

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

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

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

C Name of organization
BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
203 COOPER AVENUE NORTH NO 162

City or town, state or province, country, and ZIP or foreign postal code
ST CLOUD, MN 56303

D Employer identification number
41-0972056

E Telephone number
(320) 258-4510

G Gross receipts \$ 1,118,243

F Name and address of principal officer:
VICKY WELTY
203 COOPER AVENUE NORTH NO 162
ST CLOUD, MN 56303

H(a) Is this a group return for subordinates? Yes No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.BBBSCENTRALMN.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1969

M State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO CREATE AND SUPPORT ONE-TO-ONE MENTORING RELATIONSHIPS THAT IGNITE THE POWER AND PROMISE OF YOUTH.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	19
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	19
6 Total number of volunteers (estimate if necessary)	6	750
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,092,531	1,058,031
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,655	26,410
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-35,137	11,128
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,095,049	1,095,569
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,375	39,000
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	711,925	760,711
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶138,398		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	246,882	280,082
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	961,182	1,079,793
19 Revenue less expenses. Subtract line 18 from line 12	133,867	15,776
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,755,788	1,823,633
21 Total liabilities (Part X, line 26)	105,863	169,986
22 Net assets or fund balances. Subtract line 21 from line 20	1,649,925	1,653,647

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer: *****
Date: 2020-10-29
Type or print name and title: VICKY WELTY PRESIDENT

Paid Preparer Use Only
Print/Type preparer's name: CLIFTONLARSONALLEN LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P01487323
Firm's EIN ▶ 41-0746749
Firm's address ▶ 818 SECOND STREET SOUTH SUITE 320
Phone no. (320) 203-5500
WAITE PARK, MN 56387

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

OUR MISSION IS TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED 1-TO-1 RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER.

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

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

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

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

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

4a (Code:) (Expenses \$ 812,864 including grants of \$ 39,000) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses ▶ 812,864

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a _____ 19</p>			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	No
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a	No
<p>b If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p>				
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a	No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b	No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c	
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a	No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b	
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>				
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c	No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e	No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f	No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g	
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8	
<p>9 Sponsoring organizations maintaining donor advised funds.</p>				
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a	
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b	
<p>10 Section 501(c)(7) organizations. Enter:</p>				
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b			
<p>11 Section 501(c)(12) organizations. Enter:</p>				
<p>a Gross income from members or shareholders</p>	11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>	11b			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>				
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>	12b		12a	
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>				
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.</p>			13a	
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b			
<p>c Enter the amount of reserves on hand</p>	13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a	No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b	
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.</p>			15	No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?</p>			16	No
<p>If "Yes," complete Form 4720, Schedule O.</p>				

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 5 main rows (1a-9) and 3 columns (Question, Yes, No). Row 1a: 19 members. Row 1b: 19 independent members. Rows 2-6: Yes/No. Row 7a: No. Row 7b: No. Row 8a: Yes. Row 8b: Yes. Row 9: No.

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

Table with 16 rows (10a-16b) and 3 columns (Question, Yes, No). Rows 10a-14: Yes. Row 15a: Yes. Row 15b: Yes. Row 16a: No. Row 16b: Yes.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: MN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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: JACKIE SCHOLL JOHNSON EXEC DIRECTOR 203 COOPER AVENUE NORTH NO 162 ST CLOUD, MN 56303 (320) 258-4510

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACKIE SCHOLL JOHNSON EXECUTIVE DIRECTOR	4.00			X			104,291	0	4,937	
(2) VICKY WELTY PRESIDENT	4.00	X		X			0	0	0	
(3) MARIE PRIMUS PAST-PRESIDENT	4.00	X		X			0	0	0	
(4) ALEX SCHOEPHOESTER VICE-PRESIDENT	3.00	X		X			0	0	0	
(5) KEVIN FITZPATRICK TREASURER	4.00	X		X			0	0	0	
(6) PETER SPANIOL SECRETARY	2.00	X		X			0	0	0	
(7) ERIN BITZAN BOARD MEMBER	2.00	X					0	0	0	
(8) PEG BROWN BOARD MEMBER	4.00	X					0	0	0	
(9) DEBBIE CLAUSEN BOARD MEMBER	1.00	X					0	0	0	
(10) ANN COFELL BOARD MEMBER	2.00	X					0	0	0	
(11) JEFF GANNON BOARD MEMBER	4.00	X					0	0	0	
(12) LEE HURD BOARD MEMBER	3.00	X					0	0	0	
(13) ANDY KNOBLAUCH BOARD MEMBER	1.00	X					0	0	0	
(14) COURTNEY KUNKEL BOARD MEMBER	4.00	X					0	0	0	
(15) HOLLY LEE BOARD MEMBER	1.00	X					0	0	0	
(16) BILL MARTIN-CHAFFEE BOARD MEMBER	2.00	X					0	0	0	
(17) VINCE MOHS BOARD MEMBER	2.00	X					0	0	0	

