WEGNER CPAS, LLP 2921 LANDMARK PL STE 300 MADISON, WI 53713-4236

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

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# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public

Α	For the	e 2018 calendar year, or tax year beginning and e	ending					
В	Check if applicabl	DIG DUCTUENS AND DIG SISTENS OF DAME		D Employer identifi	cation number			
	Addre chang	SS COUNTY, INC.						
	Name chang	Doing business as		39-1	077783			
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address)						
•	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,435,542.			
Г	Amen			H(a) Is this a group re				
Е	Applic			for subordinates				
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in				
$\overline{}$	Toy ov	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) or	r 527		list. (see instructions)			
		te: NWW.BBBSMADISON.ORG	JZ1	· ·	` '			
		organization: X Corporation Trust Association Other ►	I Voor	H(c) Group exemption 1966	■ State of legal domicile: WI			
	art I	Summary	L Year	or iorination. 1900	A State of legal doffliche. W.L.			
			TNC C	ADTMC ADIII M	с по			
9	1	Briefly describe the organization's mission or most significant activities: MATCH	TING C	ARING ADULT	OMEC .			
ă		CHILDREN NEEDING A POSITIVE ROLE MODEL OU						
Governance		Check this box  if the organization discontinued its operations or dispose						
્ટ્ર				3	19			
∞ಶ		Number of independent voting members of the governing body (Part VI, line 1b) $$			19			
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)			25			
Ĭ		Total number of volunteers (estimate if necessary)			741			
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.			
				Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		1,143,841.	1,116,410.			
	9	Program service revenue (Part VIII, line 2g)		0.	0.			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,927.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,968.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,180,736.	1,130,006.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,300.	4,750.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ý		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		641,253.	783,992.			
Jse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)  263,79	6.					
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		294,352.	332,968.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		937,905.				
		Revenue less expenses. Subtract line 18 from line 12		242,831.				
-C	3	Trevenue 1633 expenses. Gubitaet inte 16 front inte 12	Re	ginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)	50	843,754.	810,674.			
ASS	21	Total liabilities (Part X, line 16)		55,153.	43,174.			
let,	22	Net assets or fund balances. Subtract line 21 from line 20		788,601.	767,500.			
P	art II	Signature Block		70070011	70773000			
_		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the hest of m	v knowledge and helief it is			
	-	et, and complete. Declaration of preparer (other than officer) is based on all information of which			y kilowicago alla bollol, it is			
uu	, 001100	t, and complete. Declaration of preparer (other than officer) is based on an information of which	on properti	Thas arry Knowledge.				
c:		Signature of officer		I Date				
Sig		SANDY MORALES, CHIEF EXECUTIVE OFFICER	)	2410				
He	re	Type or print name and title	<u>.</u>					
		<u> </u>	IT	Date Check	PTIN			
Da'	4	Print/Type preparer's name  Preparer's signature	ا	if				
Pai		MIKE HABLEWITZ, CPA		self-employ				
	parer	Firm's name WEGNER CPAS, LLP		Firm's EIN	39-0974031			
Use	Only	Firm's address 2921 LANDMARK PL STE 300		-	0 074 4000			
		MADISON, WI 53713-4236		Phone no. 6 0	8-274-4020			
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)			X Ves No			

Check if Schedule O contains a response or note to any line in this Part III  Briefy describes the engination similation:  BIG BROTHERS BIG SISTERS OF DANE COUNTY'S MISSION IS TO PROVIDE  CHILDREN PACING 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 prior form 890 or 990-27  If 'Yes,' describe these new services on Schedule 0.  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are expended to report the amount of grants and allocations to others, the total expenses and reservacy for seach organizations expenses and reservacy in the section of the section	Pai	t III Statement of Program Service Accomplishments
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prior Form 990 or 990 E27    Yes   X   No   If 1954 (Sectified these measures on Schedule C)   16   17   1954 (Sectified these measures on Schedule C)   17   1954 (Sectified these changes on Schedule C)   17   1954 (Sectified these changes on Schedule C)   17   1954 (Sectified these changes on Schedule C)   1954 (Sectified these changes on Schedule C)   1955 (Sectified these changes on Schedule C)   1955 (Sectified the organization by organizations are required to report the amount of grants and allocations to others, the total expenses, and reviews, if any, for each program service reported.   1955 (Sectified the Section SO1(c)/3 and SO1(c)/4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reviews, if any, for each program service reported.   1956 (Sectified the Section SO1(c)/3 and SO1(c)/4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reviews, and solve the section SO1(c)/3 and SO1(c)/4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reviews and solve the section SO1(c)/3 and solve the section SO1(c)/3 and solve total sections and solve the section SO1(c)/3 and s	_	
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	40	E4.4 E0.0
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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	Х	
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		Х
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
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		Х
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	Х	
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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			l _
	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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			l
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			17
_	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			1,7
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

### Part IV Checklist of Required Schedules (continued)

	<del></del>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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
24 a	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			7.7
	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	24c		
Ч	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			. v
	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):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			X
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		х
35 a	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		-	
Dэ	Note. All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
га	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 10		162	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 25			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0	)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
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				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the control		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		<b>6</b> -		х
<b>L</b>	any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).		OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	·	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			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:	ا ء ا			
		10a 10b			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	100			
	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
~	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		
	<b>Note.</b> 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			77
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		4-		X
	excess parachute payment(s) during the year?		15		^
16	If "Yes," see instructions and file Form 4720, Schedule N.	t incomo?	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen If "Yes," complete Form 4720, Schedule O.	t income?	16		
	ii res, complete i unii 4720, sonedule O.		Гоги	990	(2010

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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								
		1 1	4.0		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	19						
	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	1b	19						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?			2		X			
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervis	ion						
	of officers, directors, or trustees, or key employees to a management company or other person? $\dots$			3		X			
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?								
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or							
	more members of the governing body?			7a		Х			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or							
	persons other than the governing body?			7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:							
а	The governing body?			8a	X				
b	Each committee with authority to act on behalf of the governing body?			8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
			_		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х			
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	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 boo	dy before filing the	e form?	11a	X				
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 ris	e to conflicts?		12b	X				
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	X				
15	Did the process for determining compensation of the following persons include a review and approve	al by independen	t						
	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 arrange	ement 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	ate its participatio	n						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization'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 (1024 or 1024-A if applicable), 990, a	nd 990-T (Section	501(c)(3)s	only)	availa	able			
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									
	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 be	ooks 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.

