

## Forms 990 / 990-EZ Return Summary

For calendar year 2020, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**BIG BROTHERS BIG SISTERS OF  
SOUTHWEST WASHINGTON**

**\*\* - \*\*\*5443**

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>56,965</u>
<b>Revenue</b>		
Contributions	<u>456,892</u>	
Program service revenue	<u>198,522</u>	
Investment income		
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>107,346</u>	
Direct expenses	<u>45,780</u>	
Net income	<u>61,566</u>	
Other income	<u>1,439</u>	
<b>Total revenue</b>		<u>718,419</u>
<b>Expenses</b>		
Program services	<u>413,726</u>	
Management and general	<u>108,261</u>	
Fundraising	<u>188,408</u>	
<b>Total expenses</b>		<u>710,395</u>
<b>Excess / (deficit)</b>		<u>8,024</u>
Changes		<u>9,912</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u><u>74,901</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>764,198</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	<u>45,779</u>
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u>718,419</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>756,174</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u>45,779</u>
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u>710,395</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>213,285</u>	<u>276,231</u>	
Liabilities	<u>156,320</u>	<u>201,330</u>	
Net assets	<u><u>56,965</u></u>	<u><u>74,901</u></u>	<u>17,936</u>

### Miscellaneous Information

Amended return \_\_\_\_\_  
Return / extended due date 11/15/21  
Failure to file penalty \_\_\_\_\_

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Form 8879-EO

For calendar year 2020, or fiscal year beginning . . . . . 2020, and ending . . . . . 20 . . . . .

2020

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON

Taxpayer identification number \*\*-\*\*\*5443

Name and title of officer or person subject to tax JEFF ENGLE EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Line 1a: Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 718,419

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above organization or [ ] I am a person subject to tax with respect to (name of organization) . . . . ., (EIN) . . . . . and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize PATRICIA L PICH, CPA, PLLC to enter my PIN 25443 as my signature. Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax } Date } 11/13/21

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

\*\*\*\*\*

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature } PATRICIA L PICH, CPA, PLLC Date } 11/13/21

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2020)

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2020 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON</b>		<b>D</b> Employer identification number <b>** - *** 5443</b>
	Doing business as <b>2424 HERITAGE CT SW SUITE 302</b>		<b>E</b> Telephone number <b>360-943-0409</b>
	Number and street (or P.O. box if mail is not delivered to street address) <b>2424 HERITAGE CT SW SUITE 302</b>		Room/suite _____
	City or town, state or province, country, and ZIP or foreign postal code <b>OLYMPIA WA 98502</b>		<b>G</b> Gross receipts \$ <b>764,199</b>

<b>F</b> Name and address of principal officer: <b>JEFF ENGLE</b> <b>2424 HERITAGE CT SW SUITE 302</b> <b>OLYMPIA WA 98502</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: <b>u</b> <b>SWWABIGS.ORG</b>	<b>H(c)</b> Group exemption number <b>u</b> _____
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<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>u</b>	<b>L</b> Year of formation: <b>1983</b>	<b>M</b> State of legal domicile: <b>WA</b>
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**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>14</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>13</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>490,624</b>	<b>456,892</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>142,844</b>	<b>198,522</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>	<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>207,903</b>	<b>63,005</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>552,541</b>	<b>468,748</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>188,408</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>299,817</b>	<b>241,647</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>852,358</b>	<b>710,395</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-10,987</b>	<b>8,024</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>213,285</b>	<b>276,231</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>156,320</b>	<b>201,330</b>

**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.

<b>Sign Here</b>	Signature of officer	Date
	<b>JEFF ENGLE</b> Type or print name and title	<b>EXECUTIVE DIRECTOR</b>

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>PATRICIA PICH</b>	<b>PATRICIA PICH</b>	<b>11/13/21</b>	<input checked="" type="checkbox"/>	<b>*****</b>
	Firm's name } <b>PATRICIA L. PICH, CPA, PLLC</b>	Firm's EIN } <b>** - *** 5216</b>			
Firm's address } <b>2413 PACIFIC AVE SE SUITE C OLYMPIA, WA 98501</b>		Phone no. <b>360-339-7867</b>			

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **413,726** including grants of \$ ) (Revenue \$ )

