yes," did the organization did the payor?  9d If "Yes," did the organization did the payor?  9d If "Yes," did the organization did the payor?  9d If "Yes," did the organization did the payor?  9d If "Yes," d	b		3b		
a financial account in a foreign country (such as a bank account, secunties account, or other financial account)?  b   f 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)  58   Was the organization a party to a prohibited tax shelter transaction at any time during the text year?  59   Did any textibe party notify the organization file form 8886-77  50   C   f Yes, to line Sa or Sb, did the organization file Form 8886-77  51   Obes the organization should not organization file form 8886-77  52   Obes the organization should not mortide with every solicitation an express statement that such contributions or gifts were not tax deductible or organization solicit any contributions that have end tax deductible as chantable contributions or gifts were not tax deductible?  70   Organizations that may receive deductible contributions under section 170(c)  80   Did the organization receive a payment in excess of S75 made party as a contribution and parity for goods and services provided to the payor?  81   f Yes, and did en organization notify the donor of the value of the goods or services provided?  82   If Yes, and did en organization network or otherwise dispose of langible personal property for which it was required for Form 8282 fled during the year  10   Did the organization received a contribution of qualified intellectual property, did the organization flee form 8282 fled during the year  11   Did the organization may the year, pay premiums, directly or indirectly on a personal benefit contract?  12   X   X    13   X   X    14   The organization received a contribution of are, boots, arganizes, or other vehicles, did the organization fle a Form 1998-0?  15   Sponsoring organizations makes any taxable distributions under section 4986?  16   Did the sponsoring organizations makes any taxable distributions under section 4986?  17   Section 591(c)(7) organizations. Enter  18   Organization from the organizat		•			
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b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes" to line 5 or 5b, did the organization file Form 8886-T?  do Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c)  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?  If "Yes," indicate the number of Forms \$282 filed during the year?  If "Yes," indicate the number of Forms \$282 filed during the year  of the organization received an contribution of upalified intellectual property, did the organization received an contribution of upalified intellectual property, did the organization file Form 8282 filed during the year  If the organization received an contribution of can be filed through a personal benefit contract?  If the organization received an contribution of can should property, did the organization file a Form 1098-C?  Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organizations make a distribution to a donor, donor advised funds.  Did the sponsoring organizations make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund solicities for the file of the f	5a		5a		X
c if Yes's to line 5a or 55, dot the organization file Form 886-17  Does the organization have annual gross receipts that are normally greater than \$100,000, and did 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 or giffs were not tax deductible.  1			5b		
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Organizations that may receive deductible contributions under section 170(c)  a Did the organization receive a payment in excess of 375 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8297 and self-growing and services and self-growing and services or for self-growing and self-grow	b				
7 Organizations that may receive deductible contributions under section 170(c)  a Did the organization receive a payment in excess of 575 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  D Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Te X  The Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 Te X  1 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7 Th X  X  Th		gifts were not tax deductible?	6b		
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 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   10b	8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1		
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Gross income from members or shareholders  Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b Section 501(c)(29) qualified nonprofit health insurance issuers.  13a 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  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  Enter the amount of reserves on hand  13b If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N  If "Yes," see instructions and file Form 4720, Schedule N  If "Yes," complete Form 4720, Schedule O	9	Sponsoring organizations maintaining donor advised funds.	İ	-	
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Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O		excess parachute payment(s) during the year?	15		X
If "Yes," complete Form 4720, Schedule O		If "Yes," see instructions and file Form 4720, Schedule N	T	T	
	6	is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
		If "Yes," complete Form 4720, Schedule O		000	

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P	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e insi	ructio	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21		T	
	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			1
	committee, explain in Schedule O	1	1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7	1	1
	any other officer, director, trustee, or key employee?	2		X
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		$\mathbf{x}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
- 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		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>	t	<del>                                     </del>
~	stockholders, or persons other than the governing body?	76	ļ	x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	<del></del>	<del>                                     </del>	
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	100		<del>                                     </del>
3		9		x
500	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co		L	1 42
<u>Set</u>	tion b. Folicies (This Section B requests information about policies not required by the internal Nevenue Co	ue )	Yes	Ma
10a	Did the arrangetion have least shorters branches as offlictor?	10a	163	No X
	Did the organization have local chapters, branches, or affiliates?	iva		1
U	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		1
445	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<del> </del>
42-	Describe in Schedule O the process, if any, used by the organization to review this Form 990	45-	х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_^_	├
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
40	describe in Schedule O how this was done	12c	X	<del>                                     </del>
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		<del> </del>
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?		37	
a	The organization's CEO, Executive Director, or top management official	15a	X	<b>-</b>
Ь	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
þ	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		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OH			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X 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			
AN	INE PFEIFFER 22 S JEFFERSON STREET			

DAYTON

Form 990 (20	018) BIG BROTHERS BIG SISTERS OF THE 31-0	641306	Page <sup>1</sup>
Part VI	Compensation of Officers, Directors, Trustees, Key Employees, H	lighest Compensated Employees, and	
•	Independent Contractors  Check if Schedule O contains a response or note to any line in this Pai	rt VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employ	ees	
4- 0			

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- . List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- . List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and T≀tle	(B) Average hours per week	60	x uni	Pos check ess pe	erson	than or is both a	3A	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below dotted fine)	or director		Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANNE PFEIFFER	40.00									
EXECUTIVE DIRECTOR	40.00	x		x				44,599	o	O
(2) LINDA BLACK-KUR		1^		_	├-	$\vdash$		44,039	<u> </u>	<u> </u>
(2) Dillion Diment More	1.00				•					
IMMED. PAST CHAIR	0.00	X		x			ı	0	0	0
(3) MIKE CAUGHELL	1	1				1				
• •	1.00							•		
CHAIR	0.00	X		X				0	0	0
(4) DAVE CRUSEY										
	1.00									
VICE CHAIR	0.00	X						0	0	0
(5) STEPHEN KEYES						}				
	1.00									•
TRUSTEE (6) AARON POWELL	0.00	X		_			-	0	0	0
(6) AARON POWELL	1.00									
SECRETARY	0.00	$ \mathbf{x} $		x				o	o	0
(7) JULIE CHRISMAN	0.00	1					$\dashv$			
(i) Collins	1.00	1					-			
TRUSTEE	0.00	x						o	o	0
(8) LAURA FENLON				$\neg$		$\neg \uparrow$	7	<del>-</del>		<u>_</u>
	1.00									
TRUSTEE	0.00	x						0	0	0
(9) TIM GRIBLER						$\top$				
	1.00	1 1	ļ	1	Ì					
TRUSTEE	0.00	X					$\perp$	0	0	0
(10) JIM WANKE							1			
	1.00	_				1		_		
TRUSTEE	0.00	X					4	0	0	0
(11) JESS TUSCHONG	1 00									
TREASURER	1.00		ļ					ار	[ ]	^
DAA	0.00	X		X		L		0	0	0 Form <b>990</b> (2018)

