WEGNER CPAS, LLP 2110 LUANN LN MADISON, WI 53713-3074

BIG BROTHERS AND BIG SISTERS OF DANE COUNTY, INC. 2059 ATWOOD AVE MADISON, WI 53704-5386

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<u>990</u>

Return of Organization E

Department of the Treasury Internal Revenue Service

Check if applicable:

Address change

Name change

Initial return

Final return/

termin-ated

Amended

Applica-

pending

Activities & Governance

Revenue

10

11

12

Part I Summary

A For the 2017 calendar year, or tax year beginning C Name of organization

J Website: ► WWW.BBBSMADISON.ORG

K Form of organization: **X** Corporation

SAME AS C ABOVE Tax-exempt status: X = 501(c)(3)

7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34

PUBLIC DISCLOSURE COPY - STATE REGISTRA		
Return of Organization Exempt Froundary Section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co		OMB No. 1545-0047
(-)(-)(-)		<u> </u>
of the Treasury Do not enter social security numbers on this form as i		Open to Public Inspection
nue Service Go to www.irs.gov/Form990 for instructions and the e 2017 calendar year, or tax year beginning and end		Inspection
		
C Name of organization BIG BROTHERS AND BIG SISTERS OF DANE COUNTY, INC.	D Employer identificati	on number
Doing business as	39-107	7783
· ·	m/suite E Telephone number	
2050 3000000 3375		1-5437
City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,344,180
ded MADISON, WI 53704-5386	H(a) Is this a group retur	
F Name and address of principal officer: SANDY MORALES	for subordinates?	
SAME AS C ABOVE	H(b) Are all subordinates include	
empt status: $X = 501(c)(3)$ $501(c)(0)$ $(insert no.)$ $4947(a)(1)$ or	If "No," attach a list.	
te: ► WWW.BBBSMADISON.ORG	H(c) Group exemption no	umber ►
organization: X Corporation Trust Association Other	L Year of formation: 1966 M St	ate of legal domicile; W
Summary		
Briefly describe the organization's mission or most significant activities: MATCHII	NG CARING ADULTS	TO
CHILDREN NEEDING A POSITIVE ROLE MODEL OUT:	SIDE OF THEIR HOM	ŒS.
Check this box if the organization discontinued its operations or disposed	of more than 25% of its net asset	
Number of voting members of the governing body (Part VI, line 1a)	3	2:
Number of independent voting members of the governing body (Part VI, line 1b)		2
Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	1
Total number of volunteers (estimate if necessary)		80
Total unrelated business revenue from Part VIII, column (C), line 12		0
Net unrelated business taxable income from Form 990-T, line 34		0
	Prior Year	Current Year
Contributions and grants (Part VIII, line 1h)	888,409.	1,143,841
Program service revenue (Part VIII, line 2g)	0.	0
Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,839.	22,927
Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-24,972.	13,968
Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	880,276.	1,180,736
Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1 000	2,300
Benefits paid to or for members (Part IX, column (A), line 4)	0.	0
Coloring other componentian employee benefits (Dort IV column (A) lines 5.10)	582 506	641,253
Professional fundraising fees (Part IX, column (A), line 11e)	0.	0
Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	•	
Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	279,898.	294,352
Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		937,905
	1.070	0.4.0 0.3.1

Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line Revenue less expenses. Subtract line 18 from line 12 16,072. 242,831. **Beginning of Current Year End of Year** 584,090. 843,754. Total assets (Part X, line 16) 84,212. 55,153. 21 Total liabilities (Part X, line 26) Net/ 499,878. 788,601 Net assets or fund balances. Subtract line 21 from line 20 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.

Signature of officer Date Sign SANDY MORALES, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature MIKE HABLEWITZ, P01259157 Paid WEGNER CPAS, LLP 39-0974031 Preparer Firm's name Firm's EIN Firm's address \triangleright 2110 LUANN LN Use Only Phone no. 608-274-4020 MADISON, WI 53713-3074 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

	BIG BROTHERS AND BIG SISTERS OF DANE
	990 (2017) COUNTY, INC. 39-1077783 Page 2
Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	BIG BROTHERS BIG SISTERS OF DANE COUNTY'S MISSION IS TO PROVIDE
	CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY
	SUPPORTED ONE-TO-ONE MENTORING RELATIONSHIPS THAT CHANGE THEIR LIVES
	FOR THE BETTER, FOREVER.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	77
_	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 X 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 \$ 542,539 • including grants of \$ 2,300 •) (Revenue \$
	IN 2017, BIG BROTHERS AND BIG SISTERS OF DANE COUNTY (BBBS) PROVIDED
	609 CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY
	SUPPORTED ONE-TO-ONE MENTORING RELATIONSHIPS THAT CHANGE THEIR LIVES
	FOR THE BETTER, FOREVER. OUR 2017 YOUTH OUTCOMES SURVEY OF CHILDREN
	ENROLLED IN OUR PROGRAM INDICATED THAT 92% OF LITTLES HAD HIGHER
	EDUCATIONAL EXPECTATIONS FOR THEIR FUTURES, 95% HAD POSITIVE PEER
	RELATIONSHIPS, AND 97% REDUCED THEIR ATTITUDES TOWARD RISKY BEHAVIORS.
	IN 2017, WE MAINTAINED AN AVERAGE MATCH LENGTH OF 49.8 MONTHS
	(SIGNIFICANTLY GREATER THAN THE 2017 NATIONAL AML OF 30.5 MONTHS). A
	NATIONWIDE SURVEY OF YOUNG PEOPLE FROM THE NATIONAL MENTORING
	PARTNERSHIP FOUND THAT YOUTH (ESPECIALLY THOSE WHO ARE AT-RISK) WHO
	HAVE MENTORS ARE MORE LIKELY TO REPORT ENGAGING IN PRODUCTIVE AND
415	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
1-	F40 F20
4e	Total program service expenses 542,539.