Lheck 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			(C Pos	C) ition	1		(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and Title	hours per week	box	, unle	ss pe	rson i	than is bot or/trus	h an	compensation	compensation from related	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	,,		77					0	0
PRESIDENT	1 50	Х		Х				0.	0.	0.
(2) DAN PAULSON	1.50	,,		7.7					0	0
VICE PRESIDENT	1 50	Х		Х				0.	0.	0.
(3) KARI GRASEE	1.50	\ \ \		37					0	0
TREASURER	1 50	Х		Х				0.	0.	0.
(4) CHUCK HOUSNER	1.50	\ \		37					0	0
SECRETARY	1.00	Х		Х				0.	0.	0.
(5) PHIL PLOURD PAST PRESIDENT	1.00	Х						0.	0.	0.
(6) KENNETH ALBRIDGE III	1.00	^						0.	0.	0.
DIRECTOR	1.00	Х						0.	0.	0.
(7) JEFF BERNSTEIN	1.00	<u> </u>						0.	0.	
DIRECTOR	1.00	х						0.	0.	0.
(8) ENZO CIARLETTA	1.00								0.	<u></u>
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) MIKE SOLT	1.00									
DIRECTOR		Х						0.	0.	0.
(14) ANA HOOKER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) JAMES IMHOFF III	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(16) TAMMY JELINEK	1.00									_
DIRECTOR		Х						0.	0.	0.
(17) DAN KNICKMEIER	1.00								•	_
DIRECTOR		Х						0.	0.	0 <b>.</b> Form <b>990</b> (2018)

832007 12-31-18

Part VII Section A. Officers, Directors, Tru		Pios	/ees			igne	51 (						
(A)	(B) Average		<b>(C)</b> Position					(D)	(E)			(F)	1
Name and title	hours per		not c	heck	more	than			Reportable compensation	_	Estimated amount of		
	week					is bot or/trus		from	from related			other	OI
	(list any	to						the	organizations	:	1	pensa	ition
	hours for	Individual trustee or director				p		organization	(W-2/1099-MIS			rom the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	(** 2/ *********************************	-,		anizati	
	organizations	trust	Institutional trustee		yee	eduu					_	d relat	
	below	idual	ution	<u>ا</u>	Key employee	est co	E E				orga	anizatio	ons
	line)	Indi	Instii	Officer	Keye	Highest compensated employee	Former						
(18) ROBERT LANG	1.00												
DIRECTOR		Х						0.		0.	<u> </u>		0.
(19) KEVIN TORRENCE	1.00												
DIRECTOR		Х						0.		0.			0.
(20) SANDY MORALES	40.00												
CHIEF EXECUTIVE OFFICER				Х				79,415.		0.	1	2,7	18.
											1		
											1		
							T						
		1									1		
							T						
		1									1		
							$\vdash$						
		1									1		
						$\vdash$	H						
		1									1		
1h Cub total				<u> </u>	<u> </u>	_		79,415.		0.	1	2,7	18.
1b Sub-total c Total from continuation sheets to Part								0.		0.		<u></u>	0.
								79,415.		0.	1	2,7	
d Total (add lines 1b and 1c)									000 of war and ala			4,,	<u> </u>
2 Total number of individuals (including but	not limited to tr	1056	IST	eu ai	DOV	e) w	no i	received more than \$100	,000 of reportable	Э			0
compensation from the organization												Yes	No
2 Did the executive list on Assume office		4_										103	140
3 Did the organization list any <b>former</b> office				•		•							Х
line 1a? If "Yes," complete Schedule J for											3		$\stackrel{f \Lambda}{=}$
4 For any individual listed on line 1a, is the	•							•	•				Х
and related organizations greater than \$1											4		lacksquare
5 Did any person listed on line 1a receive or	•				•			ted organization or indiv	idual for services		_		v
rendered to the organization? If "Yes," co	mplete Schedui	e J i	or s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest of										pens	ation 1	rom	
the organization. Report compensation for	r the calendar y	ear	end	ing v	vith	or w	/ithi	_	year.				
<b>(A)</b> Name and busines	a addraga	3.7	<b>~</b> 3.T1	_				( <b>B</b> )  Description of s	an door		) (C		_
name and busines	s address	M	ON	<u> </u>				Description of s	services		ompe	nsatio	П
2 Total number of independent contractors	(including but r	not li	mite	d to	tho	se li	ste	d above) who received n	nore than				
\$100,000 of compensation from the orga	nization 🕨				(	0							
											Form	990 (2	2018)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Unrelated Total revenue Related or from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 163,903. 1 a Federated campaigns 1a **b** Membership dues ..... 1b 319,875. c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 632,632. similar amounts not included above ..... 60,397. g Noncash contributions included in lines 1a-1f: \$ 1,116,410. h Total. Add lines 1a-1f .... Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 25,840. 25,840. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) **d** Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities (ii) Other 171,288. assets other than inventory b Less: cost or other basis 196,774. and sales expenses c Gain or (loss) -25,486. -25,486-25,486. d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 319,875. of contributions reported on line 1c). See Part IV, line 18 a 120 , 729 Other **b** Less: direct expenses b 108,762.11,967. 11,967. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold \_\_\_\_\_ b **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS REVENUE 900099 1,275 1,275. b d All other revenue 1,275. e Total. Add lines 11a-11d ,130,006. 13,596. Total revenue. See instructions