Part VII Section A. Officers	, Directors, Irt	iste	25, K	ey E	:mpi	oyee	35, a	ing Highest Compensated	Employees (continuea)			
Name and title	(B) Average hours per week (list any hours for related	of of	ox, uni ficer a	Pos check ess pe ind a c	erson irecto	than dis both	ee)	(D)  Reportable compensation from line organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estimated amount of other compensatio from the	
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2 1035-Wi3C)			organization and related organization	1
(12) JEFF SAMMONS	1.00											
TRUSTEE	0.00	X	_					0	0			0
(13) JENNIFER BRUN	1.00											
TRUSTEE	0.00	X				,		0	0			0
(14) ROSE SCHULZ TRUSTEE	1.00	x						0	0			0
(15) MIKE ROMANO	0.00	A										
	1.00											^
TRUSTEE	0.00	X						0	0	<del> </del>		0
						-						
								,			*	
										,		
	,				[		$\Box$	44.500		<del></del>	<del></del>	
1b Sub-total	ts to Part VII. S	ectio	on A					44,599				
d Total (add lines 1b and 1c)				<u> </u>				44,599				
2 Total number of individuals (increportable compensation from a reportable compensation f				hose	e liste	ed at	oove	e) who received more than !	\$100,000 of			
3 Did the organization list any for	rmer officer dure	ctor	or t	rueto	م د	3V 81	nnio	wee or highest compensat	ed		Ye	s No
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Sched	<i>ule</i> of rep	<i>l for</i> . oorta	such ble c	<i>indi</i> comp	vidua ensa	ali ation	and other compensation f	rom the	}	3	X
organization and related organi individual	izations greater (	han	\$150	3,000	)? If	"Yes ·	, " CC	omplete Schedule J for suc `	<i>h</i>	, [	4	Х
5 Did any person listed on line 1a for services rendered to the org Section B. Independent Contractor	janization? If 'Ye						•	•	ındividual		5	х
Complete this table for your five compensation from the organizer.	e highest compe							ar year ending with or within	n the organization's tax yea	ar		
Name and b	(A) jusiness address							Description	(B) on of services		(C) Compens	sation
	<del></del>										<del></del>	······································
	<del></del>											
						_						
						-						
Total number of independent co	ontractors (includ	ling	but n	ot lir	nited	to t	hose	e listed above) who				<del></del>
received more than \$100,000 o	- compensation	nom	uie	orga	ınzal	ion I			0		Form <b>99</b>	0 (2018)

				(A) Tolat revenue	(B) Related or exempt function revenue	(C) Urrelated business revenue	(D) Revenue excluded from lax under sections 512-514
<u> </u>	a Federated campaigns	1a	12,294				
: 참	b Membership dues	1b					
and Other Similar Amounts	c Fundraising events	1c	8,974				
ia .	d Related organizations	1d	51,362				
Ē	e Government grants (contributions)	1e	28,564				
Š	f All other contributions, gifls, grants,						
t)	and similar amounts not included abor-	ve 1f	84,704				
O I	Noncash contributions included in line	s 1a-1f \$					
a a	h Total Add lines 1a-1f		<b>•</b>	185,898			
3	· · · · · · · · · · · · · · · · · · ·		Busn Code				
22	3				!		
2   1	· ·	•					
ا لِا	· ·						
	,	,					
É   e	•						
	f All other program service re	evenue .					
٤   ١	Total. Add lines 2a-2f		<b>•</b>				L
3	Investment income (includi	na dividends.	interest.				
1	and other similar amounts)		•	701			, 70:
4	Income from investment of		ond proceeds				
5	Royalties		•				
	(i) Rei	el le	(ii) Personal	,			
6a	Gross rents			Í			
b							
C							
d	· · · · · · · · · · · · · · · · · · ·		<b>&gt;</b>				
7a	Gross amount from (i) Securi	ities	(ii) Other				
	sales of assets other than inventory			1			•
l b	Less cost or other	·		1			
-	basis & sales exps.	[					
	Gain or (loss)						
- 1	Net gain or (loss)		•				
82	Gross income from fundraising of	events					
	_	3,974			{	ļ	
	of contributions reported on line	•					
ь	See Part IV, line 18	a	265,308				
ь	Less direct expenses	. ь	116,093		Į		
	Net income or (loss) from fu			149,215			149,215
1	Gross income from gaming activ		,				
	See Part IV, line 19	a					
h	Less. direct expenses	ь			1		
,	Net income or (loss) from g		99	1	ŧ		
	Gross sales of inventory, les	-					
	returns and allowances	a	ļ		{		
Ь	Less' cost of goods sold	6		ļ			
1	Net income or (loss) from sa		nrv 🕨		į		
	Miscellaneous Reveni		Busn Code			<del></del>	
11a					}	ľ	
Ь	•						
C		•	-				
	All other revenue		<del>  -</del>	<del></del>			
1	Total, Add lines 11a-11d				····		
	Total revenue. See instruct	,		335,814	0	0	149,916

