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

Use Only

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number BIG BROTHERS AND BIG SISTERS OF DANE Address change COUNTY, INC. Name change 39-1077783 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated (608) 661-5437 2059 ATWOOD AVE City or town, state or province, country, and ZIP or foreign postal code 1,696,712. **G** Gross receipts \$ Amended return 53704-5386 MADISON, WI H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SANDY MORALES for subordinates? Yes X No SAME AS C ABOVE Yes **H(b)** Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: BBBSMADISON.ORG H(c) Group exemption number **K** Form of organization: X Corporation Trust Association Other L Year of formation: 1974 M State of legal domicile: WI Part I Summary Briefly describe the organization's mission or most significant activities: TO CREATE AND SUPPORT ONE-TO-ONE Activities & Governance MENTORING RELATIONSHIPS THAT IGNITE THE POWER AND PROMISE OF YOUTH, 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 20 3 Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 508 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,797,536. 1,673,081. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) -6,342. 8,976. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -83,469. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -86,935. 11 1,723,043. 1,579,804. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 37,820. 32,441. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 872,706. 1,034,438. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 288,700. $\overline{343}, 117.$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,199,226. 1,409,996. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 523,817. 169,808. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,775,455. 1,858,950. Total assets (Part X, line 16) 106,266. 127,018. 21 Total liabilities (Part X, line 26) 三年 669,189. 731,932 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SANDY MORALES, CHIEF EXECUTIVE OFFICER Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature CPA 05/15/23 self-employed P01259157 MIKE HABLEWITZ, CPA MIKE HABLEWITZ, Paid Firm's EIN 39-0974031Firm's name WEGNER CPAS LLP Preparer Firm's address 2921 LANDMARK PL STE 300

MADISON, WI 53713-4236

May the IRS discuss this return with the preparer shown above? See instructions

Phone no. (608) 274-4020

X Yes

COUNTY, INC. 39-1077783 Page 2 Part III Statement of Program Service Accomplishments X Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: BIG BROTHERS AND BIG SISTERS OF DANE COUNTY'S MISSION IS TO CREATE AND SUPPORT ONE-TO-ONE MENTORING RELATIONSHIPS THAT IGNITE THE POWER AND PROMISE OF YOUTH. Did the organization undertake any significant program services during the year which were not listed on the Yes X No If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 27,896.) (Revenue \$ 510,853. including grants of \$ 0.) (Expenses \$ COMMUNITY-BASED MENTORING PROGRAM - IN 2022, WE CREATED OVER 100 NEW MENTORING RELATIONSHIPS BETWEEN YOUTH AND CARING ADULT MENTORS. COMMUNITY-BASED MENTORING RELATIONSHIPS INVOLVE ONE-ON-ONE OUTINGS AND ACTIVITIES, LIKE GOING TO A BADGER SPORTING EVENT, TAKING A WALK IN THE PARK, VISITING A MUSEUM, OR COOKING TOGETHER. SOME BIGS MEET WITH THEIR LITTLES ON THE WEEKENDS. OTHERS GET TOGETHER WITH THEIR LITTLES ON WEEKDAY EVENINGS. EACH MATCH IS UNIQUE AND DEVELOPS A SCHEDULE THAT WORKS FOR THEM. THE AVERAGE MATCH LENGTH IS 40 MONTHS OR CLOSE TO 3 YEARS! EACH MATCH IS SUPERVISED AND SUPPORTED BY ONE OF OUR FIVE MATCH SUPPORT SPECIALISTS. MATCH SUPPORT SPECIALISTS CARRIED OUT 4,472 CONVERSATIONS IN 2022 WITH PARENTS, LITTLES, AND BIGS TO ENSURE THEIR RELATIONSHIPS ARE THRIVING. 307,309. including grants of \$ 0 •) (Revenue \$ 0.) (Expenses \$ IN 2022, WE RECEIVED OVER 250 VOLUNTEER RECRUITMENT AND ENROLLMENT INQUIRIES AND CONDUCTED ABOUT 300 CHILD AND VOLUNTEER INTERVIEWS. ONE OUT OF THREE VOLUNTEER INQUIRIES CONVERTED INTO A MENTORING RELATIONSHIP! A TOTAL OF 527 INDIVIDUALS SERVED AS VOLUNTEERS IN OUR PROGRAM, DONATING 54,808 HOURS, EQUIVALENT TO \$1,641,499 IN INVESTMENTS BACK TO THE COMMUNITY. 39,859 including grants of \$ 0. 0 •_) (Revenue \$) (Expenses \$ IN THE FALL SEMESTER OF 2022, WE LAUNCHED MENTORU AT MARSHALL HIGH SCHOOL. MENTORU'S MISSION IS TO HELP HIGH SCHOOL STUDENTS DEVELOP PERSONAL, ACADEMIC, AND CAREER SKILLS BY PROVIDING EACH STUDENT WITH A VOLUNTEER MENTOR WITH EXPERIENCE IN VARIOUS AREAS. THE MENTORU CLASS AND THE MENTORS WILL OFFER EXTRA OPPORTUNITIES AND RESOURCES TO STUDENTS REGARDING CAREER EXPLORATION, COLLEGE ADMISSION GUIDANCE, AND FUTURE PLANNING. WE MATCHED 13 STUDENTS WITH A VOLUNTEER ADULT MENTOR BASED ON SHARED CAREER AND/OR PERSONAL INTERESTS. ONCE A WEEK, STUDENTS HAVE MENTORU CLASS TIME TO COMPLETE A WEEKLY LESSON AND COMMUNICATE WITH THEIR MENTOR BY SENDING AN ONLINE MESSAGE VIA THE BBBS MESSAGING TECHNOLOGY PLATFORM. STUDENTS AND MENTORS DISCUSS VARIOUS TOPICS IN THEIR WEEKLY MESSAGES, SUCH AS PERSEVERANCE, CRITICAL THINKING, Other program services (Describe on Schedule O.) 24,570. including grants of \$ 4,545.) (Revenue \$ 882,591.