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			3,7
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			₩.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	446		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
.0	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,.
	complete Schedule G, Part III	19		X

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K. If "No", go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Och all to L. Do Ll	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

	BIG BROIDERS AND BIG SISIERS OF DAME		
orm 990 (COUNTY, INC.	39-1077783	Page 5
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		

	Check in Concedure C contains a recipionise of floto to any line in this flat v									
		Ι.	l 7		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0							
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b								
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r			4.						
22	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	Ι		1c						
Za	filed for the calendar year ending with or within the year covered by this return	2a	14							
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х					
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions			20						
За	Dill			За		х				
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b						
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	If "Yes," enter the name of the foreign country:		,							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?)	5b		Х				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he org	anization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	tions o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired							
	to file Form 8282?	1	 I	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				37				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X				
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
0				8						
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:			30						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:		<u> </u>							
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	13b								
	Enter the amount of reserves on hand	13c								
				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b						
				_	$\alpha \alpha \alpha$	1001-				

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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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 22			
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b				
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►WI			
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) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SANDY MORALES - 608-661-5437			
	2059 ATWOOD AVE, MADISON, WI 53704-5386			

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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.

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

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

(A) Name and Title	(B) Average hours per week	box	not c , unle	ss pe	ition more rson i	than	one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRUCE ROSEN	2.00								0	
PRESIDENT	1 50	Х		Х				0.	0.	0.
(2) DAN PAULSON	1.50	,,		,,					•	0
VICE PRESIDENT	1 50	Х		Х				0.	0.	0.
(3) KARI GRASEE	1.50	x		x				0.	0.	0.
TREASURER	1.50	^		_				0.	0.	0.
(4) CHUCK HOUSNER SECRETARY	1.50	Х		x				0.	0.	0.
(5) PHIL PLOURD	1.00	^		₽				0.	0.	<u> </u>
PAST PRESIDENT	1.00	Х						0.	0.	0.
(6) KENNETH ALBRIDGE III	1.00								<u> </u>	
DIRECTOR		x						0.	0.	0.
(7) JEFF BERNSTEIN	1.00							•	•	
DIRECTOR		х						0.	0.	0.
(8) ENZO CIARLETTA	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JEANNIE CULLEN SCHULTZ	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CEDRIC ELLIS	1.00									_
DIRECTOR		Х						0.	0.	0.
(11) JENNIFER GIEMZA	1.00									
DIRECTOR		Х						0.	0.	0.
(12) DAVE GRAUWELS	1.00								_	_
DIRECTOR		Х						0.	0.	0.
(13) WENDY HORTON	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(14) ANA HOOKER	1.00									•
DIRECTOR	1 00	Х						0.	0.	0.
(15) JAMES IMHOFF III	1.00	٠,,							0	0
DIRECTOR	1 00	Х				_	_	0.	0.	0.
(16) TAMMY JELINEK	1.00	Х						0.	0.	0.
01RECTOR (17) DAN KNICKMEIER	1.00	^	\vdash	_		\vdash		0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
DIRECTOR 700007 11 00 17	L	1	<u> </u>	<u> </u>					U •	Form 990 (2017)