**SEE SCHEDULE O**

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

**N/A**

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

**N/A**

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **u 413,726**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	<b>Section 501(c)(3) organizations.</b> 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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

**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. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

			Yes	No
<b>1a</b> 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.	<b>1a</b>	<b>14</b>		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>1b</b>	<b>14</b>		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>			<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>			<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>			<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>			<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>			<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>			<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>			<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>	
<b>9</b> 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	<b>9</b>			<b>X</b>

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

			Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>			<b>X</b>
<b>b</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?	<b>10b</b>			
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>		<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>		<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>		<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>		<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>		<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>		<b>X</b>	
<b>15</b> 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?				
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>		<b>X</b>	
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>15b</b>		<b>X</b>	
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>			<b>X</b>
<b>b</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?	<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u WA**
- 18** 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  Upon request  Other (explain on Schedule O)
- 19** 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.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**  
**ROBERT BRAZELL** **2424 HERITAGE CT SW SUITE 302**  
**OLYMPIA** **WA 98502** **360-943-0409**



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>JEFF ENGLE</b> ..... EXECUTIVE DIRECTOR	40.00 ..... 0.00			X				49,411	0	15,600
(2) <b>MARK BOYER</b> ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(3) <b>BRIAN CASSIDY</b> ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(4) <b>COURTNEY DRENNON</b> ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(5) <b>ROZANNE GARMAN</b> ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(6) <b>SHELBY HENTGES</b> ..... SECRETARY	1.00 ..... 0.00	X		X				0	0	0
(7) <b>JUSTIN HJELM</b> ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(8) <b>AMY JACKSON</b> ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(9) <b>SHAENA LANGLEY</b> ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(10) <b>SEAN MASON</b> ..... BOARD MEMBER	1.00 ..... 0.00	X						0	0	0
(11) <b>CRAIG MCELFRISH</b> ..... VICE PRESIDENT	1.00 ..... 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>KARA MEYER</b>	1.00									
PAST PRESIDENT	0.00	X		X			0	0	0	
(13) <b>TADEU VELLOSO</b>	1.00									
AT LARGE	0.00	X					0	0	0	
(14) <b>JIM WINKLE</b>	1.00									
TREASURER	0.00	X		X			0	0	0	
<b>1b Subtotal</b> .....							<b>u</b>	<b>49,411</b>		<b>15,600</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....							<b>u</b>			
<b>d Total (add lines 1b and 1c)</b> .....							<b>u</b>	<b>49,411</b>		<b>15,600</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	<b>196,979</b>			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	<b>184,910</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>75,003</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	<b>\$ 44,157</b>			
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	<b>456,892</b>			
<b>Program Service Revenue</b>	<b>2a</b> <b>CONTRACT SERVICES</b>	Business Code	<b>624100</b>	<b>198,522</b>	<b>198,522</b>	
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>	<b>198,522</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>				
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>				
	<b>5</b> Royalties	<b>u</b>				
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>6a</b>				
	<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>				
	<b>d</b> Net rental income or (loss)	<b>u</b>				
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>7a</b>				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>				
	<b>d</b> Net gain or (loss)	<b>u</b>				
<b>8a</b> Gross income from fundraising events (not including \$ <b>196,979</b> of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>	<b>107,346</b>				
	<b>b</b> Less: direct expenses	<b>8b</b>	<b>45,780</b>			
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>	<b>61,566</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>					
	<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
	<b>b</b> Less: cost of goods sold	<b>10b</b>				
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>					
<b>Miscellaneous Revenue</b>	<b>11a</b> <b>REWARDS/REBATE</b>	Business Code	<b>1,439</b>	<b>1,439</b>		
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>	<b>1,439</b>			
<b>12 Total revenue.</b> See instructions	<b>u</b>	<b>718,419</b>	<b>199,961</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	392,880	251,789	46,033	95,058
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	43,528	27,129	6,370	10,029
10 Payroll taxes	32,340	20,809	3,527	8,004
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	59,953	27,599	16,370	15,984
12 Advertising and promotion	1,500	750		750
13 Office expenses	10,272	6,096	2,943	1,233
14 Information technology	5,989	4,492	1,075	422
15 Royalties				
16 Occupancy	26,372	12,582	11,731	2,059
17 Travel	2,445	2,420	9	16
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	379	142	80	157
20 Interest	1,071		1,071	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,209	11,989	9,220	
23 Insurance	21,100	12,079	6,899	2,122
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>IN-KIND EXPENSES</b>	44,157			44,157
b <b>DUES &amp; SUBSCRIPTIONS</b>	26,249	22,023	1,813	2,413
c <b>PROGRAM EXPENSES</b>	12,009	12,009		
d <b>BANK CHARGES</b>	6,187	17	701	5,469
e All other expenses	2,755	1,801	419	535
25 Total functional expenses. Add lines 1 through 24e	710,395	413,726	108,261	188,408
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest-bearing	100,262	1	133,061
	2	Savings and temporary cash investments	381	2	37,316
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	32,089	4	25,656
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,606	9	20,554
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	118,717		
	10b	Less: accumulated depreciation	59,073	10c	59,644
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	213,285	16	276,231	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	142,489	17	91,030
	18	Grants payable		18	
	19	Deferred revenue	4,500	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	110,300
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,331	25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	156,320	26	201,330
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	56,965	27	67,330
	28	Net assets with donor restrictions		28	7,571
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	56,965	32	74,901
33	<b>Total liabilities and net assets/fund balances</b>	213,285	33	276,231	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>718,419</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>710,395</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>8,024</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>56,965</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	<b>9,912</b>
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>74,901</b>

