

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning JULY 01, 2013, and ending JUNE 30, 20 14

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization BIG BROTHERS BIG SISTERS OF AMERICA
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2202 N WESTSHORE BLVD 455
 City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 33607

D Employer identification number
23-1365190

E Telephone number
(813)720-8778

G Gross receipts \$ 24,898,507

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

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

J Website: ▶ WWW.BBBS.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1977 **M** State of legal domicile: FL

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>BIG BROTHERS BIG SISTERS OF AMERICA IS THE NATION'S PREMIER MENTORING ORGANIZATION.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	128
	6	Total number of volunteers (estimate if necessary)	6	25
	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 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>15,560,830</u>	<u>16,977,905</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>69,976</u>	<u>-4,856</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,159,024</u>	<u>3,706,275</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>16,789,830</u>	<u>20,679,324</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>4,738,696</u>	<u>4,824,699</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u>0</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>9,036,641</u>	<u>7,764,030</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>635,790</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>7,603,002</u>	<u>15,925,736</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>21,378,339</u>	<u>28,514,465</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>-4,588,509</u>	<u>-7,835,141</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>11,941,752</u>	<u>11,834,952</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>8,679,217</u>	<u>9,487,617</u>
			<u>3,262,535</u>	<u>2,347,335</u>

Part II Signature Block

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

Sign Here

Signature of officer: TIM MIDKIFF, CFO Date: _____
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: NICOLE BENCIK Preparer's signature: *Nicole Bencik* Date: 5/15/2015 Check if self-employed PTIN: P00756195
 Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224 Phone no. (312)899-7000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2013)

Kocaj, Brittney

From: Tim Midkiff <Tim.Midkiff@bbbs.org>
Sent: Wednesday, February 11, 2015 2:28 PM
To: Kocaj, Brittney
Subject: FW: 2013 Electronic Return Accepted by the IRS

Brittney

Here is the first extension filed for 2013

Tim Midkiff

Chief Financial Officer

Big Brothers Big Sisters of America
450 E. John Carpenter Freeway – Suite 100
Irving, TX 75062
Direct: 469-351-3161 Cell: 972-322-0955
BigBrothersBigSisters.org

Every time you donate money or time to Big Brothers Big Sisters,
you help a child reach their potential.

Start Something™ today at BigBrothersBigSisters.org

From: CCH-ReturnNotification@wolterskluwer.com [mailto:CCH-ReturnNotification@wolterskluwer.com]
Sent: Monday, November 10, 2014 1:48 PM
To: Mark Alexander
Subject: 2013 Electronic Return Accepted by the IRS

BIG BROTHERS BIG SISTERS OF AMERICA,

You are receiving this e-mail on behalf of SHECHTMAN MARKS DEVOR PC.

Your electronically filed Exempt federal income tax extension for tax year 2013 has been acknowledged as accepted for processing by the IRS on 11/10/2014.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **23587420143140339e71**.

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or extension is accepted by the taxing authority. We do not monitor this e-mail address for

Kocaj, Brittney

From: Tim Midkiff <Tim.Midkiff@bbbs.org>
Sent: Wednesday, February 11, 2015 10:56 AM
To: Kocaj, Brittney
Subject: FW: 2013 Electronic Return Accepted by the IRS

B –
[We can discuss at 10](#)

Tim Midkiff
Chief Financial Officer
Big Brothers Big Sisters of America
450 E. John Carpenter Freeway – Suite 100
Irving, TX 75062
Direct: 469-351-3161 Cell: 972-322-0955
BigBrothersBigSisters.org

Every time you donate money or time to Big Brothers Big Sisters,
you help a child reach their potential.
Start Something™ today at BigBrothersBigSisters.org

From: CCH-ReturnNotification@wolterskluwer.com [mailto:CCH-ReturnNotification@wolterskluwer.com]
Sent: Wednesday, February 11, 2015 9:49 AM
To: Mark Alexander
Subject: 2013 Electronic Return Accepted by the IRS

BIG BROTHERS BIG SISTERS OF AMERICA,

You are receiving this e-mail on behalf of SHECHTMAN MARKS DEVOR PC.

Your electronically filed Exempt federal income tax Extension for tax year 2013 has been acknowledged as accepted for processing by the IRS on 02/11/2015.

Your return was sent to the Ogden Service Center.

Your SubmissionID is **2358742015042032fe11**.
Your Client ID is **DM8270001** .

Do not mail the paper copy of your tax return to the IRS. It is for your use only.

PLEASE DO NOT REPLY TO THIS E-MAIL.

We generate this e-mail automatically from your request to be notified when your return or

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

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

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

4a (Code:) (Expenses \$ 8,668,921 including grants of \$ 1,825,682) (Revenue \$ 1,402,467)

BRAND DEVELOPMENT INCLUDES THE INFORMATION DELIVERED TO THE AGENCIES VIA CONFERENCES, MEETINGS, AND TRAINING SESSIONS. ALSO, BBBSA SUPPORTS THE LOCAL STAFF AND BOARD IN DEVELOPMENT FOR FURTHER BBBSA VISIBILITY AND IMPACT.

4b (Code:) (Expenses \$ 7,669,608 including grants of \$ 1,615,226) (Revenue \$ 1,240,797)

PROGRAM DEVELOPMENT: BBBSA WORKS WITH AGENCIES TO DEVELOP PROGRAMS AND TOOLS FOR AGENCY USE. THIS CATEGORY ALSO INCLUDES A LEARNING AND SUPPORT FUNCTION.