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Part VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st (Compensated Employe	es (continued)				
(A)	(B)			•	C)			(D)	(E)			(F)	
Name and title	Average	(do		Pos		ነ e than	one	Reportable	Reportable	able Estir		stimate	·d
	hours per	box	ι, unle	ss pe	rson	is bot	th an	compensation	compensation			nount o	of
	week	\vdash	T al	luau	in ecit	Ji/ ii us	1	- Irom	from related			other	
	(list any hours for	Individual trustee or director						the	organization			pensat	
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		rom the janizati	
	organizations	ruste	Institutional trustee		ee ee	mpen		(***2/1099*****100)		ļ	_	d relate	
	below	dualt	rtiona	_	nploy	st co				ļ		anizatio	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Form						
(18) ROBERT LANG	1.00												
DIRECTOR		Х						0.		0.			0.
(19) MARIO MORRIS	1.00							_					
DIRECTOR		Х						0.		0.			0.
(20) DAVID PAULY	1.00	.											_
DIRECTOR		Х						0.		0.			0.
(21) MIKE SOLT	1.00	١								•			_
DIRECTOR	1 00	Х						0.		0.			0.
(22) ELAINE STALEY	1.00	١,,								•			^
DIRECTOR	40.00	Х	-			-		0.		0.			0.
(23) SANDY MORALES	40.00			7.				01 027		^	1	2 01	Ε Λ
CHIEF EXECUTIVE OFFICER			-	Х		-		81,837.		0.		3,0!	50.
		-											
			\vdash			\vdash	┢						
		1											
			-			\vdash	┢					-	
		1											
1b Sub-total	1			I	I	1		81,837.		0.	1	3,0	50.
c Total from continuation sheets to Part V							•	0.		0.			0.
d Total (add lines 1b and 1c)								81,837.		0.	1	3,0	50.
2 Total number of individuals (including but r								<u> </u>	0,000 of reportab	ole	·		
compensation from the organization						,							0
												Yes	No
3 Did the organization list any former officer,	, director, or tr	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s	such individual										3		Х
4 For any individual listed on line 1a, is the si	um of reportab	le c	omp	ensa	atior	n an	d ot	ther compensation from	the organization				
and related organizations greater than \$15	0,000? If "Yes,	," co	mpl	ete S	Sche	edul	e J	for such individual			4		X
5 Did any person listed on line 1a receive or	•				•			ted organization or indiv	idual for services	3			
rendered to the organization? If "Yes," com	nplete Schedui	le J t	for s	uch	pers	son					5		X
Section B. Independent Contractors									•				
1 Complete this table for your five highest co										npens	ation 1	rom	
the organization. Report compensation for	the calendar y	/ear	end	ing v	vith	or w	/ithi		year.				
(A) Name and business	address	NI	ON	F?				(B) Description of s	services	l c)) eamo	رّ ر) nsatior	า
		14.	0141					2 00011121110111011		<u> </u>			
-													
												-	
2 Total number of independent contractors (\$100,000 of compensation from the organi		not li	mite	d to	tho (se li 0	ste	d above) who received n	nore than				
, ,												000 (0	

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Part VIII Statement of Revenue

		Check if Schedule O cont	aine a reenonee	or note to any li	ne in this Part \/III			
		Check if Schedule O cont	airis a response	or note to any ii	(A)	(B)	(C)	(D)
					Total revenue	Related or	Unrelated	Revenuè excluded
						exempt function	business	from tax under sections
						revenue	revenue	sections 512 - 514
nts nts	1 a	Federated campaigns	1a	163,911.				
ira ou	b	Membership dues	1b					
s, C Am	c	Fundraising events	1c	317,169.				
iift ar,		Related organizations						
s, (mil		Government grants (contribut						
Contributions, Gifts, Grants and Other Similar Amounts		All other contributions, gifts, gran	· -					
out	-	similar amounts not included abo		662,761.				
ΞĒ		Noncash contributions included in lines		111,081.				
Sor	_	Total. Add lines 1a-1f			1,143,841.			
<u> </u>		I Total. Add lines 1a-11		Business Code				
	_			Business Code				
ice	2 a							
le e	b							
n S /en	C							
yraı Re	C							
Program Service Revenue	е							
ъ.		All other program service reve						
		Total. Add lines 2a-2f						
	3	Investment income (including			00 750			00 750
		other similar amounts)			23,753.			23,753.
	4	Income from investment of tax						
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
	b	Less: rental expenses						
	C	Rental income or (loss)						
	c	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	24,572.					
	b	Less: cost or other basis						
		and sales expenses	25,398.					
	c	Gain or (loss)	-826.					
	d	Net gain or (loss)			-826.			-826.
Ð		Gross income from fundraisin						
nu.		including \$ 317,1	.69 • of					
Other Reven		contributions reported on line	1c). See					
F.		Part IV, line 18		152,014.				
the l	b	Less: direct expenses		138,046.				
0		Net income or (loss) from fund		>	13,968.			13,968.
		Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		: Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold			-			
		: Net income or (loss) from sale						
		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue See instructions		······	1.180.736.	0.	0.	36.895.