#### 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 respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	4,750.	4,750.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	92,133.	18,427.	36,853.	36,853
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	543,910.	413,105.	5,855.	124,950
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,063.	5,537. 79,165.	422.	1,104 11,202
9	Other employee benefits	91,500.	79,165.	1,133.	11,202
10	Payroll taxes	49,386.	34,375.	2,826.	12,185
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	9,800.		9,800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	5,295.		5,295.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	89,136.	24,584.	35,684.	28,868
12	Advertising and promotion	1,799.			1,799
13	Office expenses	109,840.	69,433.	17,265.	23,142
14	Information technology	11,590.	2,741.	5,630.	3,219
15	Royalties				
16	Occupancy	40,755.	29,456.	1,615.	9,684
17	Travel	11,340.	6,330.	1,470.	3,540
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,543.	13,815.	5,777.	2,951
20	Interest	959.		959.	
21	Payments to affiliates	9,875.	4 4 4 4	9,875.	
22	Depreciation, depletion, and amortization	1,597.	1,149.	65.	383
23	Insurance	15,254.	10,982.	611.	3,661
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MEMBERSHIP DUES	2,185.	871.	1,059.	255
b	BAD DEBT EXPENSE	1,000.		1,000.	
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,121,710.	714,720.	143,194.	263,796
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		18,763.	1	102,722.	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net	259,080.	3	192,550.		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for	ormer o	fficers, directors,			
		trustees, key employees, and highest compens	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	•	,			
		section 4958(f)(1)), persons described in section	า 4958(	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	I(c)(9) voluntary			
şt		employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7			
⋖	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			15,632.	9	9,650.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	50,205.			
	b	Less: accumulated depreciation		49,007.	2,795.	10c	1,198. 489,167.
	11	Investments - publicly traded securities	531,125.	11	489,167.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		16,359.	15	15,387.	
	16	Total assets. Add lines 1 through 15 (must equ	843,754.	16	810,674.		
	17	Accounts payable and accrued expenses			30,153.	17	43,174.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme	r officer	s, directors, trustees,			
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela			25,000.	23	0.
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D		_	FF 1F2	25	42 174
	26	Total liabilities. Add lines 17 through 25			55,153.	26	43,174.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 ar			417 047		221 026
au	27	Unrestricted net assets			417,847.	27	331,026.
Bal	28	Temporarily restricted net assets			264,330.	28	329,050.
Fund Balances	29				106,424.	29	107,424.
		Organizations that do not follow SFAS 117 (A					
S O		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			700 601	32	767 500
_	33	Total net assets or fund balances			788,601.	33	767,500.
	34	Total liabilities and net assets/fund balances			843,754.	34	810,674.

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			006.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,1	21,	710.			
3	Revenue less expenses. Subtract line 2 from line 1	3		8,296				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7	788,601				
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			318.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	7	67,	500.			
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	О.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a	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?		2	) 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?		2	, X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	).					
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 Au	dit					
	Act and OMB Circular A-133?		3	a	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	,				

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.
BIG BROTHERS AND BIG SISTERS OF DANE

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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

Schedule A (Form 990 or 990-EZ) 2018 COUNTY, INC.

Part II Support Schedule for Organizations December 1

P	(Complete only if you checke	_					-			
	fails to qualify under the tests				on raneu to quality	unusi Fait III. II lii!	o organization			
Se	ction A. Public Support			,						
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Gifts, grants, contributions, and	(a) 2014	(b) 2013	(6) 2010	( <b>u</b> ) 2017	(6) 2010	(i) Total			
•	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									
3	furnished by a governmental unit to									
	the organization without charge									
1	Total. Add lines 1 through 3									
5	The portion of total contributions									
3	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.									
	ction B. Total Support									
	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total			
	Amounts from line 4	(4) 2311	(2) 2010	(6) 2010	(4) 2011	(0) 2010	(i) rotal			
	Gross income from interest,									
Ū	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
Ī	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									
	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	·			
13	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)				
	organization, check this box and stor									
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2018 (	line 6, column (f) d	ivided by line 11,	column (f))		14	%			
15	Public support percentage from 2017	' Schedule A, Part	II, line 14			15	%			
16a	a 33 1/3% support test - 2018. If the o	organization did no	ot check the box o	on line 13, and line	e 14 is 33 1/3% or r	more, check this bo	ox and			
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶□			
k	33 1/3% support test - 2017. If the									
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶□			
17a	a 10% -facts-and-circumstances tes									
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		▶□			
k	10% -facts-and-circumstances tes									
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, c	heck this box and	d <b>stop here.</b> Explain	n in Part VI how the	Э			
	more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									

Schedule A (Form 990 or 990-EZ) 2018

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.)