Check if Schodule Conflance as response or note to any line as this Part IX    Do not include amounts reported on lines 6b.   Tool include the mounts reported on the mounts of the mo		tion 501(c)(3) and 501(c)(4) organizations must	complete all columns. All oti		mplete column (A)	
75, 45, 95, and 10b of Part VIII.		Check if Schedule O contains a res	ponse or note to any line in	this Part IX	<del></del>	
and drawled prevenues to 8-9 art IV, Ine 21 Cirrants and other assistance to domestic individuals See Part IV, Ine 22 Grants and other assistance to foreign equalities (see Part IV, Ine 15 and 16 Benefits paid or for members Compensation of ourset officers, directors, trustees, and key employees Compensation of ourset officers, directors, trustees, and key employees Expression paid and confedulations (include persons to section 4936(c)3(8) Persons pran accruels and confedulations (include section 4016)(a) and 403(b) employee confeductions) Persons pran accruels and confedulations (include section 4016)(a) and 403(b) employee confeductions) Persons pran accruels and confedulations (include section 4016)(a) and 403(b) employee confeductions) Persons pran accruels and confedulations (include section 4016)(a) and 403(b) employee confeductions) Persons pran accruels and confedulations (include section 4016)(a) and 403(b) employee confeductions) Persons pran accruels and confedulations (include section 4016)(a) and 403(b) employee confeductions) Persons pran accruels and confedulations (include section 4016)(a) and 403(b) employee confeductions) Persons pran accruels and confedulations (include section 4016)(a) and 403(b) employee confeductions) Persons pran accruels and confedulations (include section 4016)(a) and 403(b) employee confeductions) Persons pran accruels and confedulations (include section 4016)(a) and 403(b) employee confeductions) Persons prantition accruels (include section 4016)(a) and 403(b) employee confeductions) Persons prantition accruels (include section 4016)(a) and 403(b) employee confeductions)  1 Persons prantition accruels (include section 4016)(a) and 403(b) employee confeductions)  2 Advertising and promotion and 4016 and		•		Program service	Management and	Fundraising
2 Grants and other assistance to domestic including see Pear IV, line 15 and 16 8 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation includied above, to disqualited persons (as defined under section 1558(f)(1) and persons discorbid a rection 4558(f)(1) and 450(b) employer contributions (include section 45(f)) and 45(b) employer contributions (include section 45(f)) and 45(b) employer contributions (include section 45(f)) and 45(b) employer contributions 2, 2, 35.2  1, 603 2844 46.5  2, 35.2  1, 603 2844 46.5  2, 35.2  1, 603 2844 46.5  2, 35.5  2, 161  2, 35.5  3 Management  b Legal  c Accusting  1, 7, 763  7, 606 15.7  d Lobburga  e Professional fundrasing services See Part IV, line 17  Investiment management fees  (b) Cherrifiers if gravines sections 55 did a 23 column  (l) Amount list for 1 tig septiment expenses for any federal, state, or local public officials for 5, 12.5  1, 21.6  1, 21.6  1, 191  25  27, 406 26, 949 457  7 Travel  8 Payments of ravel or entertainment expenses for any federal, state, or local public officials for Conference, conventions, and meetings for any federal, state, or local public officials for Conference, conventions, and meetings for any federal, state, or local public officials for Conference, conventions, and meetings for the first state of the persons from the first state expenses to schedule O and the first state of the first state of the persons for the first showly different to the persons of the first state of the persons of the first state of the persons of the first state of the first state of the persons of the first state of the persons of the first state of the persons of the first state of the persons of the first state of the persons of the fir	1	Grants and other assistance to domestic organizations				
Individuals See Part IV, Ine 22   Grants and other assistance to troegn organizations, foreign governments, and foreign networkable See Part IV, Ine 15 and 6 foreign networkable See Part IV, Ine 15 and 6 foreign networkable See Part IV, Ine 15 and 6 foreign networkable See Part IV, Ine 15 and 6 foreign networkable See Part IV, Ine 15 and 6 foreign networkable See Part IV, Ine 15 and 6 foreign networkable See Part IV, Ine 15 and 6 foreign networkable See Part IV, Ine 15 and 6 foreign networkable See Part IV, Ine 15 and 6 foreign networkable See Part IV, Ine 15 and 15		and domestic governments. See Part IV, line 21			ł	
3 Grants and other assistance to foreign organizations, foreign programations, foreign powerments, and foreign individuals. See Part IV, lines 15 and 16  4 Benefits paid to or for members Compression of current officers, directors, trusistes, and key employees controlled between the discussion of control officers debute, to disqualified persons (as defined under section 4588f(II)) and persons discribed an extent 4586f(II) and 458(II) employee contributions (include section 401(II) and 458(II) employee contributions)  9 Other employee benefits 10 Payroli states 11 Fees for services (non-employees) 22, 352 21, 603 284 465 10 Payroli states 22, 846 11 Fees for services (non-employees) 3 Management 11 Legal Concentration of the control of the	2	•				
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4 Benefits paid to of for members  5 Compensation of current officers, directors, trusiees, and key employees  6 Compensation not included above, to disqualified persons (as fether under section 4580(f(x)) and persons described in section 4958(f(x)) and 400(h) employer contributions (include section 401) and 400(h) employer contributions)  9 Other employee benefits  10 Payroll taxes  11 Fees for services (non-employees)  22 N 46 16 , 550 2, 703 5, 281  11 Fees for services (non-employees)  23 Management  24 Laggill  25 Laggill  2 Accounting  4 Lobbyring  2 Professorial fundiasing services See Parl IV, line 17 investment management fees  2 Over lifer 1g promit excess Vision 22 column (A) amount, liter 1g expenses of Section 9 )  2 Advertising and promotion  3 Office expenses  5 (322 5, 629 128 565  1 Information technology  8 6, 22 2 8, 448 174  18 Payments of travel or entertainment expenses for any federal, state, or local public officials of Column (A) amount, liter 1g appears on Section 9 )  18 Payments of travel or entertainment expenses for any federal, state, or local public officials of Lobbyring interest  19 Conferences, conventions, and meetings interest  10 Conferences, conventions, and meetings interest  11 Payments of stravel or entertainment expenses for any federal, state, or local public officials of travel or entertainment expenses for any federal, state, or local public officials or 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		· ·				
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5 Compensation of current officers, directors, trustees, and key employees for the property of the property o	4					
Compensation not included above, to disqualified persons (as defined under section 4580(f(1)) and persons described in section 4580(f(1)) and persons described in section 4580(f(1)) and persons described in section 4580(f(1)) and persons described in section 4580(f(1)) and persons described in section 4580(f(1)) and persons described in section 4580(f(1)) and 408(h) employer contributions (include section 4580 and confinitions)   2,352   1,603   284   465	5	•				
6 Compression not included above, to dissualified persons (as defined under section 4558(p(1)) and persons (as defined under section 4558(p(1))) and persons described in section 4558(p(1)) (1) and persons described in section 4558(p(1)) (1) and persons described in section 4558(p(1)) (1) and 4550 (1) and 450) employee benefits  Person plan accruate and combibitions (include section 401(p) and 450) employee contributions)  2			44,599	17,840	17,839	8,920
persons (as defined unders section 4958(pt(1)) and persons described in section 4958(pt(3)(8))  7 Other safaries and wages  8 Person plan accruals and combibions (include section 401() and 4010 person plan accruals and combibions (include section 401() and 4010 person plan scruals and combibions (include section 401() and 4010 person plan scruals and combibions (include section 401() and 4010 person plan scruals and combibions (include section 401() and 4010 person plan scruals and combibions (include section 401() and 4010 person plan scruals and combibions (include section 401() and 458 (include 101) person plan scruals and person plan scruals	6					
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8 Penson plan accruis and contributions (include section 401(k) and 403(b) employer contributions) 2	7		200,976	149,152	9,174	42,650
section 401(k) and 403(b) employer contributions)  2	8	•				
9 Other employee benefits 24,564 16,580 2,703 5,281 10 Payrolit axes 22,846 16,559 2,161 4,126 11 Fees for services (non-employees) a Management b Legal		•	2,352	1,603	284	465
10 Payroll taxes  11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbyung e Professional fundrasing services. See Part IV, line 17 Investment management fees g Other (Ifline 11g annount exceeds 10% of line 25, column (A) amount, lettine 11g expenses on Schedule O) 1 Advertising and promotion 1 A junction technology 1 Advertising and promotion 1 A junction technology 1 A column and the 1 A junction technology 1 A column and the 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 1 A junction technology 2 A junction and junction technology 3 A junction technology 4 A junction technology 4 A junction technology 4 A junction technology 4 A junction technology 5 A junction technology 4 A junction technology 5 A junction technology 6 A junction technology 7 A junction technology 8 A junction technology 8 A junction technology 8 A junction technology 8 A junction technology 9 A junction technology 9 A junction technology 1 A junction te	9	***			2,703	5,281
11 Fees for services (non-employees) a Management b Legal c Accounting 7,763 7,606 157 d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (Illien 1) genomic secrets (3% of line 25, column (A) amount, let line 1) genomes on Schedule 0) 1,216 1,191 25 4,563 1,04 458 13 Office expenses 13 Office expenses 14 Occupancy 15,125 4,563 1,04 458 16 Occupancy 18,622 8,448 1,74 17 Travel 18 Royalties 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Conferences, conventions, and meetings 19 Payments of taxel or local public officials 19 Payments of taxel or local public officials 19 Conferences, conventions, and meetings 10 Interest 10 Interest 11 Payments of services (5,963) 14 A B B B A B B B B B B B B B B B B B B	10					
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b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Cities (time tig arount excesses tills of line 25, column (A) amount, list line 11¢ expenses on Schedule 0) 1, 216 1, 191 25 12 Advertising and promotion 3, 1, 216 1, 191 25 14 Information technology 15, 1, 125 15, 1, 125 16 Cocupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 11 Payments to affiliates 19 Payments of affiliates 10 Experication, depletion, and amortization 21 Insurance 22 Depreciation, depletion, and amortization 23 Insurance 24 Office rexpenses literaize expenses in the 24e if line 24e amount excepses so of schedule 0) 28 NATIONAL DUES 29 TRANSACTIONS FEES 30 FARNSACTIONS FEES 40, 588 40, 588 40, 588 40, 585 4	а					•
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e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (films 113 amount exceeds 19% of line 25, column (A) amount, list line 113 greames on Schedule 0 ) 1, 216 1, 191 2, 4, 563 1, 04 4, 58 3, 622 1, 4, 563 1, 04 4, 58 3, 622 1, 4, 563 1, 04 4, 58 3, 622 1, 4, 563 1, 04 4, 58 3, 622 1, 4, 563 1, 104 4, 58 5, 65 1, 107	С	-	7,763	7,606	157	
f   Investment management fees   g   Other (filme 11g arount exceeds 19% of line 25, column (A) amount, list line 11g expenses on Schedule O)	d	Lobbying				•
g Cither (Iffine 1tg amount exceeds 10% of line 25, column (A) amount, list line 1tg expenses on Schedule O)  1,216	e	Professional fundraising services See Part IV, line 17				
(A) amount, list line 11g expenses on Schedule O)  1,216	f	Investment management fees				
12 Advertising and promotion	g	Other (If line 11g amount exceeds 10% of line 25, column				
12 Advertising and promotion   5,125    4,563    104    458    130    1458    1565    160		(A) amount, list line 11g expenses on Schedule ()	1,216	1,191	25	
14	12	Advertising and promotion		4,563		
15 Royalties 16 Occupancy 17 Travel 27,406 26,949 457 17 Travel 27,406 26,949 457 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 4,893 4,357 99 437 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 13 Insurance 14 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 0) 18 NATIONAL DUES 18 TRANSACTIONS FEES 19 C MATCH ACTIVITIES & SUPPLI (B) A	13	Office expenses				565
16 Occupancy	14	Information technology	8,622	8,448	174	
17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses in line 24e If line 24e amount exceeds 10% of line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0 ) 28 NATIONAL DUES 29 MATCH ACTIVITIES & SUPPLI 3, 422 3, 353 69 20 TELEPHONE 2, 461 2, 191 50 220 21 All other expenses Add lines 1 through 24e 395, 334 296, 813 34, 350 64, 171 23 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation Check here ▶ if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation Check here ▶ if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation Check here ▶ if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation Check here ▶ if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation Check here ▶ if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation Check here ▶ if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation Check here ▶ if the organization reported in column (B) joint costs from a combined educational campaign and fundrasing solicitation Check here ▶ if the organization	15	Royalties				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses Itemize expenses not covered above (List miscellianeous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)  2 NATIONAL DUES  3 TRANSACTIONS FEES  4 7588  4 7085  5 MATCH ACTIVITIES & SUPPLI  3 7422  3 3533  69  TELEPHONE  2 All other expenses  3 7019  2 7689  6 1 269  25 Total functional expenses. Add lines 1 through 24e  395, 334  296, 813  34, 350  64, 171  64, 171  64, 171	16	Occupancy		26,949		
for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  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 0)  a NATIONAL DUES  b TRANSACTIONS FEES  c MATCH ACTIVITIES & SUPPLI  d TELEPHONE  e All other expenses  15 Total functional expenses. Add lines 1 through 24e  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 if	17	Travel	4,144	3,690	84	370
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 NATIONAL DUES  b TRANSACTIONS FEES  c MATCH ACTIVITIES & SUPPLI  d TELEPHONE  e All other expenses  3,019  2,461  2,191  50  220  25 Total functional expenses. Add lines 1 through 24e  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	18	Payments of travel or entertainment expenses				
Interest   Payments to affiliates		for any federal, state, or local public officials				
21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 NATIONAL DUES  b TRANSACTIONS FEES  c MATCH ACTIVITIES & SUPPLI  d TELEPHONE  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  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	19	Conferences, conventions, and meetings	4,893	4,357	99	437
22 Depreciation, depletion, and amortization 23 Insurance 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 NATIONAL DUES b TRANSACTIONS FEES c MATCH ACTIVITIES & SUPPLI d TELEPHONE e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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	20	Interest				
23	21	· ·				
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 NATIONAL DUES  b TRANSACTIONS FEES  c MATCH ACTIVITIES & SUPPLI  d TELEPHONE  e All other expenses  All other expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  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	22	· · · · · · · · · · · · · · · · · · ·				
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 NATIONAL DUES 6,963 6,963  b TRANSACTIONS FEES 4,588 4,085 93 410  c MATCH ACTIVITIES & SUPPLI 3,422 3,353 69  d TELEPHONE 2,461 2,191 50 220  e All other expenses 3,019 2,689 61 269  25 Total functional expenses. Add lines 1 through 24e 395,334 296,813 34,350 64,171  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		<b> -</b>	7,152	7,008	144	
Inne 24e amount exceeds 10% of line 25, column   (A) amount, list line 24e expenses on Schedule O )   a   NATIONAL DUES	24	· '				
(A) amount, list line 24e expenses on Schedule O )  a NATIONAL DUES		· · · · · · · · · · · · · · · · · · ·			\$	
a NATIONAL DUES b TRANSACTIONS FEES c MATCH ACTIVITIES & SUPPLI 3,422 3,353 69 d TELEPHONE e All other expenses 2,461 2,191 50 220 e All other expenses 3,019 2,689 61 269  25 Total functional expenses. Add lines 1 through 24e 395,334 296,813 34,350 64,171  26 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if		-				
b TRANSACTIONS FEES  c MATCH ACTIVITIES & SUPPLI  d TELEPHONE  e All other expenses  7 Total functional expenses. Add lines 1 through 24e  25 Total functional expenses. Add lines 1 through 24e  26 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if		· · · · · · · · · · · · · · · · · · ·	6 063	C 063		
c       MATCH ACTIVITIES & SUPPLY       3,422       3,353       69         d       TELEPHONE       2,461       2,191       50       220         e       All other expenses       3,019       2,689       61       269         25       Total functional expenses. Add lines 1 through 24e       395,334       296,813       34,350       64,171         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       if						410
d TELEPHONE 2,461 2,191 50 220 e All other expenses 3,019 2,689 61 269  25 Total functional expenses. Add lines 1 through 24e 395,334 296,813 34,350 64,171  26 Joint costs. Complete this line only if the organization reported in column (8) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if		· · · · · · · · · · · · · · · · · · ·				410
e All other expenses 3,019 2,689 61 269  25 Total functional expenses. Add knes 1 through 24e 395,334 296,813 34,350 64,171  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	_	• • • • • • • • • • • • • • • • • • • •				
Total functional expenses. Add kines 1 through 24e 395,334 296,813 34,350 64,171  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	_	·				
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	_	· •				
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if			393,334	Z30,013	34,350	04,1/1
from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if						
					j	
DAA Form <b>990</b> (2018)		300, 30 2 1/100 000-120/				Form 990 (2018)