Form 990 (2022) COUNTY, INC.
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 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	۰		
Ŭ	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,	Ť		
'	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,			x
_	Schedule D, Part III	8		
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?			x
	If "Yes," complete Schedule D, Part IV	9_		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
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		X
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		X
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		х
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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>		_ -
	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,"	"		
.5	·	19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	·	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21				x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		Λ

Form 990 (2022) COUNTY, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		<u> X</u>
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F C C C C C C C C C	00-		х
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	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		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			₹7
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance**	30	-23	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		. 55	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)

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Form 990 (2022) COUNTY, INC.

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

2a 27 1b If the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 1cled for the calendar year ending with or within the year covered by this return 2 b If a loast one is reported on line 2a, did the organization file all required federal employment has returns? 2 b If "Yes," has it filed a Form 990°T for this year? If "No" to line 3b, previole an explanation on Schedule 0 3 b If "Yes," has it filed a Form 990°T for this year? If "No" to line 3b, previole an explanation on Schedule 0 3 b If "Yes," has it filed a Form 990°T for this year? If "No" to line 3b, previole an explanation on Schedule 0 3 b If "Yes," has it filed a Form 990°T for this year? If "No" to line 3b, previole an explanation on Schedule 0 4 c A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a manufacture of the report of the organization and the contributions account, or other framicula account? 4 c A Schedule organization and the complex of the contributions and provided the authority over, a signature or other authority over, a manufacture of the report of the contributions of services provided? 5 c A X b If "Yes," indicate the number of Forms 8282 field during the year 5 d Did the cognization received a contribution of case, book, and part yet of podes and services provided to the page? 7 a X b If "Yes," indicate the number of Forms 8282 field during the year 8 b Did the cognization received a contribution of case, book, any time the cognization file Form 1698-07 9 b Did the cognization received a contribution of contribution and page to the form of the cognization file form 1698-07 9 c Did the cognization received a contribution of contrib						Yes	No
the for the calendary year ending with or within the year covered by this return 2 a 2 7 b 1	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.	1				110
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "a file of the calendar year, did the organization that was a line and you and the school of your young of your young of your young of your young of young y			2a	27			
3a X X 1 1 1 1 1 1 1 1	b				2b	х	
b If Yes, "Itasi if lied a Form 980T for this year? If 'No' for lies Sp, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a							Х
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? b if "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization aparty to a prohibited tax shefter transaction at any time during the tax year? 5b Id any taxable party nority the organization that it was or is a party to a prohibited tax shefter transaction? 5c If "Yes" to time Sao r5b, did the organization the organization the organization than the organization than the organization and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a bill the organization receive a payment in extress of \$75 made partly as a contribution and partly for goods and services provided to the payer? 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," indicate the number of Forms 8282 filed during the year 10 bill the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To X 7 To X 7 Did the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 To Identify the organization receive any premiums, directly or indirectly, on a personal benefit contract? 9 To Identify the organization receive any premium in directly or indirectly, on a personal benefit contract? 9 To Identify the organization receive any premium in directly o							
francial account in a foreign country (such as a bank account, securities account, or other financial account)? b if Yes, instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any stackle party notify the organization file Form 88861? 6c If Yes' to line Sa or Sb, did the organization file Form 88861? 6d Does the organization annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 Organization services applied to the payor? 7 If X X 10 If the services are all the services are all the services provided to the payor? 8 If Yes, 'did the organization notify the donor of the value of the goods or services provided? 9 If If Yes, 'did the organization notify the donor of the value of the goods or services provided? 7 If X X 10 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If Yes, 'did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If If the organization received a contribution of cars, boats, sirplanes, or other vehicles, did the organization file a Form 1086-07 15 Sponsoring organization have excess business holding as lary time during the year? 16 If the erganization received a contribution of a don							
see instructions for filing requirements for FinCBH Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5				•	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X c If Yes' to line Sa or Sb, did the organization file Form 8885-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles as charitable contributions. 6b If Yes, if did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. 7c Organizations that may receive deductible contributions under section 170(c). a bid the organization notify the donor of the value of the goods or services provided? 7c V X 7d Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to the Form 8882. 6c Did the organization sell, exchange, or otherwise dispose of tanglible personal property for which it was required to the Form 8882. 6c Did the organization received and prunds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 7d Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7e Did the organization neceived and contribution of cualified intellectual property, did the organization file Form 1098-C? 7f N 8 Sponsoring organizations exceived a contribution of cualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organization make a distribution is under section 4966? 9a Did the sponsoring organization make a distribution is under section 4968. 9 Sponsoring organization make a distribution of under section 4966 and the	b			,			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes" to line 5 or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization service appriment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization neceive appriment in excess of \$75 made partly as contribution and partly for goods and services provided to the payor? 8 If "Yes," did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If X G If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised funds fund maintained by the sponsoring organization maintaining donor advised funds. 8 Did the sponsoring organization make a distribution sunder section 4968? 9 Sponsoring organization make a distribution to all conor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross receipt		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	its (FBAR).			
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		.+i.vi+:~				
	17				17		
					.,		