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

**u Attach to Form 990 or Form 990-EZ.**

**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Name of the organization

**BIG BROTHERS BIG SISTERS OF  
SOUTHWEST WASHINGTON**

Employer identification number

**\*\*-\*\*\*5443**

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	445,016	379,695	567,990	490,624	456,892	2,340,217
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	445,016	379,695	567,990	490,624	456,892	2,340,217
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						2,340,217

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4	445,016	379,695	567,990	490,624	456,892	2,340,217
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	18	4	10			32
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						2,340,249

**12** Gross receipts from related activities, etc. (see instructions) 12 800,229

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	100.00 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14	<b>15</b>	100.00 %

**16a 33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions



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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described in 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?

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> 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-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	
6 Other distributions ( <i>describe in Part VI</i> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015 .....			
b From 2016 .....			
c From 2017 .....			
d From 2018 .....			
e From 2019 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 .....			
b Excess from 2017 .....			
c Excess from 2018 .....			
d Excess from 2019 .....			
e Excess from 2020 .....			



**Schedule B**  
 (Form 990, 990-EZ,  
 or 990-PF)  
 Department of the Treasury  
 Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2020**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
**u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization <b>BIG BROTHERS BIG SISTERS OF                  SOUTHWEST WASHINGTON</b>	Employer identification number <b>** - ***5443</b>
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Organization type (check one):

<b>Filers of:</b>	<b>Section:</b>	
Form 990 or 990-EZ	<input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization	
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	<input type="checkbox"/> 527 political organization	
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation	
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation	
	<input type="checkbox"/> 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**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

**BIG BROTHERS BIG SISTERS OF**

Employer identification number

**\*\* - \*\*\*5443**

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<b>FOOT &amp; ANKLE SURGICAL ASSOCIATES</b> 1610 BISHOP RD SW #7 TUMWATER WA 98512	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<b>HARBOR WHOLESALE FOODS</b> 3901 HOGUM BAY ROAD NE LACEY WA 98516	\$ 18,700	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<b>NISQUALLY INDIAN TRIBE</b> 4820 SHE-NAH-NUM DR SE OLYMPIA WA 98513	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<b>NORTHWEST CHILDRENS FUND</b> 3100 24TH AVE S #320 SEATTLE WA 98144	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<b>TBG HOLDINGS, LLC</b> 3039 46TH AVE NW OLYMPIA WA 98502	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

**Complete if the organization is described below.**

**Attach to Form 990 or Form 990-EZ.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization <b>BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON</b>	Employer identification number <b>** - *** 5443</b>
--	--

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) u \$
- 3 Volunteer hours for political campaign activities (See instructions)

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2020

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		11,917
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?		X	
<b>j</b> Total. Add lines 1c through 1i			11,917
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