Part	X Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
·-·-		(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		1	
2	Savings and temporary cash investments	94,128		65,74
3	Pledges and grants receivable, net	65,233	3	56,06
4	Accounts receivable, net		4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees			
	Complete Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
	sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary			
أم	organizations (see instructions) Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
8	Inventories for sale or use		8	**************************************
9	Prepaid expenses and deferred charges	6,069		9,118
1	a Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a 179,878			
١,	Less accumulated depreciation 10b 68,256	118,523	10c	111,622
11	Investments—publicly traded securities		11	
12	· · · · · · · · · · · · · · · · · · ·	······································	12	
13	Investments—program-related. See Part IV, line 11	<del></del>	13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	283,953	16	242,556
17	Accounts payable and accrued expenses	41,273		54,146
18	Grants payable		18	
19	Deferred revenue		19	5,250
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
1	Loans and other payables to current and former officers, directors,			······································
22	trustees, key employees, highest compensated employees, and			
	disqualified persons Complete Part II of Schedule L		22	
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 habilities not included on lines 17-24). Complete Part X			
	of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	41,273	26	59,396
7	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
	complete lines 27 through 29, and lines 33 and 34.	Į.		
27	Unrestricted net assets	242,680	27	183,160
28	Temporarily restricted net assets		28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here			
	complete lines 30 through 34	1	1	
30	Capital stock or trust principal, or current funds	-	30	
31	Paid-in or capital surplus, or land building, or equipment fund		31	·
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	242,680	33	183,160
34	Total liabilities and net assets/fund balances	283,953	34	242,556