4c (Code:) (Expenses \$ 6,570,679 including grants of \$ 1,383,791) (Revenue \$ 1,063,011)

AGENCY DEVELOPMENT: THIS CATEGORY INCLUDES GRANTS TO AGENCIES. ALSO INCLUDES FIELD-BASED STAFF THAT ENGAGED IN DIRECT SUPPORT TO THE AGENCIES.

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

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses **22,909,208**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
25a Section 501(c)(3) and 501(c)(4) 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	<input checked="" type="checkbox"/>	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<input checked="" type="checkbox"/>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		<input checked="" type="checkbox"/>
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► [SEE SCHEDULE O](#)
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **TIM MIDKIFF, 2202 N WESTSHORE BLVD SUITE 455, TAMPA, FL 33607, (813)440-3584**

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHARLES PIERSON THOMAS PRESIDENT & CEO - PARTIAL YEAR	50	✓		✓				423,992	0	22,886
(2) PAM IORIO PRESIDENT & CEO - PARTIAL YEAR	50	✓		✓				0	0	0
(3) ELIZABETH SMITH BOARD CHAIR	2	✓		✓				0	0	0
(4) RUDY BALDONI BOARD VICE-CHAIR	2	✓		✓				0	0	0
(5) WALLACE ARNOLD BOARD DIRECTOR	2	✓						0	0	0
(6) ALAN BERNON BOARD DIRECTOR	2	✓						0	0	0
(7) LEONARD BERNSTEIN BOARD DIRECTOR	2	✓						0	0	0
(8) FRANK BRACKEN BOARD DIRECTOR	2	✓						0	0	0
(9) EMILY CHEN CARRERA BOARD DIRECTOR	2	✓						0	0	0
(10) CASEY COFFMAN BOARD DIRECTOR	2	✓						0	0	0
(11) LENNY COMMA BOARD DIRECTOR	2	✓						0	0	0
(12) BILL GRAHAM BOARD DIRECTOR	2	✓						0	0	0
(13) MARGO GRAY BOARD DIRECTOR	2	✓						0	0	0
(14) WILLIAM HANNA BOARD DIRECTOR	2	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JAMES LEE JR. BOARD DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(16) BRIAN KLEIN BOARD DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(17) GREG PAGE BOARD DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(18) RAYMUND PAREDES BOARD DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(19) J HEATH SHULER BOARD DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(20) JAMES SINGLETON BOARD DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(21) KATE SNOW BOARD DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(22) TODD WARTCHOW BOARD DIRECTOR	2	<input checked="" type="checkbox"/>						0	0	0
(23) MARLENE OLSHAN COO - PARTIAL YEAR	50			<input checked="" type="checkbox"/>				177,881	0	17,699
(24) KEITH RHODES COO - PARTIAL YEAR	50			<input checked="" type="checkbox"/>				121,048	0	7,127
(25) DAVID MARK ALEXANDER CFO - PARTIAL YEAR	50			<input checked="" type="checkbox"/>				72,412	0	9,536
1b Sub-total								795,333	0	57,248
c Total from continuation sheets to Part VII, Section A								586,319	0	58,475
d Total (add lines 1b and 1c)								1,381,652	0	115,723

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NAVIGANT, 4511 PAYSHERE CIRCLE, CHICAGO, IL 61674	FORENSIC ACCOUNTING	2,807,984
BLACKBAUD, PO BOX 930256, ATLANTA, GA 31193	CONSULTING	910,557
ARNOLD & PORTER, PO BOX 37116, BALTIMORE, MD 21297	LEGAL SERVICES	674,713
ZURI GROUP, 328 NW BOND ST, 2ND FLOOR, BEND, OR 97701	IT SERVICES	659,056
BEACON CONSULTING GROUP, 400 SEVENTH STREET NW, WASHINGTON, DC 20004	LOBBYING	146,607

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 6**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 48,635				
	b	Membership dues	1b 2,696,303				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 782,488				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 13,450,479				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		16,977,905			
Program Service Revenue	Business Code						
	2a	-----		0			
	b	-----		0			
	c	-----		0			
	d	-----		0			
	e	-----		0			
	f	All other program service revenue .		0	0	0	0
g	Total. Add lines 2a-2f ▶		0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		19,063		19,063	
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		0			
	6a	Gross rents	(i) Real	(ii) Personal			
	b	Less: rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss) ▶		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	4,219,183				
	c	Gain or (loss)	-23,919	0			
	d	Net gain or (loss) ▶		-23,919		-23,919	
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a						
b	Less: direct expenses b						
c	Net income or (loss) from fundraising events . ▶		0				
9a	Gross income from gaming activities. See Part IV, line 19 a						
b	Less: direct expenses b						
c	Net income or (loss) from gaming activities . . ▶		0				
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶		0				
Miscellaneous Revenue		Business Code					
11a	NATIONAL CONFERENCE	900099	183,789	183,789			
b	AIM FEE REVENUE	519190	960,126	960,126			
c	INSURANCE CLAIMS	900099	2,414,889	2,414,889			
d	All other revenue	900099	147,471	147,471	0	0	
e	Total. Add lines 11a-11d ▶		3,706,275				
12	Total revenue. See instructions. ▶		20,679,324	3,706,275	0	-4,856	