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 (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 2,300. 2,300. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 94,887 18,977. 37,955. 37,955. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 435,829. 309,004. 8,438. 118,387. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 69,808. 64,053. 873. 4,882. Other employee benefits 9 3,098. 40,729. 25,633. 11,998. Payroll taxes 10 Fees for services (non-employees): a Management Legal 34,600. 34,600. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 40,779. 11,960. 22,712. 6,107. column (A) amount, list line 11g expenses on Sch O.) 1,228. 264. 1,808. 316. Advertising and promotion 12 88,257. 45,585. 20,526. 22,146. Office expenses 13 25,820. 3,851. 14,655. 7,314. 14 Information technology Royalties 15 26,370. 3,767. 37,671. 7,534. 16 Occupancy 10,835. 4,020. 4,792. 2,023. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 18,876. 12,052. 4,800. 2,024. Conferences, conventions, and meetings 19 2,096. 2,096. 20 10,083. 10,083. Payments to affiliates _____ 21 98. 978. 685. 195. Depreciation, depletion, and amortization 22 1,909. 19,094. 13,366. 3,819. 23 Other expenses. Itemize expenses not covered 24 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.) MEMBERSHIP DUES 3,455. 3,455. С All other expenses 937,905 542,539. 159,835. 235,531. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Part	Х	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			68,340.	1	18,763
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			5,500.	3	259,080
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated en	ployees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	1 4958(d	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501	(c)(9) voluntary			
2		employees' beneficiary organizations (see instr)	. Compl	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		F		7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			22,032.	9	15,632
1	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	50,205.			
	b			47,410.	1,930.	10c	2,795
1	11	Investments - publicly traded securities			471,693.	11	2,795 531,125
1	12	Investments - other securities. See Part IV, line				12	
1	13	Investments - program-related. See Part IV, line		F		13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11			14,595.	15	16,359
1	16	Total assets. Add lines 1 through 15 (must equ			584,090.	16	843,754
1	17	Accounts payable and accrued expenses			49,212.	17	30,153
1	18	Grants payable				18	
1	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete				21	
ဂ္ဂ 2	22	Loans and other payables to current and former					
		key employees, highest compensated employee	es, and	disqualified persons.			
		Complete Part II of Schedule L				22	
5 2	23	Secured mortgages and notes payable to unrela			35,000.	23	25,000
2	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
2	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D				25	
2	26	Total liabilities. Add lines 17 through 25			84,212.	26	55,153
		Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶ X and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
2 2	27	Unrestricted net assets	380,454.	27	417,847		
ğ 2	28	Temporarily restricted net assets	13,000.	28	264,330		
<u> </u>	29			<u></u>	106,424.	29	106,424
Ē		Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 📖			
5		and complete lines 30 through 34.					
2 3	30	Capital stock or trust principal, or current funds				30	
ရှိ ဒြ	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets of rund balances	32	Retained earnings, endowment, accumulated in				32	
z 3	33	Total net assets or fund balances			499,878.	33	788,601
a	34	Total liabilities and net assets/fund balances			584,090.	34	843,754

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Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,18	0 <u>,7</u>	<u> 36.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2			05.			
3	Revenue less expenses. Subtract line 2 from line 1	3			31. 78.			
4								
5	Net unrealized gains (losses) on investments	5	4	3,4	55.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,4	37.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	78	8,6	01.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?	-	3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

BIG BROTHERS AND BIG SISTERS OF DANE Employer identification number Name of the organization COUNTY, INC. 39-1077783 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

	(Complete only if you checke	_					-
	fails to qualify under the tests			-			
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
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)						
	Public support. Subtract line 5 from line 4.						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	(a) 2013	(6) 2014	(6) 2013	(4) 2010	(6) 2017	(i) iotai
	Gross income from interest,						
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruct	ions)	•		12	•
13	First five years. If the Form 990 is for	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3)	
	organization, check this box and stop						▶□
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
	Public support percentage for 2017 (14	
15	Public support percentage from 2016	Schedule A, Part	t II, line 14			15	
16a	33 1/3% support test - 2017. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2016. If the o						his box
	and stop here. The organization qual						▶∟
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more and if the organization meets the	ne "facts-and-circu	imstances" test ic	heck this hox and	I ston here Explai	n in Part VI how the	e

Schedule A (Form 990 or 990-EZ) 2017

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

	qualify under the tests listed b	elow, please comp	olete Part II.)				
Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	874,200.	919,247.	784,226.	888,409.	1143841.	4609923.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	3,127.					3,127.
3	Gross receipts from activities that						7
Ü	are not an unrelated trade or bus-						
	iness under section 513	58,590.	60.059.	127,737.	94.070.	152,014.	492,470.
4	Tax revenues levied for the organization's benefit and either paid to			,	22,010		
	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	935,917.	979,306.	911,963.	982,479.	1295855.	5105520.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
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						0.
c	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						5105520.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	935,917.	979,306.	911,963.	982,479.	1295855.	5105520.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12,175.	20,345.	17,672.	16,839.	23,753.	90,784.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	12,175.	20,345.	17,672.	16,839.	23,753.	90,784.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					1 2 1 2 5 2 2	<u> </u>
	Total support. (Add lines 9, 10c, 11, and 12.)		999,651.				5196304.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
							<u></u> ▶□
	Section C. Computation of Public Support Percentage						
	Public support percentage for 2017 (olumn (f))		15	98.25 %
	Public support percentage from 2016					16	98.28 %
Sec	ction D. Computation of Inve						1 25
17							
18	1 7 7						
19a	33 1/3% support tests - 2017. If the	-					
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the						and X
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	orted organization	
20	Private foundation. If the organization	on did not check a	hox on line 14 19:	a or 19h check th	nis hox and see ins	structions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
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3a		
3b		
3с		
4-		
4a		
4b		
4c		
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9a		
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00		
9c		
10a		
10b		