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

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

Table with 3 columns: Question (3, 4, 5), Yes, No. Questions regarding former officers, compensation over \$150,000, and compensation from unrelated organizations.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 101,294			
	b Membership dues	1b			
	c Fundraising events	1c 192,406			
	d Related organizations	1d			
	e Government grants (contributions)	1e 30,000			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 734,331			
	g Noncash contributions included in lines 1a - 1f:\$	1g 78,269			
	h Total. Add lines 1a-1f		1,058,031		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		26,410			26,410	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents		(i) Real	(ii) Personal			
			6a				
		b Less: rental expenses	6b				
		c Rental income or (loss)	6c				
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
			7a				
		b Less: cost or other basis and sales expenses	7b				
		c Gain or (loss)	7c				
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 192,406 of contributions reported on line 1c). See Part IV, line 18		8a	33,802			
			b Less: direct expenses	8b	22,674		
		c Net income or (loss) from fundraising events			11,128		11,128
	9a Gross income from gaming activities. See Part IV, line 19		9a				
			b Less: direct expenses	9b			
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold			10b				
c Net income or (loss) from sales of inventory							
11a Miscellaneous Revenue		Business Code					
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			1,095,569	0	0	37,538	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	39,000	39,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,106	82,530	11,276	17,300
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	538,500	399,999	54,657	83,844
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,948	17,788	2,432	3,728
9 Other employee benefits	35,424	26,313	3,596	5,515
10 Payroll taxes	51,733	38,427	5,250	8,056
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,600		25,600	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	9,970		9,970	
12 Advertising and promotion	29,392	29,392		
13 Office expenses	44,660	40,107	2,810	1,743
14 Information technology	29,736	22,088	3,018	4,630
15 Royalties				
16 Occupancy	28,300	21,022	2,872	4,406
17 Travel	963	715	98	150
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,090	9,585	505	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	17,722	13,164	1,799	2,759
23 Insurance	28,082	20,860	2,850	4,372
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 DUES & SUBSCRIPTIONS	28,741	28,468	273	
b MISCELLANEOUS	12,171	9,041	1,235	1,895
c BACKGROUND CHECKS	5,791	5,501	290	
d BAD DEBT	5,000	5,000		
e All other expenses	3,864	3,864		
25 Total functional expenses. Add lines 1 through 24e	1,079,793	812,864	128,531	138,398
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	325,211	1	305,553
	2 Savings and temporary cash investments	611,615	2	522,569
	3 Pledges and grants receivable, net	234,630	3	112,808
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	28,494	9	34,122
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	222,159		
	b Less: accumulated depreciation	222,159	17,722	10c 0
	11 Investments—publicly traded securities		11	291,230
	12 Investments—other securities. See Part IV, line 11	533,116	12	552,351
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,000	15	5,000
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,755,788	16	1,823,633	
Liabilities	17 Accounts payable and accrued expenses	44,863	17	52,694
	18 Grants payable		18	
	19 Deferred revenue	61,000	19	0
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	117,292
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	105,863	26	169,986
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,400,525	27	1,476,247
	28 Net assets with donor restrictions	249,400	28	177,400
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	1,649,925	32	1,653,647	
33 Total liabilities and net assets/fund balances	1,755,788	33	1,823,633	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,095,569
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,079,793
3	Revenue less expenses. Subtract line 2 from line 1	3	15,776
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,649,925
5	Net unrealized gains (losses) on investments	5	-12,054
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	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,653,647

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 41-0972056

Name: BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA

Form 990 (2019)

Form 990, Part III, Line 4a:

WE SERVE YOUTH RESIDING IN FIVE CENTRAL MINNESOTA COUNTIES: STEARNS, BENTON, SHERBURNE, MORRISON, AND WRIGHT. WE PROVIDE SERVICE TO OVER 500 CHILDREN EACH YEAR AND TARGET THOSE THAT NEED US MOST INCLUDING THOSE LIVING IN SINGLE PARENT HOMES, GROWING UP IN POVERTY, AND COPING WITH PARENTAL INCARCERATION. IN ADDITION, MANY OF THE CHILDREN IN OUR PROGRAM HAVE A DEVELOPMENTAL DISABILITY, MENTAL HEALTH DIAGNOSIS, AND/OR STRUGGLE ACADEMICALLY OR SOCIALLY. THE BIG BROTHERS BIG SISTERS YOUTH OUTCOMES SUMMARY SUBSTANTIATES THAT ITS MENTORING PROGRAMS HAVE PROVEN POSITIVE ACADEMIC, SOCIAL-EMOTIONAL AND BEHAVIORAL OUTCOMES FOR YOUTH, AND IS LINKED TO LONG-TERM OUTCOMES SUCH AS HIGH SCHOOL GRADUATION, AVOIDANCE OF JUVENILE DELINQUENCY, AND COLLEGE OR JOB READINESS. IN ADDITION TO THE LIFE-CHANGING MENTORING RELATIONSHIPS OUR TEAM DEVELOPS, EACH YEAR OUR AGENCY OFFERS OVER 40 EDUCATIONAL AND ENRICHING ACTIVITIES FOR YOUTH THAT INCORPORATE COLLEGE AND CAREER READINESS, ARTS & CULTURE, COMMUNITY ENGAGEMENT, AND HEALTH & FITNESS. THE CHILDREN SERVED BY OUR PROGRAM COME FROM DIVERSE BACKGROUNDS AND FACE UNIQUE CHALLENGES. PRESENTLY, 68% OF THE CHILDREN WE SERVE ARE FROM HOUSEHOLDS AT OR BELOW 200% OF THE FEDERAL POVERTY GUIDELINES. IN ADDITION, 60% OF OUR SERVICE POPULATION IS LIVING IN A SINGLE PARENT/GUARDIAN HOUSEHOLD, 36% OF THE CHILDREN WE SERVE HAVE A MENTAL HEALTH DIAGNOSIS OR CONCERN, 25% OF THE YOUTH-SERVED BY OUR PROGRAM HAVE EXPERIENCED PARENTAL INCARCERATION, AND 24% OF OUR SERVICE POPULATION IS ETHNICALLY DIVERSE. AT-RISK YOUTH, LEFT UNSUPPORTED, HAVE DECREASED ACADEMIC ACHIEVEMENT, POOR ATTENDANCE, DECREASED MOTIVATION AND SELF-ESTEEM, DECREASED SCHOOL ENGAGEMENT, INCREASED PSYCHOLOGICAL DISTRESS, AND ARE MORE LIKELY TO DROP OUT OF SCHOOL. WITHOUT IMMEDIATE GUIDANCE AND SUPPORT, THEY COULD MAKE CHOICES THAT UNDERMINE THEIR FUTURES, AND, ULTIMATELY, THE ECONOMIC AND SOCIAL WELL-BEING OF OUR COMMUNITY. (SOURCE: AKOS, P. & GALASSI, J. GENDER AND RACE AS VARIABLES IN PSYCHOSOCIAL ADJUSTMENT TO MIDDLE & HIGH SCHOOL. JOURNAL OF EDUCATIONAL RESEARCH.) MENTORING HAS BEEN PROVEN TO BE INSTRUMENTAL IN CREATING RESILIENT YOUTH ABLE TO OVERCOME THESE OBSTACLES AND CHALLENGES. A CARING ADULT CAN MAKE A BIG DIFFERENCE IN A CHILD'S FUTURE. MENTORS SERVE AS ROLE MODELS, ADVOCATES, FRIENDS, AND ADVISERS. MENTORS HELP YOUNG PEOPLE IMPROVE THEIR SOCIAL SKILLS AND EMOTIONAL WELL-BEING, ADVANCE THEIR COGNITIVE SKILLS, AND PLAN FOR THE FUTURE. YOUTH THAT PARTICIPATE IN HIGH QUALITY MENTORING RELATIONSHIPS DEMONSTRATE THE FOLLOWING BENEFITS: IMPROVED SCHOOL ATTENDANCE AND PERFORMANCE-INCREASED GRADUATION RATES-HIGHER LIFETIME EARNINGS-REDUCED TRUANCY-IMPROVED HEALTH OUTCOMES (REDUCTION IN TEEN PREGNANCY, ALCOHOL AND DRUG USE)-REDUCED JUVENILE CRIME-REDUCED ADULT CRIME-REDUCED NEED FOR SOCIAL SERVICES (SOURCE: WILDER RESEARCH AND UNIVERSITY OF MINNESOTA, 2007) MENTORING IS PROVEN TO BREAK THE CYCLE OF POVERTY BY PROVIDING OPPORTUNITIES TO CHILDREN THAT HELP THEM DEVELOP INTO COMMUNITY ASSETS RATHER THAN ABSORBING SOCIAL COSTS. SOCIAL RETURN ON INVESTMENT STUDIES CONDUCTED BY WILDER RESEARCH AND THE UNIVERSITY OF MINNESOTA FOUND QUALITY MENTORING PROGRAMS TO HAVE A BENEFIT-COST RATIO OF \$3.40 RESULTING FROM REDUCED TRUANCY/COURT COSTS, REDUCED HIGH SCHOOL DROPOUT RATES, AND IMPROVED HEALTH OUTCOMES. (*ADJUSTED FOR INFLATION IN 2018. SOURCE: UNITED STATES DEPARTMENT OF LABOR) OUR PROGRAM PARTNERS (TEACHERS, COUNSELORS, SOCIAL WORKERS, COUNTY WORKERS, AND OTHER YOUTH-SERVING ORGANIZATIONS) HELP TO ENSURE THAT WE RECEIVE REFERRALS FOR THE CHILDREN WHO NEED OUR SERVICES MOST. WE RECEIVE REFERRALS FOR CHILDREN NEARLY EVERY DAY. WE CURRENTLY HAVE 113 VULNERABLE YOUTH ON OUR WAITING LIST. BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA OFFERS THREE DISTINCT PROGRAM OPTIONS: 1) COMMUNITY-BASED MENTORING: CHILDREN ARE MATCHED WITH A BIG BROTHER, BIG SISTER, BIG COUPLE OR BIG FAMILY AND MEET WITH THEM 2-4 TIMES A MONTH, FOR 2-4 HOURS, IN THE COMMUNITY. 2) SCHOOL-BASED MENTORING: CHILDREN MEET WITH THEIR MENTOR ON SCHOOL GROUNDS 2-4 TIMES A MONTH, FOR 2-4 HOURS. THE SCHOOL SETTING IS A GREAT PLACE TO HELP A CHILD REALIZE THEIR POTENTIAL AND IS A CONVENIENT MEETING PLACE FOR CHILDREN AND VOLUNTEERS. 