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 governments and organizations in the United States. See Part IV, line 21	4,824,699	4,824,699		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	956,052	767,157	57,840	131,055
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,670,450	5,197,868	251,346	221,236
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,779	4,302	223	254
9 Other employee benefits	561,250	505,225	26,187	29,838
10 Payroll taxes	571,499	514,450	26,666	30,383
11 Fees for services (non-employees):				
a Management	0			
b Legal	212,910		212,910	
c Accounting	0			
d Lobbying	144,042		144,042	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,757,279	1,318,904	3,386,268	52,107
12 Advertising and promotion	6,664,079	6,640,276	23,803	
13 Office expenses	499,627	449,753	23,312	26,562
14 Information technology	1,031,139	1,019,079	5,637	6,423
15 Royalties	0			
16 Occupancy	365,441	328,962	17,051	19,428
17 Travel	758,261	289,509	429,119	39,633
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	568,890	217,206	321,949	29,735
20 Interest	25,021	22,515	1,167	1,339
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	211,640	190,513	9,875	11,252
23 Insurance	243,658	219,335	11,369	12,954
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	41,443	37,306	1,934	2,203
b TRAINING MATERIALS	7,299	6,570	341	388
c OTHER EXPENSES	395,007	355,579	18,428	21,000
d	0			
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	28,514,465	22,909,208	4,969,467	635,790
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)	0			

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,888,250	1	3,715,379
	2 Savings and temporary cash investments		2	2,832,187
	3 Pledges and grants receivable, net	3,359,077	3	3,207,035
	4 Accounts receivable, net	1,238,304	4	1,400,756
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	10,000
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	286,593	9	77,534
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 612,118		
	b Less: accumulated depreciation	10b 401,542	770,006	10c 210,576
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	3,399,522	12	0
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	381,485
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,941,752	16	11,834,952	
Liabilities	17 Accounts payable and accrued expenses	2,385,667	17	1,480,728
	18 Grants payable	3,140,134	18	3,585,170
	19 Deferred revenue	1,855,941	19	1,749,244
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	1,000,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,297,475	25	1,672,475
	26 Total liabilities. Add lines 17 through 25	8,679,217	26	9,487,617
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-911,378	27	-936,950
	28 Temporarily restricted net assets	3,944,643	28	3,055,015
	29 Permanently restricted net assets	229,270	29	229,270
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,262,535	33	2,347,335
34 Total liabilities and net assets/fund balances	11,941,752	34	11,834,952	

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	20,679,324
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,514,465
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,835,141
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,262,535
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	7,147,574
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-227,633
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,347,335

Part XII Financial Statements and Reporting

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

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

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(26) OLIVIA EUDALY ----- SVP EXTERNAL RELATIONS - PARTIAL YEAR	50 -----					✓		203,879	0	17,699
(27) MARY FLORES ----- SVP HUMAN RESOURCES - PARTIAL YEAR	50 -----					✓		140,319	0	22,886
(28) VANCE LOFTON ----- CIO - PARTIAL YEAR	50 -----					✓		133,686	0	14,011
(29) ELIZABETH MYERS ----- SVP NETWORK IMPACT	50 -----					✓		108,435	0	3,879

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2013

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,021,816	36,353,625	26,482,689	15,560,830	16,977,905	101,396,865
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	6,021,816	36,353,625	26,482,689	15,560,830	16,977,905	101,396,865
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)						6,061,798
6 Public support. Subtract line 5 from line 4.						95,335,067

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	6,021,816	36,353,625	26,482,689	15,560,830	16,977,905	101,396,865
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	90,195	139,952	126,383	83,761	19,063	459,354
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	459,267	996,459	963,667	1,145,239	3,706,275	7,270,907
11 Total support. Add lines 7 through 10						109,127,126
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	87.36 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	75.53 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

Supplemental Information Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Return Reference	Identifier	Explanation						
		Description	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
SCHEDULE A, PART II, LINE 10	OTHER INCOME	OTHER INCOME	459,267	996,459	963,667	1,145,239	3,706,275	7,270,907
		Total	459,267	996,459	963,667	1,145,239	3,706,275	7,270,907

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2013

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

BIG BROTHERS BIG SISTERS OF AMERICA

Employer identification number

23-1365190

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 2,549,254	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,036,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 1,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 742,818	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 720,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?	✓		0
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		43,250
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓	
i Other activities?	✓		144,042
j Total. Add lines 1c through 1i			187,292
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE NEXT PAGE

Part IV

Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Return Reference	Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1	DESCRIPTION OF THE ACTIVITIES REPORTED ON LINES 1A THROUGH 1I	BOTH BBBSA GOVERNMENT AFFAIRS STAFF AND BEACON CONSULTING GROUP ENGAGE IN WIDE RANGE OF ADVOCACY ACTIVITIES WITH LEGISLATIVE, EXECUTIVE AND AGENCY DECISIONMAKERS IN ORDER TO BUILD SUPPORT FOR YOUTH MENTORING FUNDING, AND TO BROADLY ADVOCATE FOR YOUTH DEVELOPMENT AND YOUTH MENTORING PROGRAMS AND POLICIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

BIG BROTHERS BIG SISTERS OF AMERICA

Employer identification number

23-1365190

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 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) Revenues included in 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 Revenues included in 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" to 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? **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" to 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	229,271	229,062	229,062	243,944	243,700
b Contributions					
c Net investment earnings, gains, and losses		209	271		244
d Grants or scholarships					
e Other expenditures for facilities and programs	1		271	14,882	
f Administrative expenses					
g End of year balance	229,270	229,271	229,062	229,062	243,944

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

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100 %
- c** Temporarily restricted endowment ▶ 0 %

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

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

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

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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				0
b Buildings				0
c Leasehold improvements				0
d Equipment		612,118	401,542	210,576
e Other				0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				210,576

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to 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" to 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" to 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) OTHER LIABILITIES	1,672,475	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	1,672,475	

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" to Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

SEE NEXT PAGE

Series of horizontal dashed lines for providing supplemental information.