Form 990 (2022)

COUNTY. INC. 39-1077783

Page 6

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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 20 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 20 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Х 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure WI List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records SANDY MORALES - (608) 661-5437 2059 ATWOOD AVE, MADISON, 53704-5386

Form **990** (2022)

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

(A)	(B)			((Pos				(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	r director				pa		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	onal t		oloyee	comp		1099-NEC)		and related
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) SANDY MORALES	40.00	드	드	9	3Ã	至る	윤			
CHIEF EXECUTIVE OFFICER		1		x				99,117.	0.	19,097
(2) CEDRIC ELLIS	2.00							55,==	•	
PRESIDENT		Х		х				0.	0.	0
(3) BRUCE ROSEN	1.00								-	-
VICE PRESIDENT		Х		х				0.	0.	0
(4) JENNIFER GIEMZA	2.00									
TREASURER		Х		Х				0.	0.	0
(5) KEVIN TORRENCE	2.00									
SECRETARY		Х		Х				0.	0.	0
(6) DAN PAULSON	1.00									
PAST PRESIDENT (THRU JANUARY)		Х		Х				0.	0.	0
(7) ANA HOOKER	1.00									
DIRECTOR		Х						0.	0.	0
(8) ASHLEY RODRIGUEZ	1.00									
DIRECTOR		Х						0.	0.	0
(9) CASEY LIAKOS	1.00									
DIRECTOR		Х						0.	0.	0
(10) CHRIS ECKSTROM	1.00									
DIRECTOR		Х						0.	0.	0
(11) DAVE SEILER	1.00									
DIRECTOR		Х						0.	0.	0
(12) ENZO CIARLETTA	1.00	1								
DIRECTOR		Х						0.	0.	0
(13) ERIC QUIVERS	1.00									
DIRECTOR	1 22	Х						0.	0.	0 .
(14) JOSEPH MCGONIGLE	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0
(15) KARI GRASEE	1.00	٠,								_
DIRECTOR	1 00	Х				-	-	0.	0.	0
(16) KENNETH ALBRIDGE III	1.00	₩.							_	_
DIRECTOR	1 00	Х						0.	0.	0
(17) KIAH CALMESE WALKER DIRECTOR	1.00	Х						0.	0.	0 .
232007 12-13-22		Λ		<u> </u>			<u> </u>	<u> </u>	<u> </u>	Form 990 (202)

232007 12-13-22

Form **990** (2022)

(A)	(B)			•	C)			(D)	(E)	(F)	
Name and title	Average	- له /	not -	Pos			nno.	Reportable	Reportable	Estima	
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amour	nt of
	week	offi	cer ar	nd a di	irecto	r/trus	tee)	from	from related	othe	er
	(list any	ector						the	organizations	compens	
	hours for	or dir	au			ted		organization	(W-2/1099-MISC/	from t	
	related	stee	truste		a o	bens		(W-2/1099-MISC/	1099-NEC)	organiz	
	organizations below	nal tru	onal		ploye	ee ee		1099-NEC)		and rel	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organiza	tions
(18) LYN-MARIE PILGRIM	1.00	드	드	Ð	₹ 8	포능	윤				
	1.00	X						0.	0.		0.
DIRECTOR	1.00	^						0.	0.	-	0.
(19) MIKE SOLT	1.00								0		٥
DIRECTOR	1 00	X			_			0.	0.	1	0.
(20) ROB KANE	1.00	.,							0		^
DIRECTOR	1 00	Х						0.	0.	-	0.
(21) ROBERT LANG	1.00	l							•		•
DIRECTOR		X						0.	0.		0.
(22) TANIKA APALOO	1.00								_		
DIRECTOR		Х						0.	0.		0.
1b Subtotal	.							99,117.	0.	19.0	097.
c Total from continuation sheets to Part	/II Section A							0.	0.		0.
d Total (add lines 1b and 1c)								99,117.	0.		097.
Total number of individuals (including but								•			
compensation from the organization	not inflited to th	1036	11310	u au	ove) vvii	016	scerved more than \$100,	boo of reportable		0
compensation from the organization										Yes	Ť
3 Did the organization list any former office	r director truct	00 l	·0\/ 0	mnl	01/0	0 Or	hia	shoet componented ompl	ovec on		110
· ·	, ,	,	,		,	,	_		•	3	Х
line 1a? If "Yes," complete Schedule J for										3	+
4 For any individual listed on line 1a, is the											х
and related organizations greater than \$1										4	$+^{\Delta}$
5 Did any person listed on line 1a receive or	•				,			J		_	7
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or st	ıch r	oers	on .				5	X
Section B. Independent Contractors											
1 Complete this table for your five highest of		-							· · · · · · · · · · · · · · · · · · ·	ation from	
the organization. Report compensation for	r the calendar y	ear e	endir	ng w	ith c	or wi	<u>thin</u>	the organization's tax ye	ear.		
(A)	dalu			_				(B)		(C)	
Name and busines	s address	N	INC	<u> </u>			_	Description of s	ervices	Compensat	ion
							J		l		
							\dashv				
2 Total number of independent contractors	(including but n	ot lir	niter	1 to 1	thos	e lic	ted	ahove) who received mo	are than		
Total number of independent contractors \$100,000 of compensation from the organ		ot lir	mited	d to t	thos		ted	above) who received mo	ore than		