3) SITE-BASED MENTORING: THIS PROGRAM TARGETS SCHOOL-AGE YOUTH FACING ADVERSITY THAT RESIDE IN A SPECIFIC COMMUNITY OR NEIGHBORHOOD. CHILDREN MEET WITH THEIR MENTOR 2-4 TIMES EACH MONTH, FOR 2-4 HOURS, AT A CENTRAL AND PUBLIC LOCATION WITHIN THAT COMMUNITY/NEIGHBORHOOD. THIS PROGRAM ALLOWS CHILDREN TO INTERACT WITH THEIR "BIG" AT A FACILITY THAT IS CLOSE TO HOME, SAFE, AND FAMILIAR. THE COST OF MAKING AND SUPPORTING A MATCH BETWEEN A YOUTH AND A MENTOR IS \$1,500 PER YEAR. BEHIND EVERY SUCCESSFUL MATCH IS VITAL SUPPORT: SCREENING, BACKGROUND CHECKS, TRAINING, ONGOING COMMUNICATION, ENCOURAGEMENT, AND GUIDANCE PROVIDED BY PROFESSIONAL STAFF DEDICATED TO FOSTERING THE BEST RELATIONSHIPS POSSIBLE FOR CHILDREN, FAMILIES, AND VOLUNTEERS. WE DO NOT CHARGE A FEE TO PARTICIPATE IN OUR PROGRAM AND WE DO NOT ASK PROGRAM PARTICIPANTS TO FUND-RAISE. CHILD SAFETY IS OUR GREATEST PRIORITY. OUR PROFESSIONAL STAFF HAVE 4-YEAR DEGREES IN THE FIELD OF SOCIAL SERVICES. OUR EXTENSIVE VOLUNTEER SCREENING PROCESS, WHICH INCLUDES AN IN-PERSON INTERVIEW, REFERENCE CHECKS, AND BACKGROUND CHECKS, ENSURES SAFE AND COMPATIBLE MATCHES FOR THE CHILDREN WE SERVE. EACH MATCH IS ASSIGNED TO A PROGRAM COORDINATOR WHO PROVIDES ADVICE, GUIDANCE, AND ENCOURAGEMENT THROUGHOUT THE COURSE OF THE RELATIONSHIP. EACH MONTH, OUR PROGRAM COORDINATORS COMMUNICATE WITH EVERY CHILD, MENTOR, AND PARENT/GUARDIAN ON THEIR CASELOAD TO ENSURE CHILD SAFETY AND MATCH EFFECTIVENESS. IN ADDITION TO THE NUMEROUS BENEFITS PROVIDED THROUGH MENTORING RELATIONSHIPS, EACH YEAR OUR AGENCY OFFERS OVER 40 EDUCATIONAL AND ENRICHING ACTIVITIES FOR YOUTH THAT INCORPORATE COLLEGE AND CAREER READINESS, ARTS & CULTURE, COMMUNITY ENGAGEMENT, HEALTH, AND FITNESS. OUR PROGRAM COORDINATORS ALSO EQUIP OUR MENTORS WITH TRAINING, RESOURCES, AND TOOLS TO AID THEM IN ENCOURAGING THEIR LITTLE TO EXPLORE POST-SECONDARY OPTIONS, EXAMINE DIFFERENT CAREERS, AND SET GOALS FOR THE FUTURE. BY CREATING AWARENESS OF POST-SECONDARY EDUCATIONAL OPPORTUNITIES AND BY EDUCATING THE VULNERABLE YOUTH WE SERVE ABOUT COLLEGE PREPARATION AND THE RESOURCES AVAILABLE TO THEM, WE CAN BE INSTRUMENTAL IN BUILDING THEIR FUTURE AND THE FUTURE OF OUR COMMUNITY. DURING OUR LAST FISCAL YEAR, 395 YOUTH OVER THE AGE OF 12 PARTICIPATED IN OUR COLLEGE AND CAREER READINESS ACTIVITIES, AND THROUGH OUR PARTNERSHIPS WITH GENEROUS CORPORATE SPONSORS, BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA WAS ABLE TO AWARD 12 EXCLUSIVE SCHOLARSHIPS TO YOUTH IN OUR PROGRAM, TOTALING \$39,000. GENEROUS DONORS ALSO HELPED US PROVIDE 927 TICKETS TO OUR MENTORING MATCHES TO ATTEND THEATER PERFORMANCES, SPORTING EVENTS, AND OTHER SPECIAL OUTINGS. YOUTH-SERVED BY BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA DURING THE LAST FISCAL YEAR (JULY 1, 2019-JUNE 30, 2020) EXPERIENCED THE FOLLOWING POSITIVE OUTCOMES: 97% OF YOUTH IMPROVED THEIR SOCIAL ACCEPTANCE, 90% OF YOUTH IMPROVED THEIR ATTITUDES TOWARDS RISKY BEHAVIORS, 89% OF YOUTH IMPROVED THEIR EDUCATION EXPECTATIONS, 86% OF YOUTH IMPROVED THEIR SCHOLASTIC COMPETENCE, 83% OF YOUTH IMPROVED THEIR PARENTAL TRUST, 73% OF YOUTH IMPROVED THEIR GRADES. BIG BROTHERS BIG SISTERS IS THE OLDEST, LARGEST, AND MOST EFFECTIVE YOUTH MENTORING ORGANIZATION IN THE UNITED STATES. FOR OVER A CENTURY, BIG BROTHERS BIG SISTERS HAS BEEN HELPING CHANGE KIDS' PERSPECTIVES AND GIVING THEM THE OPPORTUNITY TO REACH THEIR FULL POTENTIAL. BEING THE NATION'S LEADING MENTORING EXPERT, BIG BROTHERS BIG SISTERS OF AMERICA PROVIDES OUR LOCAL AGENCY WITH THE GUIDANCE AND RESOURCES NECESSARY TO PROVIDE SAFE, HIGH-QUALITY, AND EFFECTIVE MENTORING SERVICES. OUR BOARD OF DIRECTORS IS COMPRISED OF 19 DEDICATED, COMMUNITY LEADERS. WE HAVE 14 PROFESSIONAL STAFF MEMBERS. OUR PROGRAM TEAM CONSISTS OF PROFESSIONAL DEGREES IN THE FIELD OF SOCIAL SERVICES (PSYCHOLOGY, SOCIAL WORK, CRIMINAL JUSTICE) WHO MAINTAIN CLOSE, CONSISTENT COMMUNICATION WITH THE CHILD, THE CHILD'S FAMILY, THE CHILD'S MENTOR, AND THE CHILD'S SCHOOL IN ORDER TO FOSTER THE WELL-BEING AND SUCCESS OF EACH CHILD WE SERVE. WE ALSO HAVE PROFESSIONAL STAFF IN BUSINESS, EDUCATION, AND FUNDRAISING. AS THE NATION'S LARGEST VOLUNTEER-SUPPORTED MENTORING NETWORK, WE TRULY VALUE THE TIME, ENERGY, AND EFFORT OUR SUPPORTERS INVEST. BIG BROTHERS BIG SISTERS WOULDN'T EXIST WITHOUT OUR VOLUNTEERS. WE HAVE OVER 1,000 VOLUNTEERS WHO EITHER SERVE AS MENTORS OR AS PROGRAM SUPPORT VOLUNTEERS BY SERVING AS COMMITTEE MEMBERS, OFFICE ASSISTANTS, AND/OR EVENT VOLUNTEERS.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA

Employer identification number
41-0972056

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	1,017,784	885,147	972,937	1,092,531	1,058,031	5,026,430
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	1,017,784	885,147	972,937	1,092,531	1,058,031	5,026,430
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,068,614
6 Public support. Subtract line 5 from line 4.						2,957,816

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	1,017,784	885,147	972,937	1,092,531	1,058,031	5,026,430
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	3,876	4,102	10,149	37,655	26,410	82,192
9 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.).						
11 Total support. Add lines 7 through 10						5,108,622
12 Gross receipts from related activities, etc. (see instructions)					12	346,275

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	57.900 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	58.410 %

- 16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 41-0972056

Name: BIG BROTHERS BIG SISTERS OF CENTRAL
MINNESOTA

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **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.**

Name of the organization
BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA

Employer identification number
41-0972056

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		165,219	165,219	0
d Equipment		56,940	56,940	0
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				0

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) FUNDS HELD BY FOUNDATION	552,351	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	552,351	

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,083,515
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		-12,054
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-12,054
3	Subtract line 2e from line 1		3	1,095,569
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,095,569

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

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

1	Total expenses and losses per audited financial statements		1	1,079,793
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1		3	1,079,793
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,079,793

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-0972056

Name: BIG BROTHERS BIG SISTERS OF CENTRAL
MINNESOTA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CORRESPONDING STATE TAX CODES. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION AND CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS A CHARITABLE TAX DEDUCTION BY THE CONTRIBUTOR. THE ORGANIZATION FILES AS A TAX-EXEMPT ORGANIZATION, AND SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION WOULD BE SUBJECT TO REVIEW BY THE INTERNAL REVENUE SERVICE.

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury Internal Revenue Service

Name of the organization BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA

Employer identification number

41-0972056

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations e Solicitation of non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... 2b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (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. Includes a Total row at the bottom.

3 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.

Part II 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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MAGIC MOMENTS GALA (event type)	BOWL FOR KIDS' SAKE (event type)	(total number)	(add col. (a) through col. (c))
1	Gross receipts	177,517	48,691		226,208
2	Less: Contributions	144,715	47,691		192,406
3	Gross income (line 1 minus line 2)	32,802	1,000		33,802
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs		4,385	4,385
	7	Food and beverages		152	152
	8	Entertainment	6,932		6,932
	9	Other direct expenses	5,644	5,561	11,205
10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				22,674
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				11,128

Part III 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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
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) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

Schedule I (Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA

Employer identification number

41-0972056

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	10	39,000			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	WE RECRUIT PAST/CURRENT LITTLES AND HIGH SCHOOL BIGS TO APPLY FOR THE SCHOLARSHIPS. WE HAVE A COMMITTEE OF VOLUNTEERS REVIEW AND SELECT BASED ON QUALIFICATIONS AND SCHOOL NEEDS AND THEIR GOALS. THIS IS AWARDED AFTER THEY COMPLETED THE SEMESTER (AFTER THEY ARE AWARDED THE SCHOLARSHIP) AND SUBMIT A TRANSCRIPT SHOWING THEY COMPLETED THE SEMESTER. THE CHECK IS MADE OUT TO THE SCHOOL.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA

Employer identification number
41-0972056

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	1	648	FAIR VALUE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
EVENT IN KIND	X	95	41,246	FAIR VALUE
25 Other ▶ (<u>DONATIONS</u>)	X	6	35,250	FAIR VALUE
26 Other ▶ (<u>SPONSORSHIP</u>)	X	88	1,000	FAIR VALUE
SPORTS TICKETS AND BIKES FOR LITTLES	X			
27 Other ▶ (<u>LITTLES</u>)	X	2	125	FAIR VALUE
BUILDING/MAINTENANCE IN KIND	X			
28 Other ▶ (<u>IN KIND</u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? Yes No