Part XIII

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

Return Reference	Identifier	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	THE ORGANIZATION'S ENDOWMENT IS HELD TO SUPPORT THE PROGRAMS AND MISSION OF BIG BROTHERS BIG SISTERS OF AMERICA.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

23-1365190

BIG BROTHERS BIG SISTERS OF AMERICA

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BBBS OF NORTHERN NEVADA 745 W MOANA LANE, STE 200, RENO, NV 89509	85-0347573	501(C)(3)	5,053	0	N/A	N/A	CAPACITY BUILDING
(2) BBBS OF TUCSON INC 160 EAST ALAMEDA STREET, TUCSON, AZ 85701-1202	86-0188050	501(C)(3)	5,079	0	N/A	N/A	CAPACITY BUILDING
(3) BBBS OF MID FLORIDA 1155 NW 13TH STREET, GAINSVILLE, FL 32601	59-1643115	501(C)(3)	5,222	0	N/A	N/A	CAPACITY BUILDING
(4) BBBS OF HONOLULU INC 418 KUWILI STREET, SUITE 106, HONOLULU, HI 96817	99-0109970	501(C)(3)	5,711	0	N/A	N/A	CAPACITY BUILDING
(5) BBBS SERVICES INC 107 WESTDALE AVE, WINSTON SALEM, NC 27560	20-4648395	501(C)(3)	5,750	0	N/A	N/A	CAPACITY BUILDING
(6) BBBS OF GREATER BIRMINGHAM INC 1901 14TH AVENUE SOUTH, BIRMINGHAM, AL 35205	63-0647080	501(C)(3)	5,750	0	N/A	N/A	CAPACITY BUILDING
(7) BBBS OF DELAWARE INC 413 LARCH CIRCLE, WILMINGTON, DE 19804	51-6018399	501(C)(3)	5,750	0	N/A	N/A	CAPACITY BUILDING
(8) BBBS OF THE MID-SOUTH 81 TILLMAN, MEMPHIS, TN 38111	23-7113070	501(C)(3)	5,750	0	N/A	N/A	CAPACITY BUILDING
(9) BBBS OF PALM BEACH AND MARTIN COUNTIES 1700 KIRK ROAD, WEST PALM BEACH, FL 33406	59-2676889	501(C)(3)	5,754	0	N/A	N/A	CAPACITY BUILDING
(10) BBBS OF WASHINGTON CTY MARYLAND INC 1037 HAVEN RD, HAGERSTOWN, MD 21742	52-6017446	501(C)(3)	5,820	0	N/A	N/A	CAPACITY BUILDING
(11) BBBS OF THE BIG BEND INC 565 EAST TENNESSEE STREET, TALLAHASSEE, FL 32308	59-2130789	501(C)(3)	5,840	0	N/A	N/A	CAPACITY BUILDING
(12) BBBS OF SOUTHWESTERN CONNECTICUT INC 2470 FAIRFIELD AVE, BRIDGEPORT, CT 06605-2647	06-0943916	501(C)(3)	5,895	0	N/A	N/A	CAPACITY BUILDING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 87
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0

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

Cat. No. 50055P

Schedule I (Form 990) (2013)

Part IV**Supplemental Information** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	BIG BROTHERS BIG SISTERS OF AMERICA (BBBSA) MONITORS GRANT FUNDS PASSED THROUGH TO AFFILIATE AGENCIES THROUGH COMPLIANCE REQUIREMENTS ESTABLISHED IN THE MEMORANDUM OF AGREEMENT BETWEEN BBBSA AND THE AFFILIATE, AS WELL AS THROUGH DIRECT MONITORING DURING THE GRANT TERM BY THE GRANT PERFORMANCE AND SUPPORT TEAM. AGENCIES ARE REQUIRED TO SUBMIT MONTHLY RECEIPT FORMS TO THE FINANCE TEAM TO CONFIRM RECEIPT OF GRANT FUNDS AND AN INDICATION OF USE AGENCIES ALSO SUBMIT THEIR ANNUAL AUDIT, COMPLIANT WITH A-133 REGULATIONS IF APPROPRIATE, TO BBBSA FOR REVIEW AND FILING.