Yes No No No No No No No N	Pa	rt IV Supporting Organizations (continued)			igo c
11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? A 25% controlled writhy of a person described in (a) or (b) above? West to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI now the supported organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI now the supported organization's directors or trustees are allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization operated, or controlled the supporting organization of the than the supported organization operated, or controlled the supporting organization of the than the supported organization's provinging such benefit camed out the purposes of the supported organization's link operated, supposed organization's or controlled the supporting organization of the supported organization's link operated, supposed organization's or controlled the supporting organization or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees of each of the organization or directors or trustees of each of the organization or directors or trustees of each of the organization or directors or trustees of each of the organization or directors or trustees of each of the organization organization organization's powered documents in effect on the dat		Confining organizations (confining)		Vas	No
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below, the governing body of a supported organization? b A family member of a person described in (a) above? c. A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax yea? If "No," describe in Part VI how the supported organizations flexible organization and what conditions or restrictions, at jump, and any					
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1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). a	Sec				
The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer (a) and (b) below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	-				
The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	а	The organization satisfied the Activities Test. Complete line 2 below.			
Activities Test. Answer (a) and (b) below. A Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2	Activities Test. Answer (a) and (b) below.		Yes	No
those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b					
that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2a 2b					
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.					
of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		·	2a		
reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	b				
activities but for the organization's involvement.					
· ———					
3 Parent of Supported Organizations. Answer (a) and (b) below.	_	•	2b		
a. Did the appropriation have the negrous to provide the providence of the action of t					
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	а		2-		
trustees of each of the supported organizations? <i>Provide details in</i> Part VI. 3a b. Did the organization exercise a substantial degree of direction ever the policies, programs, and activities of each	L		sa		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	b		3h		

Schedule A (Form 990 or 990-EZ) 2017 COUNTY, INC. 39-1077783 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	ganization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)				
Secti	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	ne organization is responsive	е				
	(provide details in Part VI). See instructions.						
9_	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount		·				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2017						
a							
b	From 2013						
C	From 2014						
d	From 2015						
e	From 2016						
	Total of lines 3a through e						
<u>g</u>	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2017 distributable amount						
<u>i</u> _	Carryover from 2012 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
	Applied to 2017 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2013						
	Excess from 2014						
	Excess from 2015						
	Excess from 2016 Excess from 2017						
e	LAUGUS HUHI ZUT <i>I</i>						

Schedule A (Form 990 or 990-EZ) 2017

BIG BROTHERS AND BIG SISTERS OF DANE

Schedule A	(Form 990 or 990-EZ) 2017 COUNTY,	INC.	39-1077783 Page 8
Part VI	Supplemental Information. Provi Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 2 and 3	de the explanations required by Part II, line 10; Part II, line 17a of 16, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines art IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part section E, lines 2, 5, and 6. Also complete this part for any additional section E, lines 2, 5, and 6.	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
			_

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

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

OMB No. 1545-0047

Employer identification number Name of the organization BIG BROTHERS AND BIG SISTERS OF DANE 39-1077783 COUNTY, INC. Organization type (check one):

Filers of:		Section:				
Form 990	or 990-EZ	X 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				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it mu	st answer "No" on I	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 be filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c) Total contributions	(d)		
No1	Name, address, and ZIP + 4	\$ 6,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2		\$\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3		\$6,850.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
4		\$6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5		\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6		\$\$,350.	Person X Payroll		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al spa	ice is needed.	
(a)	(b)		(c)	(d)
No.	Name, address, and ZIP + 4		Total contributions	Type of contribution
7		\$ <u>-</u>	35,299.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$_	6,500.	Person X Payroll
(a)	(b)		(c)	(d)
No. 9	Name, address, and ZIP + 4	\$ <u>_</u>	Total contributions 39,039.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 10	Name, address, and ZIP + 4	\$_	Total contributions 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
11		\$_	183,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)		(c)	(d)
No. 12	Name, address, and ZIP + 4	\$_	Total contributions 5,000.	Person X Payroll

Employer identification number

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		
13	Name, address, and Zir + +	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
14		\$16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
15		\$13,700 .	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
16		\$5,051.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
17		\$5,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
18		\$10,000.	Person X Payroll		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a)	(b)	(c) Total contributions	(d) Type of contribution		
No. 19	Name, address, and ZIP + 4	\$12,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
20	nume, dudices, and En 1 1	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
21		\$6,090.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
22		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
23		\$7,000.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
24		\$5,000.	Person X Payroll		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$9,065.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$9,270.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$5,595.	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34		\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$163,911.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$5,000.	Person X Payroll

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	17	\$	 990, 990-EZ, or 990-PF) (

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization Employer identification number BIG BROTHERS AND BIG SISTERS OF DANE 39-1077783 COUNTY, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BIG BROTHERS AND BIG SISTERS OF DANE COUNTY, INC.

Employer identification number 39-1077783

Schedule D (Form 990) 2017

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
Do	conservation easements. † III Organizations Maintaining Collections of	Art Historical Transuras or (Other Similar Assets
Га	Complete if the organization answered "Yes" on Form		Other Sillinal Assets.
			ment and belongs about works of ort
Id	If the organization elected, as permitted under SFAS 116 (AS historical treasures, or other similar assets held for public exh		
	•	,	ance of public service, provide, in Part Alli,
h	the text of the footnote to its financial statements that describe the examination placed as permitted under SEAS 116 (AS		at and halance sheet works of art, historical
D	If the organization elected, as permitted under SFAS 116 (AS treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	deation, or research in furtherance of pr	ablic service, provide the following amounts
			▶ Φ
	(i) Revenue included on Form 990, Part VIII, line 1		
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical trea		
2	the following amounts required to be reported under SFAS 1		ai gairi, provide
•	·	` ,	*
d	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