**SCHEDULE C, PART II-B, LINE 1**

**CONSULTING AND LOBBYING FOR BBBS PROGRAM EXPANSION INCLUDES:**

**1. ASSISTING BBBS IN THE DEVELOPMENT OF ITS LEGISLATIVE PROPOSALS AND POSITIONS;**

**2. DEVELOPMENT AND IMPLEMENTATION OF THE STRATEGIES NECESSARY TO ACHIEVE BBBS'S OBJECTIVES;**

**Part IV** Supplemental Information *(continued)*

3. ATTEMPTING TO ACHIEVE PASSAGE, DEFEAT, OR AMENDMENT OF LEGISLATION ON WHICH BBBS HAS TAKEN A POSITION;

4. ASSISTING IN THE DEVELOPMENT OF RELATIONSHIPS WITH KEY LEGISLATORS STATEWIDE ELECTED OFFICIALS, AGENCIES, AND RELEVANT ORGANIZATIONS;

5. PREPARATION OF TESTIMONY AND TESTIFYING AT COMMITTEE HEARINGS; AND

6. ATTENDING AND PARTICIPATING IN HEARINGS AND MEETINGS REGARDING ISSUES IMPORTANT TO BBBS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON

Employer identification number

\*\* - \*\*\*5443

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include art collection reporting requirements and revenue/asset amounts.

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

**Part V Endowment Funds.**

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>118,717</b>	<b>59,073</b>	<b>59,644</b>
<b>e</b> Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) <b>u</b>				<b>59,644</b>

**Part VII Investments – Other Securities.**

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

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

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>764,198</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>45,779</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>45,779</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>718,419</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>718,419</b>

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>756,174</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>45,779</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>45,779</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>710,395</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>710,395</b>

**Part XIII Supplemental Information.**

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

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**SPECIAL EVENT EXPENSES** \$ **45,779**

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**SPECIAL EVENT EXPENSES** \$ **45,779**





**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

u Attach to Form 990 or Form 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization

**BIG BROTHERS BIG SISTERS OF  
SOUTHWEST WASHINGTON**

Employer identification number

**\*\* - \*\*\*5443**

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>AUCTION</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	176,597	45,603	75,085	297,285
	2	Less: Contributions	95,883	22,000	75,085	192,968
	3	Gross income (line 1 minus line 2)	80,714	23,603		104,317
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	18,241	13,285	14,254	45,780
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					58,537

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u** Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
**u** Attach to Form 990.  
**u** Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**BIG BROTHERS BIG SISTERS OF  
SOUTHWEST WASHINGTON**

Employer identification number

**\*\* - \*\*\*5443**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other <b>u</b> ( <b>AUCTION ITEMS</b> )	<b>X</b>	<b>150</b>	<b>44,157</b>	<b>FAIR MARKET VALUE</b>
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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

29

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or 990-EZ.

u Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization	<b>BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON</b>	Employer identification number <b>** - ***5443</b>
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**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

OUR MISSION IS TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE MENTORING RELATIONSHIPS, CHANGING THEIR LIVES FOR THE BETTER, FOREVER. OUR VISION IS THAT ALL CHILDREN ACHIEVE SUCCESS IN LIFE.

BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON SERVES CHILDREN AND YOUTH, 6-18 OF AGE, WHO ARE IN NEED OF ACADEMIC ASSISTANCE AND/OR AT RISK OF DROPPING OUT OF SCHOOL; VULNERABLE TO DEVELOPING DELINQUENCY PROBLEMS SUCH AS DRUG/ALCOHOL USE; HAVE BEEN INVOLVED IN THE JUVENILE JUSTICE SYSTEM; OR LACK SOCIAL SKILLS. THE MAJORITY OF CHILDREN/YOUTH WE SERVE ARE GROWING UP IN CHAOTIC ENVIRONMENTS INCLUDING FAMILY DOMESTIC VIOLENCE, MENTAL HEALTH OR CHEMICAL DEPENDENCY ISSUES, PARENTAL INCARCERATION AND/OR HOMELESSNESS.