Form 990 (2022)

Part VIII Statement of Revenue

			Check if Schedule O contains a r	esponse o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	_ (D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
' 0 '0	_	_	Foderated compaigns	1a	163,645.				
ants	'		. •		103,043.				
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b	382,147.				
ts, Ar					302,147.				
Gif				1d	273,730.				
ns, Sim			Government grants (contributions)	1e	<u> </u>				
er		f	All other contributions, gifts, grants, and		050 550				
je t			***		853,559.				
d		g	Noncash contributions included in lines 1a-1f	1g \$	25,495.				
<u>S</u> E		h	Total. Add lines 1a-1f			<u>1,673,081.</u>			
					Business Code				
ě	2	а							
e vic		b							
Se		С							
am		d							
Program Service Revenue		е							
Pro		f	All other program service revenue						
			Total. Add lines 2a-2f						
	3	_	Investment income (including dividen						
						11,457.			11,457.
	4		Income from investment of tax-exemp			,			,
	5		Royalties	-					-
	Ŭ		(i)	Real	(ii) Personal				
	6	2	Gross rents 6a		(*)				
			Less: rental expenses 6b						
			` ' <u> </u>	ecurities	(ii) Other				
	′	а		350.	(ii) Other				
		_	assets other than inventory 7a	330.					
_		b	Less: cost or other basis	1.40					
nue			and sales expenses 76 18	<u>,149.</u>					
) SVe			Gain or (loss) 7c -17			17 700			17 700
her Revenue			Net gain or (loss)			-17,799.			-17,799.
he	8	а	Gross income from fundraising events (no	ot					
δ			including \$382,147.	of					
			contributions reported on line 1c). Se						
			Part IV, line 18		11,824.				
		b	Less: direct expenses	8b	98,759.				
		С	Net income or (loss) from fundraising	events		-86,935.			-86,935.
	9	а	Gross income from gaming activities.	. See					
			Part IV, line 19	9a					
		b	Less: direct expenses	9b					
		С	Net income or (loss) from gaming act	ivities					
	10	а	Gross sales of inventory, less returns						
			and allowances	10a					
		b	Less: cost of goods sold						
			Net income or (loss) from sales of inv						
			,	1	Business Code				
Snc	11	а							
nec Tue	•	b							
Miscellaneous Revenue		c		_					
Sco			All other revenue						
Σ			Total. Add lines 11a-11d						
	12		Total revenue. See instructions			1,579,804.	0.	0.	-93,277.

Form 990 (2022) COUNTY, INC. Part IX Statement of Functional Expenses

Do not	Check if Schedule O contains a respons include amounts reported on lines 6b,	(A)	(B)	(C)	 (D) Fundraising
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	rants and other assistance to domestic organizations				
	d domestic governments. See Part IV, line 21				
	rants and other assistance to domestic	20 441	22 441		
	dividuals. See Part IV, line 22	32,441.	32,441.		
	rants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	ompensation of current officers, directors,				
	ustees, and key employees	118,214.	29,554.	41,374.	47,28
	ompensation not included above to disqualified	110,211.	25,554.	41,574	17,20
	ersons (as defined under section 4958(f)(1)) and				
-	ersons described in section 4958(c)(3)(B)				
	ther salaries and wages	746,926.	537,099.	41,292.	168,53
	ension plan accruals and contributions (include	, , ,		,	
	ction 401(k) and 403(b) employer contributions)	9,145.	6,414.	858.	1.87
	ther employee benefits	9,145. 97,238.	76,815.	4,231.	1,87 16,19 15,57
	ayroll taxes	62,915.	41,827.	5,518.	15,57
	ees for services (nonemployees):	,	, -	,	,
	anagement				
	egal				
	counting	41,816.		41,816.	
	bbying				
	ofessional fundraising services. See Part IV, line 17				
f In	vestment management fees				
	ther. (If line 11g amount exceeds 10% of line 25,				
CO	olumn (A), amount, list line 11g expenses on Sch O.)	62,685.	33,332.	8,809.	20,54
Ad	dvertising and promotion	8,483.	4,305.	1,364.	20,54 2,81
O	ffice expenses	36,675.	13,082.	4,104.	19,48
In	formation technology	28,722.	9,860.	9,164.	9,69
R	oyalties				
0	ccupancy	43,330.	30,543.	2,799.	9,98
Tr	avel	11,707.	8,065.	3,412.	23
Pa	ayments of travel or entertainment expenses				
fo	r any federal, state, or local public officials				
C	onferences, conventions, and meetings	33,038.	22,580.	6,192.	4,26
	terest	97.		97.	
	ayments to affiliates	17,710.	4 400	17,710.	
	epreciation, depletion, and amortization	2,138.	1,492.	141.	50
	surance	19,434.	13,849.	1,222.	4,36
ab lin	ther expenses. Itemize expenses not covered to the				
	OOD AND SUPPLIES	29,411.	21,333.	4,016.	4,06
	UES, SUBSCRIPTIONS, AN	7,871.	,	7,871.	_, 50
· =	,	, , , , , , ,		, , , , , , ,	
о — d					
_	I other expenses				
	otal functional expenses. Add lines 1 through 24e	1,409,996.	882,591.	201,990.	325,41
	int costs. Complete this line only if the organization	•		·	
	ported in column (B) joint costs from a combined				
	lucational campaign and fundraising solicitation.				
	neck here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