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

Pai	t III (Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, or Oth	er Sin	nilar Asse	ts(contir	nued)			
3	Using th	ne organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significa	nt use of its	collectio	n iten	ns		
	(check	all that apply):										
а	P	ublic exhibition	d	Loan or exc	hange programs							
b	s	cholarly research	е	Other								
С	P	reservation for future generations										
4	Provide	a description of the organization's co	ollections and explain	n how they further t	he organization's ex	empt pu	ırpose in Par	t XIII.				
5	During 1	the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or other simil	ar asset:	S					
	to be sold to raise funds rather than to be maintained as part of the organization's collection?											
Pai	t IV	Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Yes" o	n Form	990, Part IV,	line 9, or				
	1	reported an amount on Form 990, Pa	rt X, line 21.									
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included											
	on Form 990, Part X?											
b		explain the arrangement in Part XIII										
								Amoun	t			
С	Beginni	ng balance				10	:					
		ns during the year					d					
е	Distribu	tions during the year				10	e					
f	Ending	balance				11	f	_				
2a	Did the	organization include an amount on F	orm 990, Part X, line	21, for escrow or c	ustodial account liab	oility?	L	Yes	L	_ No		
		explain the arrangement in Part XIII.										
Pai	t V	Endowment Funds. Complete i	f the organization an		orm 990, Part IV, line							
			(a) Current year	(b) Prior year	(c) Two years back	(d) Thre	ee years back	(e) Four				
1a		ng of year balance	486,388.	438,504.	466,548.		458,570.			,256.		
b	Contrib	utions			100.		16,969.		10	,500.		
С	Net inve	estment earnings, gains, and losses	73,832.	47,884.	-25,918.		-3,781.		22	,441.		
d	Grants	or scholarships										
е	Other e	xpenditures for facilities										
	and pro	ograms	12,637.		2,226.		5,210.		3	,627.		
f	Adminis	strative expenses										
g	End of	year balance	547,583.	486,388.	438,504.		466,548.		458	,570.		
2		the estimated percentage of the cur		e (line 1g, column (a	a)) held as:							
а		designated or quasi-endowment	80.56	_%								
b		ent endowment ▶ <u>19.44</u>	%									
С	-	rarily restricted endowment	%									
		centages on lines 2a, 2b, and 2c sho										
3a	Are the	re endowment funds not in the posse	ession of the organiza	ation that are held a	and administered for	the orga	anization	г				
	by:								Yes	No		
		elated organizations							X	37		
	` '									X		
b		on line 3a(ii), are the related organiza			·			3b				
Do:		e in Part XIII the intended uses of the Land, Buildings, and Equipm		wment funds.								
Pai				Deat IV Beede	000 Death	/ li 40						
		Complete if the organization answere		' ''	i	,		() D				
		Description of property	(a) Cost or of basis (investn	1 ' '		Accumul epreciati	II.	(d) Bool	k valu	ie		
1a	Land											
		gs										
С	Leaseh	old improvements										
d	Equipm	ent										
	Other				0,205.	47,	410.		2,7	95.		
Tota	. Add lin	es 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10c.)		▶		2,7	95.		
								D /F				

Schedule D (Form 990) 2017

Schedule D (Fo		COUNTY,										<u> 39-1</u>	_07778	3 Page 3
	vestments - O	ther Securitie	s.											
Co	omplete if the organ	ization answered	"Yes"	on Fo	rm 990), Part I\	/, line 1	11b. See Fori	m 990, l	Part X,	line 12.			
(a) Description	of security or categor	y (including name of se	curity)		(b) Boo	ok value		(c) Meth	od of va	aluation	: Cost or	end-of	-year marke	t value
(1) Financial de	erivatives													
	d equity interests													
(3) Other	a equity interests													
(A)														
(B)														
(C)														
(D)														
(E)														
(F)														
(G)														
(H)														
otal. (Col. (b) m	ust equal Form 990, F	art X, col. (B) line 1	2.)											
Part VIII In	vestments - Pi	rogram Relate	ed.											
	omplete if the organ	_		on Fo	rm 990). Part I\	/. line 1	11c. See Forr	n 990. I	Part X. I	ine 13.			
	a) Description of in	vestment				k value		(c) Meth	od of va	aluation	: Cost or	end-of	-year marke	t value
(1)													<u>-</u>	
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
Total. (Col. (b) m	ust equal Form 990, F	art X, col. (B) line 1	3.)											
Part IX O	ther Assets.													
Co	mplete if the organ	ization answered	"Yes"	on Fo	rm 990), Part I\	/, line 1	11d. See Fori	m 990, l	Part X,	line 15.			
	· ·				iption								(b) Book	value
(1)														
(2)												-		
` ,												_		
(3)												_		
(4)												_		
(5)												_		
(6)														
(7)														
(8)														
(9)														
Fotal. (Column	(b) must equal Forn	n 990, Part X, col.	(B) lin	e 15.)								▶		
	ther Liabilities.													
Co	omplete if the organ	ization answered	"Yes"	on Fo	rm 990). Part I\	/. line 1	11e or 11f. Se	ee Form	1990. P	art X. line	e 25.		
		cription of liability				,,		b) Book value						
1. (1) Fadaval		onpaiorr or nability					٠,	b) Book value	-					
. ,	income taxes													
(2)														
(3)														
(4)														
(5)														
(6)	<u> </u>													
(7)														
(8)									\dashv					
(9)														
. ,	(b) may set s ===== 1 ============================	n 000 Deid V s il	(D) !:	- OF \		_								
	(b) must equal Form													
Liability for	uncertain tax positi	ons. In Part XIII, p	rovide	the t	ext of t	ne footr	note to	the organiza	ition's fi	nancial	stateme	nts tha	t reports the	е