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) BBBS OF SOUTH CENTRAL ALABAMA 2358 FAIRLANE DRIVE, BUILDING G, MONTGOMERY, AL 36116	63-0400591	501(C)(3)	6,181	0	N/A	N/A	CAPACITY BUILDING
(14) BBBS OF NORTHWEST GEORGIA MOUNTAINS INC PO BOX 417, DALTON, GA 30722-0417	58-1079202	501(C)(3)	6,367	0	N/A	N/A	CAPACITY BUILDING
(15) BBBS OF THE MIDLANDS 10831 OLD MILL ROAD, STE 400, OMAHA, NE 68154	47-0466144	501(C)(3)	6,376	0	N/A	N/A	CAPACITY BUILDING
(16) BBBS OF GREATER COLUMBIA INC PO BOX 2559, COLUMBIA, SC 29202	57-0570422	501(C)(3)	6,618	0	N/A	N/A	CAPACITY BUILDING
(17) BBBS OF THE TRI-STATE 501 5TH AVENUE, SUITE 3, HUNTINGTON, WV 25701	55-0758667	501(C)(3)	6,746	0	N/A	N/A	CAPACITY BUILDING
(18) BIG BROTHERS BIG SISTERS OF MASSACHUSETTS BAY 75 FEDERAL STREET, 8TH FLOOR, BOSTON, MA 02110	04-2074462	501(C)(3)	6,988	0	N/A	N/A	CAPACITY BUILDING
(19) BBBS SOUTH ALABAMA INC 9 DAUPHIN STREET, SUITE 101, MOBILE, AL 36602	61-1683905	501(C)(3)	7,089	0	N/A	N/A	CAPACITY BUILDING
(20) BBBS OF OKLAHOMA INC 5840 S MEMORIAL DRIVE, SUITE 105, TULSA, OK 74145	31-1634115	501(C)(3)	7,180	0	N/A	N/A	CAPACITY BUILDING
(21) BBBS OF GREATER KANSAS CITY 3908 WASHINGTON, KANSAS CITY, MO 65807	38-1846835	501(C)(3)	7,410	0	N/A	N/A	CAPACITY BUILDING
(22) BBBS OF BURLINGTON CAMDEN & GLOUCESTER COUNTIES 100 DOBBS LANE, SUITE 202, CHERRY HILL, NJ 08034	22-6096913	501(C)(3)	7,500	0	N/A	N/A	CAPACITY BUILDING
(23) BBBS OF ACADIANA INC PO BOX 53267, LAFAYETTE, LA 70505	58-1634741	501(C)(3)	7,600	0	N/A	N/A	CAPACITY BUILDING
(24) BBBS OF WESTERN NORTH CAROLINA INC 50 SOUTH FRENCH BROAD, NO 213, ASHEVILLE, NC 28801-3218	58-1505917	501(C)(3)	7,600	0	N/A	N/A	CAPACITY BUILDING
(25) BBBS OF EAST TENNESSEE 119 WEST SUMMIT HILL DR, STE 101, KNOXVILLE, TN 37902	62-0842531	501(C)(3)	7,746	0	N/A	N/A	CAPACITY BUILDING
(26) BBBS OF THE NORTH BAY INC 1618 2ND STREET, SAN RAFAEL, CA 94901	94-2502278	501(C)(3)	7,839	0	N/A	N/A	CAPACITY BUILDING
(27) BBBS OF THE UPPER OHIO VALLEY 96 14TH STREET, WHEELING, WV 26003	23-7058596	501(C)(3)	7,878	0	N/A	N/A	CAPACITY BUILDING
(28) BBBS OF THE GREATER VIRGINIA PENINSULA 364 MCLAWS CIRCLE, SUITE 2, WILLIAMSBURG, VA 24210	54-0702502	501(C)(3)	8,041	0	N/A	N/A	CAPACITY BUILDING
(29) BBBS OF THE HEART OF GEORGIA INC 2720 RIVERSIDE DR, STE 123, MACON, GA	58-0707593	501(C)(3)	8,117	0	N/A	N/A	CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
31204							
(30) BBBS OF CAROLINA YOUTH DEVELOPMENT CTR 5055 LACKAWANNA BOULEVARD, NORTH CHARLESTON, SC 29405	57-0669877	501(C)(3)	8,423	0	N/A	N/A	CAPACITY BUILDING
(31) BBBS OF BROWARD COUNTY INC 4101 RAVENSWOOD ROAD, SUITE 123, FORT LAUDERDALE, FL 33312	59-1507595	501(C)(3)	8,482	0	N/A	N/A	CAPACITY BUILDING
(32) BBBS OF NORTHWEST FLORIDA 1149 CRIEGHTON RD, STE 1, PENSACOLA, FL 32504	59-2996893	501(C)(3)	9,085	0	N/A	N/A	CAPACITY BUILDING
(33) BBBS OF CENTRAL FLORIDA 807 S ORLANDO AVE, SUITE L, WINTER PARK, FL 32084	59-1502582	501(C)(3)	9,163	0	N/A	N/A	CAPACITY BUILDING
(34) BBBS OF THE INLAND NORTHWEST 222 W MISSION AVE, STE 210, SPOKANE, WA 99201	91-6061587	501(C)(3)	9,723	0	N/A	N/A	CAPACITY BUILDING
(35) BBBS OF THE UPSTATE 620 N. MAIN ST., NO 102, GREENVILLE, SC 29601	20-4243553	501(C)(3)	9,747	0	N/A	N/A	CAPACITY BUILDING
(36) BBBS OF VENTURA COUNTY 445 ROSEWOOD, STE Q, CAMARILLO, CA 95667	94-2523254	501(C)(3)	9,922	0	N/A	N/A	CAPACITY BUILDING
(37) BBBS OF SOUTHWEST IDAHO INC 110 N. 27TH, BOISE, ID 83702	82-0349401	501(C)(3)	10,053	0	N/A	N/A	CAPACITY BUILDING