For	n 990 (2018) BIG BROTHERS BIG SISTERS OF THE 31-0641306			Pa	age <b>1</b> 2
P	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			814
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	95,	334
3	Revenue less expenses Subtract line 2 from line 1	3		59,	520
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2	42,	680
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	83,	160
Pa	irt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_	'	
	Schedule O				1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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			j l	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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 X Consolidated basis Both consolidated and separate basis				
С	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	X	<u></u>
	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				ĺ
	the Single Audit Act and OMB Circular A-133?		3a		X
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		
			Fort	n <b>99</b> 0	(2018)

المحرث شير

## SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public Inspection

OMB No 1545-0047

2018

Name of the organization

BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY INC

Employer Identification number 31-0641306

Part I Reas	on for Public Charity	Status (All organizations	s must c	omplete	e this part.) See instruction	ons.					
The organization is not	a private foundation becau	se it is (For lines 1 through 12,	check on	ly one bo	x.)	1 01					
1 A church, co	nvention of churches, or as	sociation of churches described	ın sectio	n 170(b)	(1)(A)(i).	K) (II					
2 A school des	cribed in section 170(b)(1)	(A)(ii) (Attach Schedule E (Fo	rm 990 or	990-EZ)		1- V 1					
<del> </del>		ice organization described in s									
<b>—</b>	·	ed in conjunction with a hospital			· •	hospital's name					
city, and stat	•	a in conjunction with a nospital	describer	o in Seco	on motor include	mospitar s marrie,					
·		of a college or unwersity owner	d ar anara	tad by a c	roversmental unit described in						
_ •	•	of a college or university owner	n or ohera	ieu by a g	jovernmentar unit described in						
	(b)(1)(A)(iv). (Complete Par	rii.) governmental unit described in	eoston 1	70/6V/4V/	A)/\						
<del>}(</del>	=										
	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	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )										
9 An agricultur											
or university university	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
10 X An organizati											
receipts from	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its										
• •	•	nd unrelated business taxable i	-								
		0, 1975 See section 509(a)(2			•						
	•	exclusively to test for public sa	-								
		exclusively for the benefit of, to									
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).										
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g										
	a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the										
		omplete Part IV, Sections A a		y or the di	rectors or trustees of the						
		pervised or controlled in conne		its sunna	uted organization(s), by having	1					
		ting organization vested in the									
	•	Part IV, Sections A and C.			on the state of th						
c Type III f	unctionally integrated. A s	supporting organization operate tructions) You must complete				nth					
——————————————————————————————————————	•	I. A supporting organization op-	-			on(s)					
		e organization generally must s									
requireme	ent (see instructions) You r	nust complete Part IV, Sectio	ns A and	D, and P	art V.						
		eived a written determination fr n-functionally integrated suppor			s a Type I, Type II, Type III						
	ber of supported organizati		ting organ	iization		۲					
		e supported organization(s)									
(I) Name of supported	(li) EIN	(iii) Type of organization	(m/) is the	organization	(v) Amount of monetary	(vi) Amount o					
organization	lul eus	(described on lines 1–10		nt dovewing	support (see	other support (s					
-		above (see instructions))	docu	ment?	instructions)	instructions)					
			Yes	No		<u> </u>					
(A)											
(B)			<del>                                     </del>								
\_,											
(C)											
(D)			<del> </del>								
(E)					!						
Total						/					