**FORM 990 - ORGANIZATION'S MISSION**

OUR MISSION IS TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE MENTORING RELATIONSHIPS, CHANGING THEIR LIVED FOR THE BETTER, FOREVER. OUR VISION IS THAT ALL CHILDREN ACHIEVE SUCCESS IN LIFE. OUR PURPOSE IS TO PROVIDE POSITIVE YOUTH DEVELOPMENT PROGRAMS THAT FOCUS ON FRIENDSHIP, EDUCATIONAL SUPPORT, SOCIAL SKILL ENHANCEMENT, WORKPLACE READINESS SKILLS AND GUIDANCE TO YOUTH.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON IS A LOCAL AFFILIATE OF OUR NATIONAL ORGANIZATION FOUNDED IN 1904. WE HAVE BEEN MAKING ONE-TO-ONE MENTORING RELATIONSHIPS BETWEEN TEEN AND ADULT VOLUNTEER MENTORS AND

Name of the organization

Employer identification number

BIG BROTHERS BIG SISTERS OF

\*\*-\*\*\*5443

CHILDREN/YOUTH, 6-18 YEARS OF AGE, SINCE 1985.

BBBS PROVIDES RESEARCH-BASED, PROFESSIONALLY SUPPORTED MENTORING PROGRAMS AT BOTH SCHOOLS SITES AND IN THE COMMUNITY FOR CHILDREN AND YOUTH ACROSS A FIVE COUNTY AREA: THURSTON, LEWIS, PACIFIC, GRAYS HARBOR AND MASON COUNTIES. WE PARTNER WITH SCHOOL DISTRICTS, AFTER-SCHOOL PROGRAMS, COMMUNITY GROUPS AND COMMUNITY MEMBERS TO CONNECT CHILDREN AND YOUTH WITH MENTORS TO MAKE SURE THEY RECEIVE THE SUPPORT THEY NEED TO BE SUCCESSFUL IN SCHOOL AND LIFE.

BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON OFFERS SEVERAL HIGH QUALITY PROGRAMS TO MEET COMMUNITY NEEDS. WITH INPUT FROM THE LITTLE'S FAMILY AND SCHOOL PERSONNEL, THE MENTORING IS FOCUSED SO THAT THE LITTLE RECEIVE THE MAXIMUM SUPPORT IN THE AREAS THEY NEED THE MOST. ALL MATCHES ARE CAREFULLY ADMINISTERED BY BIG BROTHERS BIG SISTERS STAFF MEMBERS FOLLOWING STRICT BACKGROUND AND INTERVIEW STANDARDS TO ENSURE THE MATCH BETWEEN THE BIG AND LITTLE IS SAFE AND WELL-SUITED TO THE INDIVIDUAL CHILD'S NEEDS, AS WELL AS HARMONIOUS AND BUILT TO LAST. BIG BROTHERS BIG SISTERS PROGRAMS INCLUDE:

(1) BIGS IN SCHOOLS PROGRAM: OUR BIGS IN SCHOOL PROGRAM IS DESIGNED TO FOSTER YOUTH'S ACADEMIC DEVELOPMENT AND ENHANCE THEIR SOCIAL-EMOTIONAL SKILLS. STUDENTS, REFERRED BY TEACHERS AND SCHOOL COUNSELORS, ARE STRUGGLING IN SCHOOL, LACK SOCIAL SKILLS OR HAVE PROBLEM BEHAVIORS SUCH AS AGGRESSIVENESS, CHRONIC ABSENTEEISM, OR SKIPPING CLASSES. ADULT AND HIGH SCHOOL MENTORS (BIGS) ARE RECRUITED FROM LOCAL HIGH SCHOOLS, COLLEGES, AND THE LOCAL COMMUNITY, ARE MATCHING WITH CHILDREN AND YOUTH, AGES 6-13 YEARS OF AGE. STUDENT AND THEIR MENTORS MEET BETWEEN 30-60 MINUTES EACH WEEK AT A DESIGNATED SCHOOL OR AFTER-SCHOOL SITE, UNDER THE DIRECT SUPERVISION OF A BBBS STAFF MEMBER. MATCHES PARTICIPATE IN ACTIVITIES THAT REFLECT THEIR



Name of the organization

Employer identification number

BIG BROTHERS BIG SISTERS OF

\*\*-\*\*\*5443

MUTUAL INTERESTS AND HOBBIES, SUCH AS ARTS AND CRAFTS, HOMEWORK AND EDUCATIONAL ENRICHMENT ACTIVITIES, STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS AND MATH) PROJECTS, ORGANIZED GAMES AND SPORTS, AND BOARD GAMES. MENTORS OFFER STUDENTS TIME AND ATTENTION ON A CONSISTENT BASIS, PROMOTING POSITIVE PEER AND ADULT RELATIONSHIPS, A POSITIVE ATTITUDE, ENHANCES SELF-CONFIDENCE, AND ACADEMIC ENCOURAGEMENT.