(38) BBBS OF THE SUN COAST INC PO BOX 177, VENICE, FL 32504	59-2996893	501(C)(3)	10,515	0	N/A	N/A	CAPACITY BUILDING
(39) BBBS OF THE OZARKS INC 3372 W. BATTLEFIELD, SPRINGFIELD, MO 65807	43-0971303	501(C)(3)	10,809	0	N/A	N/A	CAPACITY BUILDING
(40) BBBS OF PINELLAS COUNTY 918 WEST BAY DRIVE, LARGO, FL 33770	59-1197491	501(C)(3)	10,991	0	N/A	N/A	CAPACITY BUILDING
(41) BBBS OF ESSEX, HUDSON AND UNION COUNTIES 500 BROAD STREET, 2ND FLOOR, NEWARK, NJ 07102	22-3676931	501(C)(3)	11,000	0	N/A	N/A	CAPACITY BUILDING
(42) BBBS OF TAMPA BAY INC 711 S DALE MABRY AVE, SUITE 300, TAMPA, FL 33609	59-2173085	501(C)(3)	11,706	0	N/A	N/A	CAPACITY BUILDING
(43) BBBS OF THE BLUEGRASS INC 436 GEORGETOWN STREET, LEXINGTON, KY 40508	61-0523288	501(C)(3)	12,686	0	N/A	N/A	CAPACITY BUILDING
(44) BBBS OF CENTRAL OHIO 1855 E DUBLINGRANVILLE RD, COLUMBUS, OH 43229	31-4379429	501(C)(3)	13,018	0	N/A	N/A	CAPACITY BUILDING
(45) BBBS OF FREDERICK COUNTY INC PO BOX 442, FREDERICK, MD 21705-0442	52-1107974	501(C)(3)	13,787	0	N/A	N/A	CAPACITY BUILDING
(46) BBBS OF ONEIDA COUNTY 326 CATHERINE STREET, UTICA, NY 13501	15-0543657	501(C)(3)	14,703	0	N/A	N/A	CAPACITY BUILDING
(47) BBBS OF THE TRIANGLE 909 AVIATION PARKWAY, SUITE 1500, MORRISVILLE, NC 27560	56-2109717	501(C)(3)	15,451	0	N/A	N/A	CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(48) BBBS OF CENTRAL CALIFORNIA 905 NORTH FULTON STREET, FRESNO, CA 93728	94-1668376	501(C)(3)	15,813	0	N/A	N/A	CAPACITY BUILDING
(49) BBBS OF NEW YORK CITY INC 223 EAST 30TH STREET, NEW YORK, NY 10016-8203	13-5600383	501(C)(3)	16,143	0	N/A	N/A	CAPACITY BUILDING
(50) BBBS OF SOUTHERN NEVADA INC 2000 EAST FLAMINGO ROAD, LAS VEGAS, NV 89119	51-0136847	501(C)(3)	16,482	0	N/A	N/A	CAPACITY BUILDING
(51) JEWISH BBBS ASSN OF LOS ANGELES 6505 WILSHIRE BLVD, #600, LOS ANGELES, CA 90048	95-1691009	501(C)(3)	16,919	0	N/A	N/A	CAPACITY BUILDING
(52) BBBS OF THE GREATER SACRAMENTO 1451 RIVER PARK DIRVE, SUITE 241, SACRAMENTO, CA 95815	68-0003631	501(C)(3)	17,207	0	N/A	N/A	CAPACITY BUILDING
(53) BBBS OF COLORADO INC 1391 N SPEER BLVD, SUITE 450, DENVER, CO 80204	23-7161796	501(C)(3)	17,588	0	N/A	N/A	CAPACITY BUILDING
(54) RAPPAHANNOCK BBBS INC 325A WALLACE STREET, FREDERICKSBURG, VA 22401-3122	54-0848850	501(C)(3)	20,750	0	N/A	N/A	CAPACITY BUILDING
(55) BBBS OF EASTERN MISSOURI INC 501 NORTH GRAND BLVD, SAINT LOUIS, MO 65110	32-0017737	501(C)(3)	22,753	0	N/A	N/A	CAPACITY BUILDING
(56) BBBS OF CENTRAL TEXAS INC 1400 TILLERY STREET, AUSTIN, TX 78721	62-0842531	501(C)(3)	22,865	0	N/A	N/A	CAPACITY BUILDING
(57) BBBS OF MISSISSIPPI PO BOX 16414, JACKSON, MS 39236	64-0930671	501(C)(3)	23,437	0	N/A	N/A	CAPACITY BUILDING
(58) BBBS OF THE BAY AREA 731 MARKET STREET, 6TH FLOOR, SAN FRANCISCO, CA 95010	94-2826754	501(C)(3)	24,371	0	N/A	N/A	CAPACITY BUILDING
(59) BBBS OF CENTRAL ARIZONA 1010 EAST MCDOWELL, SUITE 400, PHOENIX, AZ 85006	74-2551676	501(C)(3)	28,581	0	N/A	N/A	CAPACITY BUILDING
(60) BBBS OF SOUTH TEXAS 202 BALTIMORE, SAN ANTONIO, TX 79902	74-1678586	501(C)(3)	28,987	0	N/A	N/A	CAPACITY BUILDING
(61) BBBS OF GREATER CHARLOTTE 3801 E INDEPENDENCE BLVD, CHARLOTTE, NC 27101	43-0953286	501(C)(3)	31,499	0	N/A	N/A	CAPACITY BUILDING
(62) BBBS OF CENTRAL MARYLAND & THE MARYLAND METNORING RESOURCE CTR INC 3600 CLIPPER MILL ROAD, 250, BALTIMORE, MD 20706	53-0190849	501(C)(3)	34,750	0	N/A	N/A	CAPACITY BUILDING
(63) CATHOLIC BIG BROTHERS BIG SISTERS 1530 JAMES M. WOOD BLVD, 2ND FL, LOS ANGELES, CA 90015	13-5564115	501(C)(3)	36,978	0	N/A	N/A	CAPACITY BUILDING