Schedule A (Form 990 or 990-EZ) 2018

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2016 Calendar year (or fiscal year beginning in) (b) 2015 (d) 2017 (a) 2014 (e) 2018 (f) Total 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2017 Schedule A, Part II, line 14 15 15 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization/neets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2017. If the organization did not check a pox 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 yow the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicity supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

BIG BROTHERS BIG SISTERS OF THE

#### Schedule A (Form 990 or 990-EZ) 2018 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.)

Sec	ction A. Public Support	quality discer th	ic tests listed bi	cion, picase oc	impiete i arcii.	/	
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	794,284	446,241	440,599	453,835	185,898	2,320,857
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	15,659	532	40	588	2007,030	16,819
3	Gross receipts from activities that are not an unrelated trade or business under section 513	143,686	327,566	491,064	425,259	265,308	1,652,883
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	953,629	774,339	931,703	879,682	451,206	3,990,559
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						···
	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						
с 8	Add lines 7a and 7b  Public support. (Subtract line 7c from						
•	line 6)	]	)		1	ì	3,990,559
Sec	tion B. Total Support	<u> </u>			<del></del>		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	953,629	774,339	931,703	879,682	451,206	3,990,559
10a	Gross income from interest, dividends payments received on securities loans, rents, royalties, and income from similar sources		144	363	685	701	1,893
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b		144	363	685	701	1,893
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	15,300	7,800	7,800	5,850		36,750
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			130	10,198		10,328
13	Total support. (Add lines 9, 10c, 11, and 12)	968,929	782,283	020 006	006 415	453 007	4 020 530
14	First five years. If the Form 990 is for the			939,996	896,415 as a section 501(c	451,907	4,039,530
• •	organization, check this box and stop here	•	occome, trine, roun	in, or mirriax year	22 2 200001 201/0	,,(0)	▶ □
Sec	tion C. Computation of Public Su	pport Percenta	ige		······································		
15	Public support percentage for 2018 (line 8,			(f))		15	98.79 %
16	Public support percentage from 2017 Sche				· · · · · · · · · · · · · · · · · · ·	. 16	%_
	tion D. Computation of Investme				<del> </del>		
17	Investment income percentage for 2018 (in		-	column (f))	-	17	<u>%</u>
18	Investment income percentage from 2017					18	<u>%</u>
19a	33 1/3% support tests—2018. If the organ						×X
b	17 is not more than 33 1/3%, check this bo 33 1/3% support tests—2017. If the organ	-					
~	line 18 is not more than 33 1/3%, check thi						▶ □
20	Private foundation. If the organization did					-	. ▶ □

#### Schedule A (Form-990 or 990-EZ) 2018 Part IV **Supporting Organizations**

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

Section.	•		_			
SACTION	л.	nn	SHOOO	rtenr II	EM 2 17 17 1	311ヘロビ
JECHUII.	м.	$\sim$	JUUUU	ilinu v	IUAIIIZ	211111113

Sec	tion 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	1	l	
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		]	
	organization was described in section 509(a)(1) or (2)	_ 2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	ļ		
	organization made the determination	36		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	į į		
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	i i	1	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	1 1	ì	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	l l	-	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	j (	ł	
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"		ſ	
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,		- 1	
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	[ ]	ł	
	was accomplished (such as by amendment to the organizing document)	5a		
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already	1 1	- 1	
	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	}	1	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1 1		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or		ŀ	
_	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		1	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	1 _ (	l	
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
•	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		1	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more	8		
34	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		- 1	
	In section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	0.	j	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		
U	the supporting organization had an interest? If "Yes," provide detail in Part VI	05	1	
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	9b		
~	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	9c		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes." answer 10b below	102		

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.)

	dule A (Form: 990 or 990-EZ) 2018 BIG BROTHERS BIG SISTERS OF THE 31-0641	<u> 306 </u>		Page 5
<u>Pa</u>	rt IV Supporting Organizations (continued)			<del></del>
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			1
	below, the governing body of a supported organization?	11a	<del> </del>	<del> </del>
	A family member of a person described in (a) above?	11b		<del> </del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	<u></u>
Seci	tion B. Type I Supporting Organizations		Υ	<del></del>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	}		1
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	}	}
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		i	Ì
	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			ŀ
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1_1_	<del> </del>	<del> </del>
2	Did the organization operate for the benefit of any supported organization other than the supported	- 1		1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		1	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	2	1	1
Sect	supervised, or controlled the supporting organization tion C. Type II Supporting Organizations		l	1
000	ion o. Type it outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1
	or management of the supporting organization was vested in the same persons that controlled or managed	[		
	the supported organization(s)	1		
Sect	ion D. All Type III Supporting Organizations	<del></del>	`	1
·			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	1		1
	year. (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1 1		
	supported organizations played in this regard.	3		
Secti	ion 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 instruction	s)		
а	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			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions)		
	Ashurhan Tash American (a) and (b) hafarra	ſ	V	N.
	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1 1		
	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	1 1	]	
	that these activities constituted substantially all of its activities	2a	1	
ь		20		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		]	
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	1 2 1		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Vas " describe in Part VI the role placed by the organization in the model	25	1	

	ile A (Form 990 or 990-EZ) 2018 BIG BROTHERS BIG SISTERS			1306 Pag	е		
<u>Par</u>	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organiza	tions				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus	st on Nov 20,	1970 (explain in Part VI)	See			
	instructions. All other Type III non-functionally integrated supporting organization	ons must comp	olete Sections A through I	ξ			
Sect	Section A - Adjusted Net Income (A) Prior Year						
			(A) Filos Teal	(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						
coll	ection of gross income or for management, conservation, or						
ma	intenance 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					
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
ınst	ructions for short tax year or assets held for part of year).						
	a Average monthly value of securities	13					
	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	Ì					
	factors (explain in detail in Part VI).						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				-		
see	instructions)	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 035.	6					
	Recovenes of pnor-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Section	on 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						
eme	rgency temporary reduction (see instructions)	6					
7	Check here if the current year is the organization's first as a non-functionally integ	rated Type III	supporting organization (s	ee	_		

instructions).