(2) BIGS IN THE COMMUNITY: OUR BIGS IN COMMUNITY PROGRAM OFFERS THE OPPORTUNITY FOR CHILDREN AND YOUTH, AGES 6-18 YEARS OF AGE, AND THEIR MENTORS TO SPEND TIME TOGETHER IN THEIR LOCAL COMMUNITIES. A BIG AND LITTLE ARE MATCHED BASED ON SHARED INTERESTS AND INDIVIDUAL CHILD'S NEEDS. BIGS MEET WITH THEIR LITTLES ON EVENINGS AND WEEKENDS TO PARTICIPATE IN SUCH ACTIVITIES AS HOMEWORK HELP, SHARING A MEAL TOGETHER, OR ATTENDING LOCAL MUSEUMS, THEATRE, AND SPORTING EVENTS. DURING MATCH OUTINGS, FILLED WITH CONVERSATION AND SHARED ACTIVITIES, BIGS AND LITTLES DEVELOP A RELATIONSHIP TO HELP MANAGE THEIR EVERYDAY CHALLENGES OF GROWING UP.

(3) MENTOR CONNECTIONS: OUR MENTOR CONNECTIONS PROGRAM FOCUSES ON MILITARY-CONNECTED STUDENTS IN ELEMENTARY AND MIDDLE SCHOOL GRADES TO HELP THEM COPE WITH THE STRESS OF PARENTAL DEPLOYMENT AND FREQUENT MOVES. SPECIALLY TRAINED BIGS MEET WITH THE MILITARY-CONNECTED LITTLES WEEKLY DURING SCHOOL HOURS TO SHARE LUNCH AND PARTICIPATE IN FUN AND LEARNING ACTIVITIES.

(4) MENTOR U IS A HIGH SCHOOL MENTORING PROGRAM FOCUSING ON COLLEGE READINESS, WORKFORCE DEVELOPMENT, CAREER EXPLORATION AND SOCIAL-EMOTIONAL LEARNING. THE PROGRAM IS AN INNOVATIVE APPROACH THAT PROVIDES ON-TO-ONE MENTORING TO HIGH SCHOOL YOUTH, BLENDING TECHNOLOGY WITH A CURRICULUM AND ACTIVITIES THAT ARE INTENTIONALLY DESIGNED TO MEET A HIGH SCHOOL STUDENT'S NEEDS, USING A FRAMEWORK BASED ON THE SKILLS STUDENTS NEED TO GRADUATE FROM

Name of the organization

BIG BROTHERS BIG SISTERS OF

Employer identification number

\*\*-\*\*\*5443

HIGH SCHOOL, BE READY FOR POST-HIGH SCHOOL SUCCESS. AND ACHIEVE SUCCESS IN LIFE. STUDENTS PARTICIPATE IN A WEEKLY CLASS SESSION LED BY A BBS MENTOR U PROGRAM COORDINATOR. EACH GRADE LEVEL COURSE OUTLINE HAS SEVEN UNITS PROGRESSING IN TOPICS AS STUDENTS MOVE THROUGH GRADES 9 THROUGH 12. CURRICULUM UNITS INCLUDE: COMMUNICATION STYLES, CONFLICT RESOLUTION, AND RELATIONSHIP BUILDING; IDENTIFYING INTEREST AND PASSIONS; GOAL SETTING AND PURSUIT OF GOALS; GROWTH MINDSET; RELATIONSHIPS WITH OTHERS; BEYOND HIGH SCHOOL; HOW DO I GET THERE (POST-SECONDARY EDUCATION); ACADEMIC PROGRESS AND COMMUNITY VOLUNTEER OPPORTUNITIES; THE COLLEGE PROCESS; FINANCIAL LITERACY/GUIDANCE; WHO CAN I BECOME; AND INTERNSHIP OPPORTUNITIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 EXECUTIVE COMMITTEE REVIEWS THE 990 AND THEN IT GOES TO THE FULL BOARD FOR REVIEW AND APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY WHEN A CONFLICT OF INTEREST ARISES, THE BOARD MEMBER DISCLOSES CONFLICT AND REFRAINS FROM VOTING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE BOARD COMPARES SALARY FOR THE EXECUTIVE DIRECTOR TO THE SALARIES NATIONWIDE FOR BIG BROTHERS BIG SISTERS. SALARY IS ALSO COMPARED TO LOCAL EXECUTIVE DIRECTOR SALARIES.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE BOARD COMPARES SALARY FOR THE EXECUTIVE DIRECTOR TO THE SALARIES NATIONWIDE FOR BIG BROTHERS BIG SISTERS. SALARY IS ALSO COMPARED TO LOCAL