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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

	~~	HERS AND BIG	SISTERS O	F DANE	20	100000
Sche	dule D (Form 990) 2017 COUNTY,					1077783 _{Page}
Pai	t XI Reconciliation of Revenue pe			ith Revenue per F	leturr	1.
	Complete if the organization answered					1 001 100
1	Total revenue, gains, and other support per au				1	1,231,428
2	Amounts included on line 1 but not on Form 99			40 455		
а	Net unrealized gains (losses) on investments			43,455.		
b	Donated services and use of facilities		2b	4,800.	<u>.</u>	
С	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.)		2d	2,437.		
е	Add lines 2a through 2d				2e	50,692
3	Subtract line 2e from line 1				3	1,180,736
4	Amounts included on Form 990, Part VIII, line					
а	Investment expenses not included on Form 99	90, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)					
С			•		4c	0
5	Total revenue. Add lines 3 and 4c. (This must e				5	1,180,736
Pai	t XII Reconciliation of Expenses pe				Retu	
	Complete if the organization answered					
1	Total expenses and losses per audited financia				1	942,705
2	Amounts included on line 1 but not on Form 9				-	·
a	Donated services and use of facilities	·	2a	4,800.	,	
b	Prior year adjustments				1	
C	Other losses				-	
d	Other (Describe in Part XIII.)				-	
					2e	4 800
_	•				3	4,800 937,905
3	Subtract line 2e from line 1				3	231,203
4	Amounts included on Form 990, Part IX, line 2	· ·	ا مه ا			
	Investment expenses not included on Form 99				-	
	Other (Describe in Part XIII.)		4b		-	0
					4c	937,905
5	Total expenses. Add lines 3 and 4c. (This must	t equal Form 990, Part I, lin	e 18.)		5	331,303
	t XIII Supplemental Information.					
	de the descriptions required for Part II, lines 3,				4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also c	complete this part to provid	le any additional in	iformation.		
D 7 T	OM 37 T TND 4.					
PAI	RT V, LINE 4:					
m===	TNOONE EDON MUE ODGANT	CAMIONILO ENDO		DG GAN DE 116	100	TO GUDDODE
THE	E INCOME FROM THE ORGANI	ZATION'S ENDO	WMENT FUN	DS CAN BE US	ED.	TO SUPPORT
		3.0000000000				
THE	E ORGANIZATION'S GENERAL	ACTIVITIES.				
PAI	RT XI, LINE 2D - OTHER A	DJUSTMENTS:				
CHZ	ANGE IN BENEFICIAL INTER	EST IN ASSETS	HELD BY	MADISON		
COI	MUNITY FOUNDATION					2,437

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

BIG BROTHERS AND BIG SISTERS OF DANE

ZU 17

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990 or 990-EZ) 2017

Name of the organization BIG BROTHERS AND BIG SISTERS OF DANE COUNTY, INC.

| Employer identification number 39-1077783

required to complete this part	. Complete if the organization answe t.	erea "Y	es" or	n Form 990, Part IV,	line 17. Form 990-Ez	tilers are not										
Indicate whether the organization rais Mail solicitations	e Solicita	tion of	non-g	overnment grants												
b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events																
 d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Parabete If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	art VII) or entity in connection with priduals or entities (fundraisers) pursu	rofess	onal f	undraising services?	Yes											
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		or control of		or control of		or control of		or control of		I or control of I		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No													
Total																
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990.FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List		ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				BALLIN' FOR	NONE	(add col. (a) through
			GALA	KIDS' SAKE		col. (c))
(D)			(event type)	(event type)	(total number)	Coi. (C))
Revenue						
eve	1	Gross receipts	301,414.	151,755.		453,169.
ш						
	2	Less: Contributions	184,164.	133,005.		317,169.
	3	Gross income (line 1 minus line 2)	117,250.	18,750.		136,000.
	4	Cash prizes				
			0.655	0.500		10.054
"	5	Noncash prizes	9,655.	2,599.		12,254.
Direct Expenses			2 650	F 004		0.644
per	6	Rent/facility costs	3,650.	5,994.		9,644.
Ř			20 502	1 (05		21 107
9	7	Food and beverages	29,502.	1,685.		31,187.
՝	_		24,072.			24,072.
		Entertainment	23,690.			29,252.
	9	Other direct expenses	0: 1 (1)	· · · · · · · · · · · · · · · · · · ·		106,409.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				29,591.
Pa	irt l					27,371.
		\$15,000 on Form 990-EZ, line 6a.	anowered 100 on 1 on	1000,1 41114, 1110 10, 01	roported more than	
		φτο,600 cm cm coc <u>LL</u> , into cα.		(b) Pull tabs/instant		(d) Total gaming (add
Jue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
ď	1	Gross revenue				
S	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
Ĥ						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	∟ No	∟ No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
					_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>	
_	_					
		ter the state(s) in which the organization condu	-			
		the organization licensed to conduct gaming a				Yes No
b) IT "	No," explain:				
10-	10/6	ore any of the organization's caming licenses	avokad suspended or to	erminated during the tax	vear?	Voc No
		ere any of the organization's gaming licenses re		_	•	Yes No
		ere any of the organization's gaming licenses re Yes," explain:		_	•	Yes No