BIG BROTHERS BIG SISTERS OF THE 31-0641306 Schedule A (Form 990 or 990-EZ) 2018 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions Underdistributions** Distributable Pre-2018 Amount for 2018 Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI) See instructions 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount Carryover from 2013 not applied (see instructions) J. Remainder, Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2018 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2019 Add lines 31 and 4c 8 Breakdown of line 7 a Excess from 2014 b Excess from 2015 c Excess from 2016 d Excess from 2017

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A (Fo					COTHERS rovide the 6					31-064 . Part II, lin		Page 8 b, Part
, ,	III, line B, lines 3a, and	12, Par 1 and 2 3b, Pa	t IV, S 2; Pari rt V, li	ection A, I t IV, Section ne 1; Part	ines 1, 2, 3l on C, line 1, V, Section l e this part fo	o, 3c, 4b, 4 Part IV, Se B, line 1e, F	c, 5a, 6, 9 ection D, Part V, Se	9a, 9b, 9 lines 2 a ection D,	lc, 11a, 11 ind 3, Part , lines 5, 6	b, and 11c, IV, Section , and 8; and	Part IV, Se E, lines 1c	ection , 2a, 2b,
PART I	II, L	INE 1	2 -	OTHER	INCOME	DETAIL	· .					
REFUND	– MIS	SC .				\$		10,32	8			
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public

Inspection

Name of the organization Employer identification number BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY INC 31-0641306 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 (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 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 a historically important land area Protection of natural habital Preservation of a certified historic structure Preservation of open space 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 Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2¢\_ d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

public service, provide the following amounts relating to these items

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

(iii) Assets included in Form 990, Part X

a Revenue included on Form 990, Part VIII, line 1

Sche	edule D (Form 990) 2018 BIG BRO	THERS BIG S	SISTERS OF	THE	<u> 31-(</u>	0641306	Page !
Pi	art III Organizations Maintain	ing Collections of	of Art, Historica	l Treasures	, or Oth	er Similar Ass	ets (continued)
3	Using the organization's acquisition, according to the collection items (check all that apply)	ession, and other reco	rds, check any of the	following that	are a signi	ficant use of its	
a	Public exhibition	d [_	Loan or exchange	programs			
b	Scholarly research	e [	Other				
¢	Preservation for future generations						
4	Provide a description of the organization'	s collections and expla	in how they further t	he organization	n's exempt	purpose in Part	
5	During the year, did the organization solid	cit or receive donations	of art. historical trea	asures, or othe	r sımılar		
_	assets to be sold to raise funds rather that						Yes No
Pa	ert IV Escrow and Custodial		······································		t.,		
	Complete if the organizat 990, Part X, line 21.		s" on Form 990,	Part IV, line	9, or rep	orted an amou	nt on Form
1a	Is the organization an agent, trustee, cust	todian or other interme	diary for contribution	s or other assi	ets not	<del></del>	
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part 2	KIII and complete the f	ollowing table.				الما الما الما
		,	<b></b>				Amount
С	Beginning balance					1c	
	Additions during the year	•	•			1d	
	Distributions during the year		•			1e	
f	Ending balance			,	•	1f	Martin Control of the
	Did the organization include an amount or	n Form 990. Part X. lin	e 21 for escrow or o	ustodial accou	int liability?		Yes No
	If "Yes," explain the arrangement in Part >						
	rt V Endowment Funds.	VIII GIIDON NOVO II NIIO	A CONTRACTOR AND DOCK	· provided divi	<u> </u>		
	Complete if the organization	on answered "Yes	" on Form 990. I	Part IV. line	10.		. 1
	COMPLETE II THE ORGANIZATION	(a) Current year	(b) Prior year	(c) Two ye		(d) Trireo years bac	k (e) Four years back
10	Regionism of upor balance	(0) 00.10.11, 10.2	(0)///0//	(6) 1.110 / 1		(0) 11200 )0010 000	(5// 55/ / 55/ 55/
	Beginning of year balance			<del></del>		-	·
	Contributions	<u> </u>	<del> </del>				
C	Net investment earnings, gains, and						
_	fosses Grants or scholarships	<u> </u>	<del> </del>	<del></del>			
	•		<del> </del>	<del></del>			
е	Other expenditures for facilities and			- 1			
£	programs			<del></del>			
	Administrative expenses		<b></b>	<del></del>			
_	End of year balance	L	L			<u> </u>	<u>.</u>
2	Provide the estimated percentage of the c		æ (line 1g, column (a	a)) held as			
	Board designated or quasi-endowment	. %					
		6					
С	Temporarily restricted endowment ▶	%					
_	The percentages on lines 2a, 2b, and 2c s						
3a	Are there endowment funds not in the pos	session of the organiza	ation that are held ar	nd administere	d for the		[T.,
	organization by						Yes No
	(i) unrelated organizations			-	-		3a(i)
	(ii) related organizations			-		•	3a(ii)
b	If "Yes" on line 3a(ii), are the related organ	izations listed as requi	ired on Schedule R?	,		,	3b
	Describe in Part XIII the intended uses of I		wment funds				
Pa	rt VI Land, Buildings, and Eq						
	Complete if the organization	on answered "Yes	<u>" on Form 990, F</u>	Part IV, line	<u>11a. See</u>	Form 990, Par	t X, line 10
	Description of property	(a) Cost or other I	pasis (b) Cosi o	or other basis	(c) A	ccumulated	(d) Book value
		(investment)	(0	other)	de	preciation	
1a	Land						
b	Buildings						
_	Leasehold improvements			107,477		20,894	86,583
C	,					47 200	
	Equipment			72,401		47,362	25,039
ď	Equipment . Other			72,401		47,362	25,039

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

(8) (9)