Form 990 (2022) Part X Balance Sheet

Part	X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			815,676.	1	297,936
	2	Savings and temporary cash investments			0.	2	673,979
	3	Pledges and grants receivable, net			249,412.	3	251,757
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial o	contributor, or 35%			
		controlled entity or family member of any of th	ese pers	ons		5	
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
က္	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
₹	9	Prepaid expenses and deferred charges			21,424.	9	44,056
•	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		22,068.			
	b	Less: accumulated depreciation	. 10b	17,763.	92.		4,305
•	11	Investments - publicly traded securities			622,047.		550,383
-	12	Investments - other securities. See Part IV, line	11		46,968.	12	13,144
-	13	Investments - program-related. See Part IV, line			13		
-	14	Intangible assets		14			
-	15	Other assets. See Part IV, line 11			19,836.	15	23,390
	16	Total assets. Add lines 1 through 15 (must ed			1,775,455.	16	1,858,950
.	17	Accounts payable and accrued expenses			81,266.	17	75,174
	18	Grants payable			18	45.605	
	19	Deferred revenue	0.	19	45,625		
- 1	20	Tax-exempt bond liabilities				20	
- 1	21	Escrow or custodial account liability. Complete				21	
Se 2	22	Loans and other payables to any current or for					
┋│		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the	-	······		22	
_ 1	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
2	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on lin	es 17-24)	. Complete Part X	25 000		6 210
		of Schedule D			25,000.		6,219
+	26			▼	106,266.	26	127,018
ړي		Organizations that follow FASB ASC 958, cl	neck ner	e X			
일	07	and complete lines 27, 28, 32, and 33.			1,070,765.	07	1 013 856
ala 3	27 20			598,424.		1,013,856 718,076	
<u> </u>	28	Net assets with donor restrictions			330,424.	28	710,070
<u>.</u> 5		Organizations that do not follow FASB ASC	958, CN	eck nere			
٠ ا ق	00	and complete lines 29 through 33.	1_			-00	
ş 3	29 20	Capital stock or trust principal, or current fund				29	
ISS(30 34	Paid-in or capital surplus, or land, building, or				30	
-	31 22	Retained earnings, endowment, accumulated			1,669,189.	31	1,731,932
	32 33	Total liabilities and not assets/fund balances			1,775,455.	32 33	1,858,950
	33	Total liabilities and net assets/fund balances			±,,,,,,,,	აა	Form 990 (202)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,8	
2	Total expenses (must equal Part IX, column (A), line 25)	2			9,9	
3	Revenue less expenses. Subtract line 2 from line 1	3			9,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				<u>89.</u>
5	Net unrealized gains (losses) on investments	5		55.		
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		<u> </u>	1,9	10.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	73:	1,9	32.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
			_		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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			F	-orm	990 ((2022)

SCHEDULE A

(Form 990)

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.

BIG BROTHERS AND BIG SISTERS OF

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

COUNTY 39-1077783 INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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). X 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.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) Total

COUNTY, INC.

39-1077783 Page 2

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

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

Sec	tion A. Public Support		•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	. ,					
	membership fees received. (Do not						
	include any "unusual grants.")	1116410.	1234807.	1419414.	1797536.	1673081.	7241248.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1116410.	1234807.	1419414.	1797536.	1673081.	7241248.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						510,957.
6	Public support. Subtract line 5 from line 4.						6730291.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1116410.	1234807.	1419414.	1797536.	1673081.	7241248.
	Gross income from interest,				27373300	2070021	,
Ü	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources	25,840.	22,429.	21,996.	8,976.	11,457.	90,698.
•	Net income from unrelated business	23,040.	22,427	21,550.	0,570.	11,4576	30,0301
9							
	activities, whether or not the	13,242.					13,242.
40	business is regularly carried on	13,242.					13,242.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						7345188.
	Total support. Add lines 7 through 10	-1- /				40	66,228.
	Gross receipts from related activities,					12	00,220.
13	First 5 years. If the Form 990 is for the	_					
Sac	organization, check this box and storetion C. Computation of Publi						
				aluma (f)		14	91.63 %
	Public support percentage for 2022 (I					14	
	Public support percentage from 2021					15	
Ioa	33 1/3% support test - 2022. If the containing a solition						
	stop here. The organization qualifies						
D	33 1/3% support test - 2021. If the constitution must	•		•		•	
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact					vi now the organiz	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	-					IU% or
	more, and if the organization meets the				•		
	organization meets the facts-and-circu			•			
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	ı, 16b, 17a, or 17b	, check this box ar		(Form 000) 2022

Schedule A (Form 990) 2022

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services 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						
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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 3					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

232023 12-09-22

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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.)