b If "Yes," describe the arrangement in Part II. 30a No

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a No

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2019

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA

Employer identification number

41-0972056

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	<p>OUR VISION: THAT ALL YOUTH ACHIEVE THEIR FULL POTENTIAL. STRATEGIC PLAN: BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA HAS AN ACTIVE STRATEGIC PLAN FOR GROWTH COVERING FOUR KEY THEMES TO ACHIEVE OUR MISSION AND VISION. THEME 1: CREATE AND PROMOTE OPPORTUNITIES FOR LITTLES TO BE SUCCESSFUL TODAY AND IN THE FUTURE. INITIATIVE: DEVELOP A RESOURCE PLAN TO INCREASE ENGAGEMENT IN EDUCATION BY LITTLES AND THEIR FAMILIES. GOALS: 1A) RESEARCH AND PROVIDE RESOURCES FOR LITTLES AND THEIR PARENTS TO BECOME MORE ENGAGED IN THEIR EDUCATION; 1B) ASSIST LITTLES AND THEIR FAMILIES WITH RESOURCES FOR DISTANCE LEARNING. INITIATIVE: ENHANCE THE PROCESS FOR SURVEYING LITTLES, TRACKING RESULTS AND ESTABLISHING LONG-TERM GOALS FOR THEIR FUTURE. GOALS: 1C) MAINTAIN/INCREASE SURVEY RESULTS AGAINST ESTABLISHED BENCHMARKS AND SHARE RESULTS; 1D) DEVELOP ONGOING RESOURCE PLAN TO FACILITATE AND COORDINATE SURVEY PROCESS AND RESULTS. THEME 2: INITIATE NEW BUSINESS AND INDIVIDUAL PARTNERSHIPS AND EXPAND EXISTING RELATIONSHIPS. INITIATIVE: INCREASE INDIVIDUAL FUNDRAISING AND GIVING TO LESSEN DEPENDENCY ON SPECIAL EVENTS AND CORPORATE SPONSORSHIPS. GOALS: 2A) ENHANCE RELATIONSHIPS WITH CURRENT AND FORMER BIGS; 2B) DEVELOP FUNNEL FOR INDIVIDUAL GIVING AND ESTABLISH GOALS. INITIATIVE: INCREASE BUSINESS CONTACTS FOR FUNDRAISING, VOLUNTEERISM AND PROSPECTING FOR NEW BIGS. GOALS: 3B) EXPAND RELATIONSHIP WITH CURRENT BUSINESS PARTNERS; 4B) DEVELOP FUNNEL AND GOALS FOR ATTAINING NEW BUSINESS PARTNERS. THEME 3: INCREASE RECRUITMENT OF BIGS IN UNDERSERVED COMMUNITIES. INITIATIVE: INCREASE DIVERSITY OF BIGS TO INCLUDE A VARIETY OF BACKGROUNDS, NATIONALITIES, RACES, GEOGRAPHIES, AGES, EXPERTISE AND WORK EXPERIENCE, ETC. GOALS: 3A) DEFINE AND PRIORITIZE AREAS THAT ARE UNDERSERVED (I.E. GEOGRAPHIC COMMUNITIES, RACE, LGBTQ, AGE, ETC.); 3B) ESTABLISH ONGOING DEI GROUP AND MISSION. THEME 4: STRENGTHEN RELATIONSHIPS BETWEEN BOARD MEMBERS, LEADERS, STAFF, VOLUNTEERS, STAKEHOLDERS AND OUR COMMUNITIES. INITIATIVE: ENHANCE VOLUNTEER PROCESS FROM INQUIRY TO TERMINATION. GOALS: 4A) IDENTIFY BEST PRACTICES AND OPPORTUNITIES FOR IMPROVEMENT IN MAKING THE VOLUNTEER PROCESS MORE USER-FRIENDLY, TIMELY AND SAFE; 4B) ESTABLISH AND COMMUNICATE CLEAR RESPONSIBILITIES OF RESOURCES FOR EACH AREA OF THE VOLUNTEER PROCESS; 4C) IDENTIFY BEST PRACTICES AND OPPORTUNITIES FOR KEEPING A VOLUNTEER POSITIVELY ENGAGED WITH THEIR MATCH AND WITH THE AGENCY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	<p>OUR CORPORATE PARTNERS NOT ONLY PROVIDE FISCAL SUPPORT, THEY OFFER A POOL OF VOLUNTEERS THAT ARE ACTIVE WITH OUR AGENCY'S EVENTS, ACTIVITIES, AND COMMITTEES. CAPITAL ONE, ONE OF OUR AGENCY'S MOST DEDICATED CORPORATE SPONSORS, PROVIDES OVER 100 ASSOCIATES EACH YEAR THAT ARE ENGAGED WITH OUR AGENCY IN A VARIETY OF CAPACITIES. OUR AGENCY HAS SEVERAL COMMITTEES THAT ENSURE OUR PROGRAM IS TRANSPARENT AND WELL-ADVISED: ADVISORY COMMITTEE, PROGRAM COMMITTEE, FUND DEVELOPMENT COMMITTEE, RECRUITMENT, AND PR & MARKETING COMMITTEE. WE ALSO HAVE EVENT COMMITTEES THAT ORGANIZE AND PLAN OUR MAJOR FUNDRAISING EVENTS ON AN ANNUAL BASIS: GLOBAL COMMITTEE AND GO BIG FOR KIDS' SAKE COMMITTEE. EACH OF THESE COMMITTEES CONSISTS OF FIVE OR SIX SUB-COMMITTEES. EACH COMMITTEE IS COMPRISED OF 5 TO 20+ DEDICATED COMMUNITY MEMBERS. THE ACCOMPLISHMENTS OF OUR AGENCY'S COMMITTEES HAVE ENSURED THAT OUR MENTORING PROGRAMMING IS EFFECTIVE, OUR FUNDRAISERS ARE SUCCESSFUL, AND THAT BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA IS HIGHLY REGARDED AND RESPECTED IN OUR COMMUNITY. SINCE 1969, WHEN BIG BROTHERS BIG SISTERS WAS ESTABLISHED IN THE CENTRAL MINNESOTA COMMUNITY, WE HAVE WORKED WITH OTHER COMMUNITY MEMBERS AND ORGANIZATIONS FOR SOLUTIONS TO COMMON CHALLENGES. WE BELIEVE THAT FAMILIES ARE BEST SERVED WHEN THE RESOURCES OF THE BROADER COMMUNITY ARE LEVERAGED; CREATING A WIDE NETWORK OF SUPPORT THAT GOES BEYOND THE ABILITIES OF ONE EXISTING AGENCY. OUR AGENCY CONTINUALLY WORKS IN COLLABORATION WITH OTHER YOUTH/FAMILY SERVING ORGANIZATIONS SUCH AS SCHOOL DISTRICTS, COUNTY ORGANIZATIONS, AND LAW ENFORCEMENT AGENCIES, CREATING EFFECTIVE, SYSTEMIC CHANGE. OUR AGENCY ALSO REFERS THE SERVICES OF OTHER AREA AGENCIES IN THE BEST INTEREST