0	qualify under the tests listed b	,, ,					•
	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	<b>(d)</b> 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not		<b>504 006</b>		4440044	444644	4050400
	include any "unusual grants.")	919,247.	784,226.	888,409.	1143841.	1116410.	4852133.
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	Gross receipts from activities that						_
	are not an unrelated trade or bus-						
	iness under section 513	60,059.	127,737.	94,070.	152,014.	120,729.	554,609.
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	050 206	011 060	000 450	1005055	1008100	E 4 0 C E 4 0
	Total. Add lines 1 through 5	979,306.	911,963.	982,479.	1295855.	1237139.	5406742.
7a	Amounts included on lines 1, 2, and	22 000	20 000	E0 C40	00 400	00 740	262 017
<b>L</b>	3 received from disqualified persons	23,000.	20,000.	59,640.	80,428.	80,749.	263,817.
D	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.
_	Add lines 7a and 7b	23,000.	20,000.	59,640.	80,428.	80,749.	
	Public support. (Subtract line 7c from line 6.)			00,70201	30,123	00,120	5142925.
Sec	etion B. Total Support						0111111
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	979,306.	911,963.	982,479.	(d) 2017 1295855.	(e) 2018 1237139.	5406742.
		272,000	J,J	2027272			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,345.	17,672.	16,839.	23,753.	25,840.	104,449.
	dividends, payments received on securities loans, rents, royalties,	20,345.	17,672.	16,839.	23,753.	25,840.	104,449.
b	dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		17,672.	16,839.	23,753.	25,840.	
b C 11	dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	20,345.					104,449.
b 11	dividends, payments received on securities loans, rents, royalties, and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,345.	17,672.	16,839.	23,753.	25,840.	104,449.
b 11 12 13	dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)	20,345.	17,672.	16,839.	23,753.	25,840. 1262979.	104,449. 5511191.
b 11 12 13	dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for	20,345.	17,672.  929,635. s first, second, thir	16,839. 999,318. d, fourth, or fifth ta	23,753.  1319608.  ax year as a sectio	25,840. 1262979. n 501(c)(3) organiz	104,449. 5511191.
b 11 12 13 14	dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here	20,345.  999,651. The organization's	17,672. 929,635. s first, second, thir	16,839. 999,318. d, fourth, or fifth ta	23,753.	25,840. 1262979. n 501(c)(3) organiz	104,449. 5511191.
11 12 13 14 Sec	dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here	20,345.  999,651. The organization's	17,672. 929,635. s first, second, thir	16,839. 999,318. d, fourth, or fifth ta	23,753. 1319608. ax year as a sectio	25 , 840 . 1262979 . n 501(c)(3) organiz	104,449.  5511191. tation,
12 13 14 <b>Sec</b>	dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  extion C. Computation of Publ  Public support percentage for 2018 (line).	20,345.  999,651.  The organization's ic Support Perline 8, column (f), column	17,672.  929,635. 6 first, second, third	16,839.  999,318. d, fourth, or fifth ta	23,753. 1319608. ax year as a sectio	25,840. 1262979. n 501(c)(3) organiz	5511191. cation, 93.32 %
12 13 14 Sec 15 16	dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  extion C. Computation of Publ Public support percentage for 2018 (IPublic support percentage from 2017)	20,345.  999,651. The organization's ic Support Perline 8, column (f), column	17,672.  929,635. 6 first, second, third  rcentage livided by line 13, 4 III, line 15	16,839. 999,318. d, fourth, or fifth ta	23,753. 1319608. ax year as a sectio	25 , 840 . 1262979 . n 501(c)(3) organiz	104,449.  5511191. tation,
11 12 13 14 Sec 15 16 Sec	dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here  Etion C. Computation of Public support percentage for 2018 (Public support percentage from 2017)	20,345.  999,651. r the organization's ic Support Pelline 8, column (f), colum	929,635. s first, second, thir rcentage livided by line 13, or line 15 e Percentage	16,839.  999,318. d, fourth, or fifth ta	23,753. 1319608. ax year as a sectio	25,840. 1262979. n 501(c)(3) organiz	5511191. ration, 93.32 % 98.25 %
11 12 13 14 Sec 15 16 Sec 17	dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  Stion C. Computation of Public support percentage for 2018 (Public support percentage from 2017 extion D. Computation of Investion D. Computation of Investion D. Computation of Investion 1 taxes in the source of the support percentage for 2018 (Investment income percentage for 2018).	20,345.  999,651.  r the organization's  ic Support Peline 8, column (f), colu	929,635. first, second, thir rcentage livided by line 13, to generate the percentage and (f), divided by line 15.	16,839.  999,318. d, fourth, or fifth ta	23,753.  1319608.  ax year as a sectio	25,840. 1262979. n 501(c)(3) organiz	5511191. eation, 93.32 % 98.25 %
11 12 13 14 Sec 15 16 Sec 17 18	dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  Etion C. Computation of Public support percentage for 2018 (IPublic support percentage from 2017)  Etion D. Computation of Investment income percentage from 2017.	20,345.  999,651. The organization's ic Support Perline 8, column (f), column	929,635. s first, second, thir rcentage livided by line 13, or e Percentage on (f), divided by line 17	16,839.  999,318. d, fourth, or fifth ta	23,753.  1319608.  ax year as a sectio	25,840.  1262979.  156  16  17  18	104,449.  5511191. tation,  93.32 % 98.25 %  1.90 % 1.75 %
11 12 13 14 Sec 15 16 Sec 17 18 19 a	dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for check this box and stop here.  Stion C. Computation of Public support percentage for 2018 (Public support percentage from 2017 extion D. Computation of Investion D. Computation of Investion D. Computation of Investion 1 taxes in the source of the support percentage for 2018 (Investment income percentage for 2018).	20,345.  999,651.  The organization's  ic Support Peline 8, column (f), column	929,635. s first, second, thirm reentage livided by line 13, lill, line 15. e Percentage on (f), divided by lime 17 ot check the box of corganization quality of check a box on the check and the chec	999,318. d, fourth, or fifth ta	23,753.  1319608.  ax year as a section  15 is more than 3 apported organizary, and line 16 is more	25,840.  1262979. n 501(c)(3) organiz  15 16  17 18 3 1/3%, and line 1 tion re than 33 1/3%,	104,449.  5511191.  ation,  93.32 %  98.25 %  1.90 %  1.75 %  17 is not  X  and

## 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 (as 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		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	rt IV   Supporting Organizations (continued)			.go o
· u	rt IV   Supporting Organizations <sub>(continued)</sub>		V	NI-
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type i Supporting Organizations		V	NI.
_	Did the director to the second control of th		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
2	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec	tion 6. Type it Supporting Organizations		V	Nia
4	Ware a majority of the examination's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sac	tion D. All Type III Supporting Organizations	<u> </u>		
000	tion b. All Type in Supporting Organizations		Yes	No
4	Did the erganization provide to each of its supported erganizations, by the last day of the fifth month of the		162	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		1		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	)_		
a	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
_,	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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3h		

39-1077783 Page 6 Schedule A (Form 990 or 990-EZ) 2018 COUNTY, INC.