	Von	NI-
	Yes	No
1		
2		
_		
3a		
Ol-		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
104		
10b		
	n 990)	2022

Pa	rt IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the	_		
_	supported 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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of type it cupperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	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 year (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. Complete line 3 below.		- 1	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in Activities Test. Answer lines 2a and 2b below.	struction	yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
u	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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" 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.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		•	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

2001	rt V Type III Non-Functionally Integrated 509 ion D - Distributions	<u> </u>	(CONTIN		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	Current real
2	Amounts paid to supported organizations to accomplish exe			 ' 	
2		or barboses or supported		2	
2	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose	os of supported organizations	<u> </u>	3	
<u>3</u> 4		es or supported organizations)	4	
	Amounts paid to acquire exempt-use assets Ouglified set saids amounts (prior IDS approval required			5	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		6	
<u>6</u> 7	Other distributions (<i>describe in</i> Part VI). See instructions. Total annual distributions. Add lines 1 through 6.			7	
7	Distributions to attentive supported organizations to which the	ha arganization is responsive		 ' 	
8		ne organization is responsive		8	
_	(provide details in Part VI). See instructions.			9	
9	Distributable amount for 2022 from Section C, line 6			10	
0	Line 8 amount divided by line 9 amount	(:)	/::\	10	/:::\
ect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

BIG BROTHERS AND BIG SISTERS OF DANE COUNTY INC.

39-107<u>7783 Page 8</u> COUNTY, INC. Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

BIG BROTHERS AND BIG SISTERS OF DANE

COUNTY, INC.

Employer identification number

39-1077783

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

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

Employer identification number

39-1077783

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$163,645.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$9,652.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$162,793.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 66,683.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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

Employer identification number

39-1077783

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
7	Name, audress, and ZIP + 4	- \$ 60,000.	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					
8_			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					
9			Person X Payroll					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
		- \$	Person Payroll Noncash Complete Part II for noncash contributions.)					

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

Employer identification number
39-1077783

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		l ¢	Ī

Name of organization **Employer identification number** BIG BROTHERS AND BIG SISTERS OF DANE COUNTY, 39-1077783 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. 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 Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

BIG BROTHERS AND BIG SISTERS OF DANE COUNTY,

Employer identification number 39-1077783

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
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 w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b						
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historical To		O::I A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			-	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

232051 09-01-22

	t III Organizations Maintaining Coll	ections of Art	Historical Tre	asures, or Oth	er Si			/contin		age 🗲
	·							(CONTIF	nuea)	
3	Using the organization's acquisition, accession,	and other records	s, check any or the i	ollowing that make	signii	iicani t	ise of its			
	collection items (check all that apply):									
а										
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's collection						se in Part I	XIII.		
5	During the year, did the organization solicit or re							7		٦
Dos	to be sold to raise funds rather than to be maint							Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Part X		te if the organizatio	n answered "Yes" o	n Fo	rm 990), Part IV, I	ine 9, or		
	,	·		414-	ا ما دا	ام مام				
та	Is the organization an agent, trustee, custodian							7 v		٦
	on Form 990, Part X?							Yes		No
р	If "Yes," explain the arrangement in Part XIII and	complete the foll	owing table:					Amoun	+	
						H		Amoun	ι	
	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1f		1		٦
	Did the organization include an amount on Form				-			Yes		∐ No
Par	If "Yes," explain the arrangement in Part XIII. Ch									
Fai	oomplete ii tii					Throc	roore book	(a) Four		haalı
		a) Current year	(b) Prior year	(c) Two years back	+ ` ´		ears back	(e) Four		
1a	Beginning of year balance	689,851.	604,184.	,	+		04,554.		547,	
b	Contributions	500.	1,000.		-		500.			500.
С	Net investment earnings, gains, and losses	-107,553.	85,548.	76,187	-		88,029.		-29,	641.
d	Grants or scholarships				-					
е	Other expenditures for facilities									
	and programs	350.	666.	309			65,277.		13,	888.
f	Administrative expenses	199.	215.		_	_				
g	End of year balance	582,249.	689,851.	· · · · · · · · · · · · · · · · · · ·	•	5	27,806.		504,	554.
2	Provide the estimated percentage of the current		(line 1g, column (a)) held as:						
а	• • • • • • • • • • • • • • • • • • • •	31.1210	_%							
b	Permanent endowment 18.8790	%								
С	Term endowment%									
	The percentages on lines 2a, 2b, and 2c should	equal 100%.								
3а	Are there endowment funds not in the possession	on of the organizat	tion that are held ar	nd administered for	the			ſ		
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the organization	ganization's endov	vment funds.							
Par	t VI Land, Buildings, and Equipmen									
	Complete if the organization answered "	Yes" on Form 990,	, Part IV, line 11a. S	See Form 990, Part	K, line	10.				
	Description of property	(a) Cost or ot	, ,	', '		mulate	ed	(d) Boo	k valu	е
		basis (investm	nent) basis	(other) c	lepre	ciation				
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment									
	Other			2,068.		7,76		•	4,3	<u> </u>
Total	. Add lines 1a through 1e. (Column (d) must equa	al Form 990. Part >	K. column (B). line 1	0c.)					4,3	U5.