Total (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶

Schedule D (Form 990) 2018 BIG BROTHERS BIG SISTERS OF THE 31-0641		Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	ı <b>.</b>
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		050 064
1 Total revenue, gains, and other support per audited financial statements	1	357,361
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	l	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants d Other (Describe in Part XIII ) 2d 63,40	2	
		63,402
e Add lines 2a through 2d  3 Subtract line 2e from line 1	2e	293,959
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	-3-	233,333
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII ) 4b 41,85	5	
c Add lines 4a and 4b	4c	41,855
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	335,814
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Retu	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		
1 Total expenses and losses per audited financial statements	1	392,834
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of tacilities 2a		
b Prior year adjustments 2b		
c Other losses . 2c	_	
d Other (Describe in Part XIII ) 2d 2,30	0	
e Add lines 2a through 2d	2e	2,300
3 Subtract line 2e from line 1	3	390,534
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	긁	
b Other (Describe in Part XIII ) 4b 4,80		4 000
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4c	4,800 395,334
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.	13	393,334
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4	Part X	line
2. Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS -	OTH	ER
		•
FOUNDATION INVESTMENT INCOME	\$	19,714
		-
UNREALIZED GAINS - FOUNDATION	\$	38,871
	_	
PROPERTIES LLC - INTEREST INCOME	Ş	<b>17</b> .
	<u> </u>	4 000
PROPERTIES LLC - RENT	\$	4,800
•		
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTH	TR.	
THAT AI, BINE ID TESTED MACORIO INCHODED ON ABIORA OIL	- A. M. C.	
FOUNDATION CONTRIBUTION	Ś	41,855
	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
•		• • •
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS	- OT	HER
		- ,
PROPERTIES LLC - EXPENSES	\$	2,164
BOOK / TAX DEPRECIATION DIFFERENCE	\$	136

Schedule D (Form 990) 2018 BIG BROTHERS BIG SISTERS OF THE

31-0641306

## SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

Attach to Form 990 or Form 990-EZ

Internal Revenue Service	Go to www irs gov/Form990 for instructions and the latest informati	Open to Public Inspection	
Name of the organization	BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY INC	Employer identificate 31-06413	
	raising Activities. Complete if the organization answered "Yes" on Foreign 990-EZ filers are not required to complete this part	orm 990, Part IV, line	17
1 Indicate whether	the organization raised funds through any of the following activities. Check all that app	ly	
a Mail solicitati	ons e Solicitation of non-government grants		

а	iniali solicitations	e Solicitati	on or ne	on-go	vernment grants		
b	Internet and email solicitations	f Solicitation	on of g	overn	ment grants		
c	Phone solicitations	g 🗌 Special f	undrais	ing e	vents		
d	In-person solicitations						
	Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entit	y in connection wil	h profe	ession	al fundraising services	i? _	Yes No
þ	If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization.	(fundraisers) pursi	ant to	agree	ments under which the	fundraiser is to be	
	(i) Name and address of individual or entity (fundraiser,	(h) Activity	raise cust	old fund- er have lody or lool of buttons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3	The state of the s			-			
4							
5					•		
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6							
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-4-1		<u></u>					

List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

410260SY 07/10/2020 9 34 AM Schedule G (Form 990 or 990-EZ) 2018 BIG BROTHERS BIG SISTERS OF THE 31-0641306 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Even. #1 (b) Eveni #2 (c) Other events (d) Total events BOWL FOR KIDS S BRIGHT NIGHTS (add col (a) through (event type) (event type) (total number) col (c)) 139,397 126,332 8,453 274,182 1 Gross receipts 3,765 5,109 8,874 2 Less Contributions 3 Gross income (line 1 minus 134,288  $\cdot 122,567$ 8,453 265,308 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 55,111 60,684 100 115,895 9 Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 115,895 149,413 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming pingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities

D II NO,	expiain			-				
10a Were a		ming licenses revoked, susp		ted during the	e tax year?		Yes N	lo
			•	. ,				
•			•			•		
DAA						Schedule G	(Form 990 or 990-EZ) 201	8

Yes No

b If 'No," explain

a is the organization licensed to conduct gaming activities in each of these states?

Sch	edule G (Form 990 or 990-EZ) 2018	BIG BRO	OTHERS BI	G SISTERS	OF THE	31-0641	306 Page 3
11	Does the organization conduct garning	ng activities with r	onmembers?				Yes No
12	Iş the organization a grantor, benefic	ary or trustee of	trust, or a memb	er of a partnership	or other entity		
	formed to administer charitable gamin	-			•	•	Yes No
13	Indicate the percentage of gaming ac	ctivity conducted i	n			i	ŀ
a	The organization's facility			•		· -	3a %
ь	An outside facility	:					3b %
14	Enter the name and address of the percents.	erson wno prepar	es the organization	in's gaming/special	events books and		
	Name ►				- <i>,</i>	• •	3
	Address >						
15a	Does the organization have a contract revenue?	t with a third party	from whom the o	organization receive	es gaming		☐ Yes ☐ No
b	If "Yes," enter the amount of gaming is amount of gaming revenue retained b	y the third party		on ▶ \$	,	and the	
С	If "Yes," enter name and address of the	he third party					
	Name ▶						1+
	Address ▶	,					•
16	Gaming manager information						
	Name ▶			•			
	Gaming manager compensation > \$	i.					
	Description of services provided ▶					,	
	Director/officer Em	noloyee	Independen	t contractor			
17	Mandatory distributions						
	Is the organization required under stat	te law to make ch	aritable distributio	ns from the gamino	proceeds to		
	retain the state gaming license?			_			Yes No
b	Enter the amount of distributions requi	red under state la	w to be distribute	d to other exempt of	organizations or		
	spent in the organization's own exemp					·	
Pa	rt IV Supplemental Inform						
	Part III, lines 9, 9b, 10b	o, 15b, 15c, 16	i, and 17b, as	applicable. Also	provide any ac	dditional informati	on.
	See instructions			···			
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SCHEDULE O (Form 990 or 990-EZ)

## 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

2018

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization

BIG BROTHERS BIG SISTERS OF THE GREATER MIAMI VALLEY INC

Employer identification number 31-0641306

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

PRESENTED AND REVIEWED BY THE BOARD AND FINANANCE COMMITTEE BY PAPER/AND OR

ELECTRONIC COPY

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY REVIEW ANNUALLY TIMELY RESPONSES

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL ANNUAL BOARD REVIEW - EXECUTIVE DIRECTOR

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
ANNUAL BOARD REVIEW

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION UPON REQUEST

FORM 990, PART XII, LINE 2C - CHANGE IN FINANCIAL REVIEW PROCESS

BOARD AND FINANCE COMMITTEE REVIEW. CHANGE IN YEAR END FROM DECEMBER 31 TO

JUNE 30 TO REFLECT A MORE NATURAL YEAR END FOR THE ORGANIZATION.