(64) BBBS OF GREATER PITTSBURGH INC 5989 PENN CIRCLE SOUTH, PITTSBURGH, PA 15206	25-6074707	501(C)(3)	41,725	0	N/A	N/A	CAPACITY BUILDING
(65) BBBS OF GREATER MIAMI & MENTORING RESOURCE CTR - INTERAMERICAN PLAZA	59-6166904	501(C)(3)	43,340	0	N/A	N/A	CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
701 SW 27TH AVE, MIAMI, FL 33135							
(66) BBBS OF SNOHOMISH COUNTY 1420 HEWITT AVENUE, EVERETT, WA 98201	91-0565561	501(C)(3)	43,348	0	N/A	N/A	CAPACITY BUILDING
(67) NUTMEG BBBS INC 30 LAUREL STREET, SUITE 3, HARTFORD, CT 06605	06-0943916	501(C)(3)	43,594	0	N/A	N/A	CAPACITY BUILDING
(68) BBBS OF METROPOLITAN DETROIT 7700 SECOND AVENUE, SUITE 602, DETROIT, MI 49503	38-1358163	501(C)(3)	47,873	0	N/A	N/A	CAPACITY BUILDING
(69) BBBS OF THE GREATER MANCHESTER, INC. 25 LOWELL STREET, SUITE 201, MANCHESTER, NH 03101	51-0180586	501(C)(3)	49,000	0	N/A	N/A	CAPACITY BUILDING
(70) BBBS OF THE GREATER TWIN CITIES 2550 UNIVERSITY AVENUE, SUITE 410N, ST PAUL, MN 55114	41-1466521	501(C)(3)	49,174	0	N/A	N/A	CAPACITY BUILDING
(71) BBBS OF HARRISONBURG-ROCKINGHAM COUNTY 225 N HIGH STREET, HARRISONBURG, VA 22802	51-0209104	501(C)(3)	49,250	0	N/A	N/A	CAPACITY BUILDING
(72) BBBS OF ORANGE COUNTY 14131 YORBA STREET, SUITE 200, TUSTIN, CA 92211	33-0683335	501(C)(3)	52,088	0	N/A	N/A	CAPACITY BUILDING
(73) BBBS OF NORTHEAST FLORIDA 3100 UNIVERSITY BLVD, 120, JACKSONVILLE, FL 32216	59-0683256	501(C)(3)	52,257	0	N/A	N/A	CAPACITY BUILDING
(74) BBBS OF COLUMBIA NORTHWEST 1827 NE 44TH AVENUE, SUITE 100, PORTLAND, OR 97401	31-0968026	501(C)(3)	56,260	0	N/A	N/A	CAPACITY BUILDING
(75) BBBS OF GREATER LOS ANGELES 800 S FIGUEROA ST, STE 620, LOS ANGELES, CA 90017	95-3400882	501(C)(3)	67,211	0	N/A	N/A	CAPACITY BUILDING
(76) BBBS OF GREATER CINCINNATI 2400 READING ROAD, NUMBER 148, CINCINNATI, OH 45202	31-0910952	501(C)(3)	69,382	0	N/A	N/A	CAPACITY BUILDING
(77) BB/BS OF KENTUCKIANA INC 1519 GARDINER LANE, SUITE B, LOUISVILLE, KY 40218	61-6057856	501(C)(3)	76,085	0	N/A	N/A	CAPACITY BUILDING
(78) KANSAS BBBS INC 310 E 2ND STREET, WICHITA, KS 67401	48-0999016	501(C)(3)	77,894	0	N/A	N/A	CAPACITY BUILDING
(79) BBBS OF METRO ATLANTA INC 1382 PEACHTREE STREET NE, ATLANTA, GA 30309	58-0861895	501(C)(3)	79,329	0	N/A	N/A	CAPACITY BUILDING
(80) BBBS OF MIDDLE TENNESSEE 1704 CHARLOTTE AVENUE, SUITE 130, NASHVILLE, TN 37203	51-0164560	501(C)(3)	113,651	0	N/A	N/A	CAPACITY BUILDING
(81) BBBS OF PUGET SOUND 1600 SOUTH GRAHAM STREET, SEATTLE, WA 98201	54-1153403	501(C)(3)	127,389	0	N/A	N/A	CAPACITY BUILDING
(82) BBBS OF METROPOLITAN CHICAGO 560 W LAKE STREET, 5TH FLOOR, CHICAGO, IL 60115	36-2360012	501(C)(3)	131,186	0	N/A	N/A	CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(83) BIG BROTHERS BIG SISTERS OF SAN DIEGO COUNTY 8515 ARJONS DRIVE, SUITE A, SAN DIEGO, CA 95945	94-2768855	501(C)(3)	132,703	0	N/A	N/A	CAPACITY BUILDING
(84) BBBS SOUTHEASTERN PENNSYLVANIA 123 SOUTH BROAD STREET, SUITE 2180, PHILADELPHIA, PA 17801	94-3143502	501(C)(3)	212,038	0	N/A	N/A	CAPACITY BUILDING
(85) BBBS SERVICES INC 1707 SUMMIT AVE, STE 200, RICHMOND, VA 23230	54-0702502	501(C)(3)	215,359	0	N/A	N/A	CAPACITY BUILDING
(86) BBBS OF GREATER CHATTANOOGA 2015 BAILEY AVE, CHATTANOOGA, TN 37404	62-0586090	501(C)(3)	679,750	0	N/A	N/A	CAPACITY BUILDING
(87) BIG BROTHERS BIG SISTERS LONE STAR 450 E JOHN CARPENTER FREEWAY, IRVING, TX 79401	23-7113070	501(C)(3)	718,256	0	N/A	N/A	CAPACITY BUILDING