Schedule D (Form 990) 2022

			_	_		-	_	
Schedule D	(Form 990)	2022	COUNT	Υ,	INC.			

Part VIII Investments - Other Securities.	on Farma 000 Part IV line	11h Coo Farres 000 Port V line 10	To more rage
Complete if the organization answered "Yes"	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation. Cost of end	a-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(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. line	11d. See Form 990. Part X. line 15.	
	Description	,,	(b) Book value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	9 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			C 010
(2) FINANCE LEASE LIABILITY			6,219.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
	. 05 \		6,219.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide	,		•
organization's liability for uncertain tax positions under			
5. gameaton 6 habitry for uncortain tax positions under			nedule D (Form 990) 2022

232053 09-01-22

COUNTY, INC. 39-1077783 Page 4 Schedule D (Form 990) 2022 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,553,197. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 -105,155. a Net unrealized gains (losses) on investments 2a 6,487. Donated services and use of facilities Recoveries of prior year grants 2c 910. Other (Describe in Part XIII.) -100,578. Add lines 2a through 2d 2e 1,653,775. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 971 Other (Describe in Part XIII.) -73,971. c Add lines 4a and 4b 4c 1,579,804. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1,490,454. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 6.487. a Donated services and use of facilities 2a **b** Prior year adjustments 2b 2c Other losses 73,971 d Other (Describe in Part XIII.) 80,458. Add lines 2a through 2d 2e 1,409,996. 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 1,409,996. Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART V, LINE 4: THE INCOME FROM THE ORGANIZATION'S ENDOWMENT FUNDS CAN BE USED TO SUPPORT THE ORGANIZATION'S GENERAL ACTIVITIES. PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY MADISON COMMUNITY FOUNDATION -1,910.PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EXPENSES REPORTED ON FORM 990, PART

-73,971. VIII, LINE 8B

BIG BROTHERS AND BIG SISTERS OF DANE

Schedule D (Form 990) 2022 COUNTY, INC.	39-1077783 Page 5
Schedule D (Form 990) 2022 COUNTY, INC. Part XIII Supplemental Information (continued)	
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
DIRECT FUNDRAISING EXPENSES REPORTED ON FORM 990, PART	
VIII, LINE 8B	73,971.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization BIG BRO	THERS AND BIG SIST	ERS	OF	DANE		Employer ide	ntification number	
COUNTY,	INC.					39-1077	783	
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No					
Total								
List all states in which the organization or licensing.			utions	or has been notified	it is e	xempt from re	gistration	

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

Schedule G (Form 990) 2022

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 gro	oss income on Form 990	EZ, III es i and 60. List e	events with gross receipt	s 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		` ` ,						
			(event type)	(event type)	(total number)	col. (c))						
Revenue												
Ş.	1	Gross receipts	274,183.	116,915.		391,098.						
æ	_	C. 655 7555,p15	,	,		, , , , , , , , , , , , , , , , , , , ,						
	2	Less: Contributions	272,244.	109,903.		382,147.						
	_		,	·		,						
	3	Gross income (line 1 minus line 2)	1,939.	7,012.		8,951.						
		, , , , , , , , , , , , , , , , , , , ,	,			•						
	4	Cash prizes	14,092.	711.		14,803.						
	5	Noncash prizes		4,295.		4,295.						
es												
ens	6	Rent/facility costs	5,449.			5,449.						
Direct Expenses												
듗	7	Food and beverages	19,831.	859.		20,690.						
Ë												
	8	Entertainment	8,050.			8,050.						
	9	Other direct expenses	33,330.	12,142.		45,472.						
	10	Direct expense summary. Add lines 4 through	9 in column (d)			98,759.						
_	11	-89,808.										
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or i	reported more than							
		\$15,000 on Form 990-EZ, line 6a.	Т	T		Т						
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)						
Revenue				billigo/progressive billigo		coi. (a) through coi. (c)						
Rev	_											
	1	Gross revenue										
		Ocela crimes										
es	2	Cash prizes										
ens	2	Noncash prizes										
Direct Expenses	3	Noncasir prizes										
ect	4	Rent/facility costs										
Ë	_	Tions tability codes										
	5	Other direct expenses										
		1	Yes %	Yes %	Yes %							
	6	Volunteer labor	No No	No	No No							
	7	Direct expense summary. Add lines 2 through	5 in column (d)									
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)									
9	Ent	ter the state(s) in which the organization condu	cts gaming activities: _									
а	ls t	the organization licensed to conduct gaming ac	tivities in each of these	states?		Yes No						
b	If "	No," explain:										
	_											
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No						
b	If "	Yes," explain:										

Schedule G (Form 990) 2022

232082 10-27-22

BIG BROTHERS AND BIG SISTERS OF DANE

Sch	edule G (Form 990) 2022 COUNTY , INC . 39 -	1077	783	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
•	and the hand and address of the person the property of gamma, grapestal events and the contract			
	Name			
	Address			
	Address			
150	Does the examination have a contract with a third party from whom the examination receives gaming revenue?		Yes	□ No
ısa	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	163	
D	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	🔲	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, Iir	nes 9, 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	G (Form 990) COUNTY, INC.	39-1077783 Page 4
Part IV	Supplemental Information (continued)	
		_

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990.