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instruction			
	other Type III non-functionally integrated supporting organizations must of	complete Se	ctions A through E.	
Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net	t short-term capital gain	1		
<b>2</b> Red	coveries of prior-year distributions	2		
3 Oth	ner gross income (see instructions)	3		
<b>4</b> Add	d lines 1 through 3	4		
5 De	preciation and depletion	5		
<b>6</b> Poi	rtion of operating expenses paid or incurred for production or			
col	lection of gross income or for management, conservation, or			
ma	intenance of property held for production of income (see instructions)	6		
	ner expenses (see instructions)	7		
	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
<b>b</b> Ave	erage monthly cash balances	1b		
<b>c</b> Fai	r market value of other non-exempt-use assets	1c		
d Tot	tal (add lines 1a, 1b, and 1c)	1d		
	scount claimed for blockage or other			
fac	tors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acc	quisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> Sul	btract line 2 from line 1d	3		
4 Ca:	sh deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	e instructions)	4		
	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Iltiply line 5 by .035	6		
	coveries of prior-year distributions	7		
	nimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
<b>1</b> Adj	justed net income for prior year (from Section A, line 8, Column A)	1		
	ter 85% of line 1	2		
	nimum asset amount for prior year (from Section B, line 8, Column A)	3		
	ter greater of line 2 or line 3	4		
	ome tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting ord	anization (see

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)				
Secti	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exempt purposes						
2	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	าร				
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	e				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2018 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
		(i)	(ii)	(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018			
1	Distributable amount for 2018 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2018 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2018						
а	From 2013						
b	From 2014						
С	From 2015						
d	From 2016						
e	From 2017						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2018 distributable amount						
<u>i</u>	Carryover from 2013 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2018 from Section D,						
	line 7: \$						
	Applied to underdistributions of prior years						
b	Applied to 2018 distributable amount						
c	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2018, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in <b>Part VI.</b> See instructions.						
6							
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2019. Add lines 3j						
	and 4c.						
8	Breakdown of line 7: Excess from 2014						
	Excess from 2014 Excess from 2015						
	Excess from 2016 Excess from 2017						
	Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2018

#### BIG BROTHERS AND BIG SISTERS OF DANE

Schedule A	(Form 990 or 990-EZ) 2018 COUNTY, INC.	39-1077783 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	or 17b; Part III, line 12; s 1 and 2; Part IV, Section C, rt 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

Name of the organization

BIG BROTHERS AND BIG SISTERS OF DANE COUNTY, INC.

Employer identification number

39-1077783

Organiza	ation type (check or	ne):
Filers of	:	Section:
Form 990	or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> 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
	lly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
		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	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{\bigsim}{\bigsim} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
		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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a)	(b)	(c) (d)		
No1	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
2		\$ 29,350.  Person X Payroll Noncash X (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
3	Traine, and obe, and all 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c) (d)		
No	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
6		\$ 7 , 380 . Person X Payroll Noncash (Complete Part II for noncash contributions.)		

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)	
	Name, address, and ZIP + 4	- \$ 7,340.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
8		\$\$8,070.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
9		\$\$000.	Person X Payroll	
(a) No.	(b)	(c) Total contributions	(d) Type of contribution	
10	Name, address, and ZIP + 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	
11		\$\$18,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
12		\$\$,000.	Person X Payroll	

Employer identification number

Parti	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		- - \$\$685.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$21,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		-   \$\$13,983.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		- - - - - - - - - - - - - - - - - - -	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		- - - * <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No. 19	Name, address, and ZIP + 4	\$ 12,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
20		\$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
21		\$ 6,545.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and ZIP + 4	\$ 5,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
23		\$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) ype of contribution
24		\$ 10,745.	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) (d)		
No. 25	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
26		\$ 7,000.  Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
27		\$\$ Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
28	Name, address, and ZIF + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
29		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
30		Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
31		\$\$	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
32		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	\$ 10,000.	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
35		\$163,903.	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 Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37		\$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
38		\$5,324.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39	Nume, address, and Zii ++	\$ 20,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
40	Name, address, and ZIP + 4	\$ 10,000.	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
41		\$ 7,150.	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
42		\$ 11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.
(a)	(b)	(c) (d)
43	Name, address, and ZIP + 4	Total contributions  Type of contribution  Person X Payroll  Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
44		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
45		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
46	Name, address, and Zir + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditio	onal space is needed.	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
2	SUMMERFEST AND AMFAM CHAMPIONSHIP TICKETS			
		\$_	1,040.	08/17/18
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
4	VARIOUS GIFTS FOR FUNDRAISERS			
		\$_	2,072.	03/12/18
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
16	BACKPACKS			
		\$_	13,983.	09/01/18
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
39	SPORTS TICKETS AND SUITES FOR FUNDRAISER			
		\$_	20,000.	11/30/18
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
43	SPORT EVENT TICKETS AND PARKING PASSES			
		\$_	916.	11/07/18
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
823453 11-08		\$_		990 990-F7 or 990-PF) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) **Employer identification number** Name of organization BIG BROTHERS AND BIG SISTERS OF DANE 39-1077783 COUNTY, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom 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 (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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

#### **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) 2018

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 the	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
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
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 Sillilai 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
•	·	` ,	<b>*</b>
d	Revenue included on Form 990, Part VIII, line 1  Assets included in Form 990, Part X		