OF THE CHILD AND/OR FAMILY. SUCH RECOMMENDATIONS MAY INCLUDE COUNSELING SERVICES, SOCIAL SERVICES, AND INTERVENTION SERVICES. WE CURRENTLY PARTNER WITH THE ST. CLOUD POLICE DEPARTMENT, WAITE PARK POLICE DEPARTMENT, AND SARTELL POLICE DEPARTMENT FOR OUR BIGS IN BLUE MENTORING INITIATIVE. THIS INITIATIVE PAIRS POLICE OFFICERS WITH YOUTH FACING ADVERSITY IN OUR COMMUNITY. WE ARE WORKING ON EXPANDING THIS INITIATIVE THROUGHOUT OUR SERVICE AREA. IN OUR SCHOOL-BASED MENTORING PROGRAM, WE WORK DIRECTLY WITH PRINCIPALS, TEACHERS, SOCIAL WORKERS, AND COUNSELORS TO ENSURE THAT WE ARE REACHING THE YOUTH THAT ARE MOST IN NEED FOR OUR SERVICES. IN ADDITION TO IDENTIFYING CHILDREN FACING CHALLENGES, OUR PARTNERSHIPS WITH SCHOOL PERSONNEL HELP US TO IDENTIFY UNIQUE, ACHIEVABLE GOALS FOR EACH CHILD. IN 2016, WE LAUNCHED A NEW INITIATIVE CALLED BIGS ON CAMPUS MENTORING INITIATIVE, WHICH IS A UNIQUE SITE-BASED PROGRAM THAT TAKES PLACE AT ST. CLOUD STATE UNIVERSITY. ONE OF OUR EARLY SUPPORTERS AND PARTNERS IN THIS INITIATIVE WAS DR. EARL H. POTTER, FORMER PRESIDENT OF ST. CLOUD STATE UNIVERSITY. HE DIED IN A CAR CRASH ON JUNE 13, 2016. JUST PRIOR TO HIS FATAL CRASH, DR. POTTER SIGNED A PARTNERSHIP AGREEMENT FOR THIS INNOVATIVE PROGRAM TO BE LAUNCHED ON THE CAMPUS. THE PRO</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS</p>	<p>GRAM WAS RE-NAMED IN HIS HONOR TO DR. POTTER BIGS ON CAMPUS MENTORING INITIATIVE. BOTH DR. POTTER'S WIFE AND DAUGHTER ARE ACTIVELY INVOLVED WITH THE INITIATIVE, WHICH SERVES JUNIOR HIGH AND HIGH SCHOOL STUDENTS FACING ADVERSITY. DUE TO THE SUCCESS OF THE PILOT YEAR, THE INITIATIVE WAS EXPANDED IN EACH OF THE FOLLOWING SCHOOL YEARS TO SERVE MORE YOUTH - THE NUMBER OF YOUTH WE SERVE THROUGH THIS INITIATIVE HAS QUADRUPLED SINCE IT WAS LAUNCHED. MOST OF THE STUDENTS-SERVED ARE YOUTH OF COLOR, RESIDING IN LOW INCOME HOUSEHOLDS, WHO WOULD BE FIRST GENERATION COLLEGE STUDENTS. THE GOAL OF THE PROGRAM IS TO BROADEN STUDENTS' HORIZONS BY EXPOSING THEM TO COLLEGE LIFE. TWICE EACH MONTH, STUDENTS ARE PICKED UP AT THEIR SCHOOL AND BUSED TO THE ST. CLOUD STATE UNIVERSITY CAMPUS. THEY ARE PAIRED ONE-TO-ONE WITH A PROFESSIONAL STAFF MEMBER OF THE COLLEGE, AN ALUMNI, OR A PROFESSIONAL IN THE COMMUNITY. THE MENTORING MATCHES SPEND THEIR TIME TOGETHER EXPLORING CAMPUS, TOURING ACADEMIC DEPARTMENTS, PARTICIPATING IN CAMPUS ACTIVITIES, AND EVEN SITTING IN ON CLASSES. WITH OUR COMMUNITY'S GROWING DIVERSITY, PARTICULARLY THE SOMALI POPULATION, OUR DR. POTTER BIGS ON CAMPUS MENTORING INITIATIVE HAS PROVEN TO BE A SUCCESSFUL TOOL IN HELPING US SERVE IMMIGRANT AND REFUGEE STUDENTS, PROVIDING AN OPPORTUNITY FOR SOMALI YOUTH TO FORM POSITIVE, WELCOMING CONNECTIONS IN OUR COMMUNITY. IT CREATES A REAL SENSE OF UNITY AMONG ALL OF THE STUDENTS IN THE INITIATIVE BREAKING DOWN BARRIERS THAT DIVIDE US AND EMBRACING THE IDEA OF ACCEPTANCE. THROUGH THIS INITIATIVE, WE PARTNER WITH ST. CLOUD STATE UNIVERSITY, ST. CLOUD AREA SCHOOL DISTRICT 742, AND SPANIER BUS SERVICE. FOR OUR EFFORTS WITH OUR DR. POTTER BIGS ON CAMPUS MENTORING INITIATIVE, WE WERE AWARDED A PARTNERS IN EDUCATION AWARD FROM THE ST. CLOUD AREA SCHOOL DISTRICT. WE ALSO RECEIVED AN OUTSTANDING COMMUNITY PARTNER AWARD FROM ST. CLOUD STATE UNIVERSITY AND A SPIRIT OF CARING AWARD FROM CENTRACARE FOR THIS INITIATIVE. BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA'S STAFF MEMBERS ATTEND 40+ DIFFERENT NETWORKS/ORGANIZATIONS IN WHICH WE SERVE ALONGSIDE OTHER COMMUNITY/YOUTH-SERVING ORGANIZATIONS (EXAMPLES: ST. CLOUD AREA HUMAN SERVICE COUNCIL, CHAMBER OF COMMERCE, ST. CLOUD AREA VOLUNTEER COORDINATORS, ROTARY CLUB, UNITED WAY PARTNER FOR STUDENT SUCCESS, OPTIMIST CLUB, ETC.). RECENT AWARDS/RECOGNITION: - BIG BROTHERS BIG SISTERS OF CENTRAL MINNESOTA HAS BEEN AWARDED THE "EXPERT PARTNER" STATUS WITH MENTOR MINNESOTA - SPIRIT OF CARING AWARD FROM CENTRACARE FOUNDATION FOR OUR INNOVATION OF THE DR. POTTER BIGS ON CAMPUS MENTORING INITIATIVE - ROCK ON AWARD FROM ST. CLOUD MAYOR DAVE KLEIS - MINNESOTA HOUSE RESOLUTION HONORING BIG BROTHERS BIG SISTERS' 50TH ANNIVERSARY FROM THE MINNESOTA HOUSE OF REPRESENTATIVES, LED BY REPRESENTATIVE TAMARA THEIS - PATRIOTIC EMPLOYER FROM THE OFFICE OF THE SECRETARY OF DEFENSE FOR CONTRIBUTING TO THE NATIONAL SECURITY AND PROTECTING LIBERTY AND FREEDOM BY SUPPORTING EMPLOYEE PARTICIPATION IN AMERICA</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS	N'S NATIONAL GUARD AND RESERVE FORCE - MINNESOTA CAMPUS COMPACT PRESIDENTS' COMMUNITY PART NER AWARD, SELECTED BY DR. ROBBYN WACKER, PRESIDENT SCSU