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

BIG BROTHERS BIG SISTERS OF AMERICA

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Employer identification number

23-1365190

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	✓
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	✓
b Any related organization?	5b	✓
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	✓
b Any related organization?	6b	✓
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	✓
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	✓
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CHARLES PIERSON THOMAS, PRESIDENT & CEO - PARTIAL YEAR	(i)	348,992	75,000	0	0	22,886	446,878	0
	(ii)	0	0	0	0	0	0	0
2 MARLENE OLSHAN, COO - PARTIAL YEAR	(i)	177,881	0	0	0	17,699	195,580	0
	(ii)	0	0	0	0	0	0	0
3 OLIVIA EUDALY, SVP EXTERNAL RELATIONS - PARTIAL YEAR	(i)	203,879	0	0	0	17,699	221,578	0
	(ii)	0	0	0	0	0	0	0
4 MARY FLORES, SVP HUMAN RESOURCES - PARTIAL YEAR	(i)	140,319	0	0	0	22,886	163,205	0
	(ii)	0	0	0	0	0	0	0
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Supplemental Information to Form 990 or 990-EZ

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

2013

Open to Public Inspection

Name of the Organization
BIG BROTHERS BIG SISTERS OF AMERICA

Employer Identification Number
23-1365190

Return Reference	Identifier	Explanation																									
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION CONTINUATION	(CONTINUED FROM PART III) THE ORGANIZATION AND ITS STAFF PARTNER WITH PARENTS/GUARDIANS, VOLUNTEERS AND OTHERS IN THE COMMUNITY AND HOLDS ITSELF ACCOUNTABLE FOR EACH CHILD IN THE PROGRAM ACHIEVING *HIGHER ASPIRATIONS, GREATER CONFIDENCE, AND BETTER RELATIONSHIPS *AVOIDANCE OF RISKY BEHAVIORS *EDUCATIONAL SUCCESS. THE ORGANIZATION WORKS CLOSELY WITH BIG BROTHERS BIG SISTERS AGENCIES ("LOCAL AFFILIATES" OR "AFFILIATED AGENCIES") THROUGHOUT THE COUNTRY TO IMPLEMENT ITS PROGRAMS. THESE AGENCIES ARE SEPARATE LEGAL ENTITIES WHICH ARE NOT CONTROLLED BY THE ORGANIZATION, AND ARE THEREFORE NOT CONSOLIDATED WITHIN THE ORGANIZATION'S FINANCIAL STATEMENTS.																									
FORM 990, PART VI, SEC A, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE ORGANIZATION HAS ESTABLISHED AN 8-MEMBER EXECUTIVE COMMITTEE THAT HAS BROAD AUTHORITY TO ACT ON BEHALF OF THE BOARD.																									
FORM 990, PART VI, SEC B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	THE FORM 990 WILL BE REVIEWED BY THE CFO. IN ADDITION, IT WILL BE PROVIDED TO THE EXECUTIVE COMMITTEE OF THE BOARD PRIOR TO FILING.																									
FORM 990, PART VI, SEC B, LINE 12C	CONFLICT OF INTEREST POLICY	THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH REQUIRES OFFICERS, DIRECTORS AND KEY EMPLOYEES TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST. HOWEVER, NO CONFLICT OF INTEREST QUESTIONNAIRES WERE DISTRIBUTED DURING THE YEAR ENDED JUNE 30, 2014.																									
FORM 990, PART VI, SEC B, LINE 15A	PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE COMPENSATION OF THE CEO IS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE. THE COMMITTEE USES COMPARABILITY DATA IN ITS DETERMINATION. THE PROCESS IS DOCUMENTED IN THE COMMITTEE MINUTES. THIS PROCESS WAS LAST UNDERTAKEN IN FY14.																									
FORM 990, PART VI, LINE 15B	COMPENSATION OF OTHER OFFICERS	THE COMPENSATION OF OTHER OFFICERS IS DETERMINED BY THE CEO. THE CEO USES COMPARABILITY INFORMATION IN THE DETERMINATION. THE PROCESS IS NOT DOCUMENTED BUT THE DETERMINATIONS ARE KEPT IN EACH EMPLOYEE'S FILE.																									
FORM 990, PART VI, SEC C, LINE 17	STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	AL, AK, AR, CA, CT, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI																									
FORM 990, PART VI, SEC C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON OUR WEBSITE AT WWW.BBBS.ORG.																									
FORM 990, PART IX, LINE 11G	OTHER EXPENSES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Total Expenses</th> <th>(c) Program Service Expenses</th> <th>(d) Management and General Expenses</th> <th>(e) Fundraising Expenses</th> </tr> </thead> <tbody> <tr> <td>TEMPORARY STAFF</td> <td>370,078</td> <td>333,136</td> <td>17,267</td> <td>19,675</td> </tr> <tr> <td>FINANCE SERVICES</td> <td>2,902,576</td> <td></td> <td>2,902,576</td> <td></td> </tr> <tr> <td>HR SERVICES</td> <td>137,055</td> <td></td> <td>137,055</td> <td></td> </tr> <tr> <td>OTHER FEES FOR SERVICES</td> <td>1,347,570</td> <td>985,768</td> <td>329,370</td> <td>32,432</td> </tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	TEMPORARY STAFF	370,078	333,136	17,267	19,675	FINANCE SERVICES	2,902,576		2,902,576		HR SERVICES	137,055		137,055		OTHER FEES FOR SERVICES	1,347,570	985,768	329,370	32,432
(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses																							
TEMPORARY STAFF	370,078	333,136	17,267	19,675																							
FINANCE SERVICES	2,902,576		2,902,576																								
HR SERVICES	137,055		137,055																								
OTHER FEES FOR SERVICES	1,347,570	985,768	329,370	32,432																							
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>UNCOLLECTIBLE PLEDGES</td> <td>- 227,633</td> </tr> </tbody> </table>	(a) Description	(b) Amount	UNCOLLECTIBLE PLEDGES	- 227,633																					
(a) Description	(b) Amount																										
UNCOLLECTIBLE PLEDGES	- 227,633																										
FORM 990, PART XII, LINE 3B	REASON ORGANIZATION DID NOT UNDERGO REQUIRED AUDIT	BBBSA ANTICIPATES COMPLETION OF THE FY14 AUDIT BY LATE JUNE 2015.																									