832051 10-29-18

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

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):		t III Organizations Maintaining C	ollections of Ar	t. Historical Tr	easures. or Oth	er Simila		<b>S</b> (continue	9-
Control Littlat apply):	3			•					
a Public exhibition   d			on, and onio, 1000.a	c, cc a, c		o.g oa a.	50 01 110 0		
b Scholarly research c Communications   4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed for asias funds arteriating that any the organization assets to be sed to asias funds arteriating that the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X X, line 21.  1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X X, line 21.  1c Beginning balance	а	`	d	Loan or exc	hange programs				
c					age pregrame				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.  5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?    Ves			J						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sed to chase funds rather than to be maintained as part of the organization's collection?    Part IV   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21.    Is the organization an angent, flustees, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21.    Is the organization an angent, flustees, custodian or other intermediary for contributions or other assets not included on Form 990, Part X line 21. In the part of the organization of the part X line 21. In the part of the organization answered "Yes" or Form 990, Part X line 21. In the part of the organization answered in Part X line 21. In the part of the organization answered in Part X line 21. In the part of the organization answered in Part X line 21. In the part of the organization answered in Part X line 21. In the part of the organization answered in Part X line 21. In the part of the organization answered in Part X line 21. In the part of the organization answered in Part X line 21. In the part of the organization answered in Part X line 21. In the organization answered in Part X line 21. In the organization answered in Part X line 21. In the organization answered in Part X line 21. In the organization answered in Part X line 21. In the organization answered in Part X line 21. In the organization answered in Part X line 21. In the organization answered in Part X line 21. In the organization and programs in a set of the organization in the organization in the passession of the organization that are held and administered for the organization by:    Part X   Land   Land		<u> </u>	ollections and explain	n how they further t	he organization's ex	empt purpos	se in Part	XIII	
The sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part N, line 9, or reported an amount on Form 990, Part N, line 9, or reported an amount on Form 990, Part N, line 9, or reported an amount on Form 990, Part N, line 9, or reported an amount on Form 990, Part N, line 21.  1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part N, line 11.  1b If "Yes," explain the arrangement in Part XIII and complete the following table:    C Beginning balance							70 IIII air	,	
Part W   Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?    Ves	•							Yes	No
reported an amount on Form 990, Part X, line 21.  1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  b if "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  1e	Pai								
on Form 990, Part X7  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  C Net investment earnings, gains, and losses   24,541, 583, 1486, 388, 1438, 504, 1466, 548, 458, 570, 1569, 15								,	
on Form 990, Part X7  b If "Yes," explain the arrangement in Part XIII and complete the following table:  C Beginning balance  d Additions during the year  e Distributions during the year  f Ending balance  2Both the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes No  b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.  Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.  C Net investment earnings, gains, and losses   24,541, 583, 1486, 388, 1438, 504, 1466, 548, 458, 570, 1569, 15	1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets no	t included			
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance								Yes	☐ No
d Additions during the year	b								
C   Beginning balance     1c	_							Amount	
d Additions during the year   1d   1e   1e   1e   1e   1e   1e   1e	С	Beginning balance				1c			
E Distributions during the year f   ferding balance   2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?   Yes   No   No   No   No   No   No   No   N									
tending balance									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									
Describe in Part XIII. Check here if the explanation has been provided on Part XIII.   Describe in Part XIII. Check here if the explanation has been provided on Part XIII   Describe in Part XIII. Check here if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part IV, line 10.    Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.    Part V   Endowment   Description of property   Cal Cost or other basis (other)   Description improvements   Description of property   Calsehold improvements   Description of property   Description of property   Calsehold improvements   Description of property   Descrip	2a	Did the organization include an amount on Fo	orm 990. Part X. line	21, for escrow or ci	ustodial account liab	ilitv?		Yes	No
Part V   Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.   (a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three years back		•		•					
(a) Current year   (b) Prior year   (c) Two years back   (d) Three years back   (e) Four years back   (d) Three									
1a Beginning of year balance       547,583.       486,388.       438,504.       466,548.       458,570.         b Contributions       500.       100.       16,969.         c Net investment earnings, gains, and losses of Grants or scholarships       -29,641.       73,832.       47,884.       -25,918.       -3,781.         e Other expenditures for facilities and programs       13,888.       12,637.       2,226.       5,210.         f Administrative expenses       9 End of year balance       504,554.       547,583.       486,388.       438,504.       466,548.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶ 78.71 %       78.71 % <th></th> <th>·  </th> <th></th> <th></th> <th></th> <th></th> <th>ars back</th> <th>(e) Four ve</th> <th>ears back</th>		·					ars back	(e) Four ve	ears back
b Contributions 500.	1a	Beginning of year balance	· <i>'</i>	.,,,	, ,	· , , , ,			
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 13,888. 12,637. 2,226. 5,210. f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 78.71 % b Permanent endowment ▶ 21.29 % c Temporarily restricted endowment ▶ 9% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations S of line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment)  1a Land b Buildings c Leasehold improvements d Equipment c Other 0 The provide in the possession of the organization in the pass of the organization of the pass of the organization is endowment funds.  1 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			· · · · · · · · · · · · · · · · · · ·	, -	, -				
d Grants or scholarships e Other expenditures for facilities and programs 13,888. 12,637. 2,226. 5,210.  f Administrative expenses g End of year balance 504,554. 547,583. 486,388. 438,504. 466,548.  Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 78.71 % b Permanent endowment ▶ 21.29 %  c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment c Chear (b) Cost of ther (c) Accumulated depreciation  1a Land b Buildings c Leasehold improvements d Equipment c Other c Other			-29 641.	73.832.	47.884.	- 2	5 918.		
e Other expenditures for facilities and programs  f Administrative expenses g End of year balance  504,554. 547,583. 486,388. 438,504. 466,548.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 78.71 % b Permanent endowment ▶ 21.29 % c Temporarily restricted endowment ▶ 9% The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other			, -	, -	, -				
and programs 13,888. 12,637. 2,226. 5,210.  f Administrative expenses g End of year balance 504,554. 547,583. 486,388. 438,504. 466,548.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		[							
g End of year balance 504,554. 547,583. 486,388. 438,504. 466,548.  2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 78.71 % b Permanent endowment ▶ 21.29 % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	·		13 888.	12 637.			2 226.		5 210.
g End of year balance	f			,					
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶ 78.71 %  b Permanent endowment ▶ 21.29 %  c Temporarily restricted endowment ▶ %  The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) nere the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) basis (other) depreciation  1a Land (b) Buildings (c) Leasehold improvements (d) Book value depreciation  1a Land (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value (d) B		The state of the s	504 554.	547 583.	486 388.	43	8 504.	4	66 548.
a Board designated or quasi-endowment ▶ 21.29	_	<del>-</del>		-			-,		
b Permanent endowment ▶ 21.29				· •	a)) Hold do.				
c Temporarily restricted endowment ▶									
The percentages on lines 2a, 2b, and 2c should equal 100%.  3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations  (ii) related organizations  (ii) related organizations  (iii) related organizations  (iii) related organizations  (iii) related organizations  (iv) x  (iv) related organizations  (iv) x  (iv) x									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  (i) unrelated organizations (ii) related organizations (iii) related organizations (ii) related organizations (ii) related organizations (iii) related organi	·	· · · · · · · · · · · · · · · · · · ·							
by: (i) unrelated organizations (ii) related organizations (ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements d Equipment e Other  Other  50,205, 49,007, 1,198.	32		•	ation that are held a	nd administered for	the organiza	ation		
(ii) unrelated organizations (iii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  b Buildings  c Leasehold improvements d Equipment e Other  50,205. 49,007. 1,198.	ou	·	obion of the organize	ation that are note a	na daministerea for	ino organiza	icioii	V.	es No
(ii) related organizations  b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  50,205.  49,007.  1,198.		-						<del>-   -</del>	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (investment)  b Buildings  c Leasehold improvements  d Equipment  e Other  50,205.  49,007.  1,198.									
4 Describe in Part XIII the intended uses of the organization's endowment funds.  Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation  1a Land (b) Buildings (c) Leasehold improvements (d) Equipment (e) Other (fine part XIII the intended uses of the organization's endowment funds.	h	If "Yes" on line 3a(ii) are the related organiza	tions listed as requir	ed on Schedule R?				· · ·	<del>-  </del>
Part VI Land, Buildings, and Equipment.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property (a) Cost or other basis (other) (c) Accumulated depreciation  1a Land (b) Buildings (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (e) Other (f) Other (	4							OD	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.  Description of property  (a) Cost or other basis (other)  (b) Cost or other basis (other)  (c) Accumulated depreciation  1a Land  b Buildings  c Leasehold improvements  d Equipment  e Other  50,205.  49,007.  1,198.	Pai			WITCHE TURIGS.					
Description of property  (a) Cost or other basis (investment)  (b) Cost or other basis (other)  (c) Accumulated depreciation  (d) Book value  (d) Book value  (d) Book value  (d) Book value  (d) Equipment  (e) Accumulated depreciation  (f) Accumulated depreciation  (g) Accumulated depreciation  (h) Cost or other basis (other)  (n) Accumulated depreciation  (n) Book value				Part IV line 11a S	See Form 990 Part X	( line 10			
basis (investment) basis (other) depreciation  1a Land b Buildings c Leasehold improvements d Equipment e Other 50,205. 49,007. 1,198.								(d) Book v	مريادي
1a Land         b Buildings         c Leasehold improvements         d Equipment         e Other       50,205.       49,007.       1,198.		Description of property	1 ' '	` '			'   '	, <b>u)</b> DOOK v	alue
b Buildings         c Leasehold improvements           c Leasehold improvements         50,205.	12	Land	`	-, 22010	,	,			
c Leasehold improvements         d Equipment         e Other       50,205.       49,007.       1,198.									
d Equipment							+		
e Other 50,205. 49,007. 1,198.							+		
1 100				<del>-   5</del>	0.205.	49.00	7.	1	.198.
								1	, <u>198</u> .