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE ORGANIZATION HAS THE FOLLOWING COMMITTEES: PERSONNEL, FINANCE, FUND DEVELOPMENT, PROGRAM ADVISORY, EXECUTIVE, PUBLIC RELATIONS & MARKETING, AND RECRUITMENT. EACH COMMITTEE INCLUDES MEMBERSHIP OF BOARD MEMBERS, KEY STAFF, COMMUNITY MEMBERS, BIGS, AND/OR PARENTS OF LITTLES. COMMITTEES ANSWER TO THE BOARD AT LARGE. THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE PRESIDENT, WHO SHALL SERVE AS THE CHAIR; OTHER OFFICERS; AND THE PAST PRESIDENT. THIS COMMITTEE SHALL, SUBJECT AT ALL TIMES TO THE DIRECTION AND CONTROL OF THE BOARD OF DIRECTORS, AND TO THE EXTENT PERMITTED BY LAW, ACT IN THE INTERVAL BETWEEN MEETINGS OF THE FULL BOARD AND HAVE THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION. THE EXECUTIVE COMMITTEE MEETS AS NEEDED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE COMPLETED 990 WAS REVIEWED BY THE EXECUTIVE DIRECTOR, TREASURER AND PRESIDENT. THEN THE BOARD REVIEWS AND IT IS UP TO A MAJORITY VOTE TO SUBMIT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUAL PRESENTATION OF THE POLICY AND REVIEW OF THE DOCUMENT. BOARD MEMBERS COMPLETE CONFLICTS OF INTEREST STATEMENT ANNUALLY. EXCEPT AS PERMITTED BY LAW, WITH RESPECT TO ANY CONTRACT OR OTHER TRANSACTION BETWEEN THIS CORPORATION AND ANY DIRECTOR (OR AN ORGANIZATION IN WHICH A DIRECTOR IS A DIRECTOR, OFFICER, OR LEGAL REPRESENTATIVE OR HAS A MATERIAL FINANCIAL INTEREST): (1) THE MATERIAL FACTS AS TO SUCH A CONTRACT OR TRANSACTION AND AS TO THE DIRECTOR'S INTEREST MUST BE FULLY DISCLOSED OR KNOWN TO THE BOARD OF DIRECTORS PRIOR TO APPROVAL OF SUCH CONTRACT OR TRANSACTION; (2) SUCH APPROVAL SHALL REQUIRE THE AFFIRMATIVE VOTE OF A MAJORITY OF THE DIRECTORS, NOT COUNTING ANY VOTE THAT THE INTERESTED DIRECTOR OTHERWISE MIGHT HAVE; AND (3) THE INTERESTED DIRECTOR SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	AN AD HOC COMMITTEE IS FORMED, INCLUDING THE BOARD PRESIDENT. THE AD HOC COMMITTEE MEETS WITH THE ED AND REVIEWS AND DEVELOPS GOALS. THIS AND SALARY RECOMMENDATIONS ARE THEN BROUGHT TO THE BOARD AT LARGE AND VOTED ON. A SALARY STUDY WAS COMPLETED FOR THE ENTIRE TEAM BASED ON THE MN COUNCIL OF NONPROFITS COMPENSATION STUDY. WE LOOKED AT EACH POSITION, WAGE/SALARY, AND COMPARED IT WITH LIKE-POSITIONS IN SIMILAR GEOGRAPHIC AREAS FOR THE STATE OF MN, VIA THE MN COUNCIL OF NONPROFITS COMPENSATION STUDY. THE PROCESS IS COMPLETED ANNUALLY AND WAS LAST COMPLETED IN 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.