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Schedule G (Form 990 or 990-EZ) 2017

BIG BROTHERS AND BIG SISTERS OF DANE

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2017 COUNTY, INC.	9-IO	<u>//</u>	783	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		٦.	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:	—	_		
		م ا	ا م	I	0/
	The organization's facility		3a		<u>%</u>
	An outside facility		3b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	С		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ \text{and the amount}\$ of gaming revenue retained by the third party \$\bigs\\$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandaton, distributions				
	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Г	\neg	V	
	retain the state gaming license?			Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	ne			
_	organization's own exempt activities during the tax year 🕨 \$				
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	: III, lines	39,	9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
			—		

BIG BROTHERS AND BIG SISTERS OF DANE

Schedule G (Form 990 or 990-EZ) COUNTY, INC.	39-1077783 Page 4
Schedule G (Form 990 or 990-EZ) COUNTY, INC. Part IV Supplemental Information (continued)	<u> </u>

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

BIG BROTHERS AND BIG SISTERS OF DANE COUNTY, INC.

Employer identification number 39-1077783

Pai	t I Types of Property						
		(a)	(b) Number of	(c) Noncash contribution	(d)	tormining	
		Check if applicable	1	amounts reported on	Method of de noncash contribu	-	nts
		аррисавіс	items contributed	Form 990, Part VIII, line 1g	Tionodon continua		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts Other ▶ (SILENT AUCTIO)	X	123	60 067	COST/SELLIN	C DRT	~F
25 26	Other (PROGRAM ACTIV)	X	69		COST/SELLIN		
27	Other (PRIZES)	X	28		COST/SELLIN		
28	Other (111111111111111111111111111111111111			21,7,50	CODI, BELLIN	<u> </u>	
29	Number of Forms 8283 received by the organi	zation durin	I a the tax vear for a	ontributions			
	for which the organization completed Form 82						
	To this of the control of the contro			gaa <u>123 </u>		Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	oorted in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date						
	exempt purposes for the entire holding period	?				30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?					31	X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	ecked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

BIG BROTHERS AND BIG SISTERS OF DANE

39-1077783 Schedule M (Form 990) 2017 COUNTY, INC. Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization Part II is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information. SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

Schedule M (Form 990) 2017

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BIG BROTHERS AND BIG SISTERS OF DANE COUNTY, INC.

Employer identification number 39-1077783

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BENEFICIAL ACTIVITIES THAN YOUTH WITHOUT A MENTOR.

FORM 990, PART VI, SECTION B, LINE 11B:

THE PREPARED FORM 990 IS REVIEWED BY THE ORGANIZATION'S FINANCE COMMITTEE

AND PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE THE RETURN IS

FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL DIRECTORS AND OFFICERS COMPLETE AND SIGN A STATEMENT THAT

PROVIDES INFORMATION REGARDING THEIR INTERESTS AND THOSE OF THEIR FAMILY

MEMBERS THAT COULD GIVE RISE TO CONFLICTS. THE MEMBERS OF THE GOVERNING

BODY MAKE DETERMINATIONS OF WHETHER A CONFLICT EXISTS AND REVIEW ACTUAL

CONFLICTS. ANY PERSON WITH A CONFLICT IS PROHIBITED FROM PARTICIPATING IN

THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT LEADS THE CHIEF EXECUTIVE OFFICER'S EVALUATION PROCESS AND MAKES A COMPENSATION RECOMMENDATION. THE OFFICERS COMMITTEE REVIEWS THE EVALUATION AND THEN VOTES TO APPROVE OR DISAPPROVE THE RECOMMENDED COMPENSATION. THE RECOMMENDED COMPENSATION IS BROUGHT TO THE GOVERNING BODY FOR FINAL APPROVAL. THE OFFICERS COMMITTEE BI-ANNUALLY REVIEWS THE LOCAL QTI AND UNITED WAY'S COMPENSATION REPORT ALONG WITH COMPENSATION INFORMATION FROM BIG BROTHERS BIG SISTERS OF AMERICA, GUIDESTAR, AND OTHER SOURCES AS NECESSARY.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization BIG BROTHERS AND BIG SISTERS OF DANE COUNTY, INC.	Employer identification number 39-1077783
FORM 990, PART VI, SECTION C, LINE 19:	
AN ANNUAL REPORT THAT INCLUDES THE ORGANIZATION'S AUDITED	FINANCIAL
STATEMENTS WAS SENT TO THE ORGANIZATION'S DONORS AND VOLU	NTEERS. IN
ADDITION, THE ANNUAL REPORT WAS POSTED ON THE ORGANIZATION	N'S WEBSITE. THE
ORGANIZATION ALSO MADE ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND UNAUDITED FINANCIAL STATEMENTS AVAILABLE TO T	HE PUBLIC UPON
REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY MADISON	
COMMUNITY FOUNDATIO	2,437.