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 COUNTY, INC	•		39-1077783 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
(G)		_	
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	F 000 P+ IV II-	- 44 - O F 000 Bt V K 40	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost (	or end-of-vear market value
	(b) Dook value	(c) Method of Valuation. Gost (	or end-or-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin		ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9) Total (Column (b) must equal Form 990, Part X, col. (B) lin	0.251		

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

Schedule D (Form 990) 2018

Cab a	BIG BROTHERS AND BIG SISTE COUNTY, INC.	ERS OF	DANE	30_	1077783 <sub>Page</sub> 4
	t XI Reconciliation of Revenue per Audited Financial Statem	onte With	Pavanua nar B		
Fai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		nevellue pei n	eturi	1.
				1	1,100,314
1	70 / 11 1			'	1,100,514
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments	2a	-29 715.		
_	Donated services and use of facilities		-29,715. 5,000.	-	
b	Recoveries of prior year grants		3,000	-	
	Other (Describe in Part XIII.)		318.	-	
				2e	-24,397
3	Add lines 2a through 2d Subtract line 2e from line 1			3	1,124,711
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,295.		
			3,233,	-	
	Other (Describe in Part XIII.)			1	5,295
_	Add lines <b>4a</b> and <b>4b</b> Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> )			4c 5	1,130,006
5 Dai	t XII Reconciliation of Expenses per Audited Financial Staten			_	
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:		i Expenses per	netu	
	•				1,121,415
1	Total expenses and losses per audited financial statements			1	1,121,413
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما	5,000.		
	Donated services and use of facilities		3,000.	-	
	Prior year adjustments			-	
С.	Other losses			-	
	Other (Describe in Part XIII.)				E 000
_	Add lines 2a through 2d			2e	5,000
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,116,415
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	F 20F		
	Investment expenses not included on Form 990, Part VIII, line 7b		5,295.	.	
	Other (Describe in Part XIII.)	4b			Г 20Г
С	Add lines 4a and 4b			4c	5,295
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,121,710
	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	rt IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional inforr	nation.		
PAI	RT V, LINE 4:				
THE	E INCOME FROM THE ORGANIZATION'S ENDOWMENT	r FUNDS	CAN BE US	ED '	TO SUPPORT
THE	E ORGANIZATION'S GENERAL ACTIVITIES.				
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
CHZ	ANGE IN BENEFICIAL INTEREST IN ASSETS HELI	D BY MA	DISON		
					·
COI	MUNITY FOUNDATION				318
					·
					·

Schedule D (Form 990) 2018

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

#### 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

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

OMB No. 1545-0047

**2018** 

Open to Public Inspection

Employer identification number

COUNTY, INC. 39-1077783 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2018

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

		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			
				BOWLIN' FOR	NONE	(add col. (a) through			
			GALA	KIDS' SAKE		col. <b>(c)</b> )			
ē			(event type)	(event type)	(total number)	(-//			
Revenue			0.55 650	1.50.005		440.504			
Rev	1	Gross receipts	277,678.	162,926.		440,604.			
			174 760	145 106		210 075			
	2	Less: Contributions	174,769.	145,106.		319,875.			
	_	Cross income (line 1 minus line 2)	102,909.	17,820.		120,729.			
	٦	Gross income (line 1 minus line 2)	102,303.	17,020.		120,725.			
	4	Cash prizes							
		Cush phi250							
	5	Noncash prizes	12,011.	2,062.		14,073.			
ses									
Sens	6	Rent/facility costs	3,690.	3,314.		7,004.			
Direct Expenses									
ect	7	Food and beverages	28,889.	3,800.		32,689.			
亩			4 205			4 205			
		Entertainment	4,305.			4,305. 50,691.			
	9	Other direct expenses				108,762.			
		Direct expense summary. Add lines 4 through				11,967.			
11 Net income summary. Subtract line 10 from line 3, column (d)   Part III   Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									
		\$15,000 on Form 990-EZ, line 6a.							
<u>т</u>			(a) Pingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add			
au (			(a) Bingo	bingo/progressive bingo	(c) Other garming	col. (a) through col. (c))			
Revenue									
<u> </u>	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	_	Namanah milan							
Ä	l °	Noncash prizes							
ect	4	Rent/facility costs							
亩									
	5	Other direct expenses							
			Yes%	Yes %	Yes%				
	6	Volunteer labor	No No	No No	☐ No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>				
					_				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>				
a	En	ter the state(s) in which the organization condu	iote gaming activities:						
		ter the state(s) in which the organization condi- the organization licensed to conduct gaming a	-	states?		Yes No			
		No," explain:				100 110			
~	••	,							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No			
b	lf "	Yes," explain:							