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

2022
Open to Public

Inspection

Name of the organization BIG BROTHERS AND BIG SISTERS OF DANE COUNTY, INC.						Employer identification number 39-1077783			
Part I General Information on Grants a	nd Assistance								
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's properties. Part II Grants and Other Assistance to	stance?ocedures for monit	oring the use of grant	funds in the United	d States.			X Yes No		
Part II Grants and Other Assistance to recipient that received more than					anization answered	res on Form 990, Par	tiv, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in th	e line 1 table	•	•	•	·		

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	28	5,150.	0.		
FINANCIAL ASSISTANCE	14	22,746.	0.		
BACKPACK DISTRIBUTION	110	0.	4,545.	COST/SELLING PRICE	BACKPACKS
Part IV Supplemental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
AWARDS ARE MADE TO INDIVIDUALS AND					
REQUIREMENTS. THE ORGANIZATION DOES					
THEY HAVE BEEN DISBURSED TO THE SEI	LECTED IN	DIVIDUALS	AND FAMILI	ES.	

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Employer identification number 39-1077783

Pai	t I Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de		_	_
		applicable		Form 990, Part VIII, line 1g	noncash contribu	ition an	nounts	S
1	Art - Works of art			-				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (PROGRAM ACTIVIT)	Х	35	16,655.	COST/SELLIN	G PF	RICE	Ξ
26	Other (BACKPACKS)	Х	1		COST/SELLIN			
27	Other (PRIZES)	X	22		COST/SELLIN			
28	Other (1,2300	00517522211	<u> </u>		
29	Number of Forms 8283 received by the organiz	zation during	the tay year for o	ontributions	1			
25	for which the organization completed Form 828							
	for which the organization completed form ozo	Jo, i ait v, L	onee Acknowledg	ement 29			Yes	No
200	During the year did the organization receive by	, contributio	n any proporty ron	arted in Part Llines 1 through	sh 20 that it		163	INO
Sua	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t					20-		Х
	exempt purposes for the entire holding period?					30a		$\overline{}$
	If "Yes," describe the arrangement in Part II.	alian that	audroo the made	of any papator days a surface.	tions?		v	
31	Does the organization have a gift acceptance p				UUIS?	31	Х	
32a	Does the organization hire or use third parties		_					v
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	for which column (a) is che	cked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).	Schedule N	I (Form	1990)	2022

232141 09-09-22

BIG BROTHERS AND BIG SISTERS OF DANE

Schedule M (Form 990) 2022 COUNTY, INC. 59-1077/83 Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, PART I, COLUMN (B):
THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN B.

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

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 Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2022
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 1, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SO THAT ALL YOUTH ACHIEVE THEIR FULL POTENTIAL.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
SELF-ADVOCACY, AND GOAL SETTING.
· · · · · · · · · · · · · · · · · · ·
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
BACK-TO-SCHOOL - AN ANNUAL EVENT WHERE BACKPACKS AND SCHOOL SUPPLY KITS
ARE PROVIDED TO MENTEES TO GET THEM READY FOR THE UPCOMING SCHOOL YEAR.
EXPENSES \$ 9,077. INCLUDING GRANTS OF \$ 4,545. REVENUE \$ 0.
OTHER - ADDITIONAL EVENTS, SUPPLIES, AND TRAINING TO SUPPORT BBBS'
ONE-TO-ONE MENTORING PROGRAMS.
EXPENSES \$ 15,493. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
·
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
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

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

Employer identification number 39-1077783

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

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

THE PRESIDENT LEADS THE CHIEF EXECUTIVE OFFICER'S EVALUATION PROCESS AND

MAKES A COMPENSATION RECOMMENDATION. THE OFFICERS COMMITTEE REVIEWS THE

EVALUATION AND THEN VOTES TO APPROVE OR DISAPPROVE THE RECOMMENDED

COMPENSATION. THE RECOMMENDED COMPENSATION IS BROUGHT TO THE GOVERNING

BODY FOR FINAL APPROVAL. THE FINANCE COMMITTEE BI-ANNUALLY REVIEWS THE

LOCAL QTI AND UNITED WAY'S COMPENSATION REPORT ALONG WITH COMPENSATION

INFORMATION FROM BIG BROTHERS BIG SISTERS OF AMERICA, GUIDESTAR, AND OTHER

SOURCES AS NECESSARY.

FORM 990, PART VI, SECTION C, LINE 19:

AN ANNUAL REPORT THAT INCLUDES THE ORGANIZATION'S AUDITED FINANCIAL

STATEMENTS WAS SENT TO THE ORGANIZATION'S DONORS AND VOLUNTEERS. IN

ADDITION, THE ANNUAL REPORT WAS POSTED ON THE ORGANIZATION'S WEBSITE. THE

ORGANIZATION ALSO MADE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON

REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN BENEFICIAL INTEREST IN ASSETS HELD BY MADISON

COMMUNITY FOUNDATION -1,910.

TOTAL TO FORM 990, PART XI, LINE 9

-1,910.