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

#### BIG BROTHERS AND BIG SISTERS OF DANE

Sch	edule G (Form 990 or 990-EZ) 2018 COUNTY, INC.	9-1077	783	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
			_	<del>//</del>
	o An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:			70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount			
	of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address of the third party:			
·	7 1 165, Chick Hame and address of the tille party.			
	Nama 🏲			
	Name			
	Address ►			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	Description of services provided			
	Division of the contract of th			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	те		
	organization's own exempt activities during the tax year ▶ \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
	·			

# BIG BROTHERS AND BIG SISTERS OF DANE

Schedule G (Forn	n 990 or 990-EZ)	COUNTY,	INC.			39-1077	783 Pag	је <b>4</b>
Part IV Sup	n 990 or 990-EZ) oplemental Infor	mation (contin	nued)					

#### **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 instructions and the latest information.

BIG BROTHERS AND BIG SISTERS OF DANE COUNTY, INC.

**Employer identification number** 39-1077783

Pai	t I Types of Property						
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of de	termining	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contribu	tion amour	nts
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	X	1	409.	FAIR MARKET	VALUI	3
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 24	Scientific specimens  Archaelogical artifacts						
25	Archeological artifacts  Other ▶ ( SILENT AUCTIO )	X	85	36.419.	COST/SELLIN	G PRTO	TE.
26	Other (PROGRAM ACTIV)	X	1		COST/SELLIN		
27	Other (PRIZES)	X	44		COST/SELLIN		
28	Other ()			7,0001			
29	Number of Forms 8283 received by the organi	zation durin	a the tax vear for o	contributions			
	for which the organization completed Form 82						
	•					Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be u	sed for		
	exempt purposes for the entire holding period	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	ıtions?	31	<u> </u>
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash			
	contributions?					32a	<u> </u>
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	or a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

#### BIG BROTHERS AND BIG SISTERS OF DANE

39-1077783 Schedule M (Form 990) 2018 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) 2018

832142 10-18-18

#### 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: PEERS WHO HAD SIMILAR BACKGROUNDS GROWING UP BUT WERE NOT INVOLVED IN THE BIG BROTHERS BIG SISTERS PROGRAM AND FOUND THAT ADULTS WHO HAD BEEN "LITTLES" WERE MORE LIKELY TO HAVE FOUR-YEAR COLLEGE DEGREES, EARN INCOMES GREATER THAN \$75,000 AND WERE MORE ENGAGED IN THEIR COMMUNITY. THE STATISTICAL SIGNIFICANCE OF A PAST "LITTLE'S" ABILITY TO BREAK THE CYCLE OF POVERTY WAS LINKED TO THE LENGTH OF TIME A CHILD WAS MATCHED TO THEIR MENTOR. OUR ABILITY TO MAINTAIN MATCHES IS TRACKED BY A METRIC CALLED "AVERAGE MATCH LENGTH" (AML). BASED ON THE DATA FROM THE HARRIS INTERACTIVE RESEARCH WE STRIVE TO ENSURE MATCHES LAST AT LEAST 2 YEARS. IN 2018, WE MAINTAINED AN AVERAGE MATCH LENGTH OF 38.7 MONTHS (SIGNIFICANTLY GREATER THAN THE 2018 NATIONAL AML OF 30.9 MONTHS).

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.

	COUNTY, INC.	ND BIG SISTERS C	OF DANE	Employer identification 39-107778	
FORM 990, PART	VI, SECTION B	, LINE 15A:			
THE PRESIDENT	LEADS THE CHIE	F EXECUTIVE OFFI	CER'S EVALUAT	ION PROCESS	AND
MAKES A COMPEN	SATION RECOMME	NDATION. THE OF	FICERS COMMIT	TEE REVIEWS	THE
EVALUATION AND	THEN VOTES TO	APPROVE OR DISA	PPROVE THE RE	COMMENDED	
COMPENSATION.	THE RECOMMEND	ED COMPENSATION	IS BROUGHT TO	THE GOVERNI	NG
BODY FOR FINAL	APPROVAL. TH	E OFFICERS COMMI	TTEE BI-ANNUA	LLY REVIEWS	THE
LOCAL QTI AND	UNITED WAY'S C	OMPENSATION REPO	RT ALONG WITH	COMPENSATIO	N
INFORMATION FR	OM BIG BROTHER	S BIG SISTERS OF	' AMERICA, GUI	DESTAR, AND	OTHER
SOURCES AS NEC	ESSARY.				
FORM 990, PART	VI, SECTION C	, LINE 19:			
AN ANNUAL REPO	RT THAT INCLUD	ES THE ORGANIZAT	'ION'S AUDITED	FINANCIAL	
STATEMENTS WAS	SENT TO THE O	RGANIZATION'S DO	NORS AND VOLU	NTEERS. IN	
ADDITION, THE	ANNUAL REPORT	WAS POSTED ON TH	E ORGANIZATIO	N'S WEBSITE.	THE
ORGANIZATION A	LSO MADE ITS G	OVERNING DOCUMEN	TS, CONFLICT	OF INTEREST	
POLICY, AND UN	AUDITED FINANC	IAL STATEMENTS A	VAILABLE TO T	HE PUBLIC UP	ON
REQUEST.					
FORM 990, PART	XI, LINE 9, C	HANGES IN NET AS	SSETS:		
CHANGE IN BENE	FICIAL INTERES	T IN ASSETS HELD	BY MCF		318.