Name of the organization

Employer identification number

**BIG BROTHERS BIG SISTERS OF**

**\*\* - \*\*\*5443**

**EXECUTIVE DIRECTOR SALARIES.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION**

**ALL ARE MADE AVAILABLE UPON REQUEST.**

**FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION**

**SPECIAL EVENT EXPENSES \$ 45,779**

**SPECIAL EVENT EXPENSES \$ -45,779**

Form **4562**

Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2020**

Attachment Sequence No. **179**

Name(s) shown on return **BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON** Identifying number **\*\* - \*\*\*5443**

Business or activity to which this form relates

**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	<b>1,040,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,590,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

**Note:** Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>21,209</b>

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

**Section B—Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property					
b	5-year property					
c	7-year property					
d	10-year property					
e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	30-year		30 yrs.	MM	S/L	
d	40-year		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>21,209</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2020)

**THERE ARE NO AMOUNTS FOR PAGE 2**

\*\*-\*\*\*5443

## Federal Asset Report

FYE: 12/31/2020

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Telephone System	10/23/12	9,908			9,908	10 MO S/L	7,101	991
2	Computers/Server	6/05/13	9,703			9,703	10 MO S/L	6,388	970
3	Computers/Server	8/06/13	8,885			8,885	10 MO S/L	5,701	889
4	Computer	4/28/15	895			895	5 MO S/L	835	60
5	3 Laptops and a monitor	9/09/15	1,633			1,633	5 MO S/L	1,416	217
6	1 Laptop for AmeriCorp Staff	1/15/16	511			511	5 MO S/L	401	102
7	2 Dell Computers	2/03/16	951			951	5 MO S/L	745	190
8	Tablets	3/01/16	653			653	5 MO S/L	511	131
9	HP Laptop and Monitor	8/24/16	923			923	5 MO S/L	615	185
10	New circuit for copier	5/31/16	1,055			1,055	5 MO S/L	756	211
11	STEAM Lab tall storage cabinet	10/21/19	1,128			1,128	15 MO S/L	13	75
12	4 mobile cabinets for STEAM Lab	10/21/19	3,791			3,791	15 MO S/L	42	253
13	2 Work Benches for STEAM lab	10/21/19	978			978	15 MO S/L	11	65
14	Desks	11/04/19	590			590	15 MO S/L	7	39
15	12 Chrome Books	5/09/19	1,797			1,797	5 MO S/L	240	359
16	2 Dell Laptops	7/03/19	1,974			1,974	5 MO S/L	197	395
17	Computer Parts and Upgrades to Server	8/26/19	2,640			2,640	5 MO S/L	176	528
18	Dell Computers, Docking Stations and Mon	9/09/19	14,341			14,341	5 MO S/L	956	2,868
19	Dell Latitude 3500	9/30/19	733			733	5 MO S/L	37	146
20	Dell Latitude 3500 BTX	10/01/19	733			733	5 MO S/L	37	146
21	12 Lenovo Think Pads for STEAM	5/07/19	5,700			5,700	5 MO S/L	760	1,140
22	2 - 3D Printers	9/05/19	3,097			3,097	5 MO S/L	206	620
23	STEAM Lab Build Out	9/30/19	10,542			10,542	4 MO S/L	659	2,635
24	STEAM Lab Build Out - Phase 2	11/05/19	18,650			18,650	4 MO S/L	777	4,662
25	Architecture Plans for STEAM Lab	8/12/19	10,000			10,000	4 MO S/L	1,042	2,500
26	20 Mobile Stacking Chairs	3/01/20	2,199			2,199	7 MO S/L	0	262
27	6 Folding Tables	3/01/20	4,279			4,279	7 MO S/L	0	509
28	2 Husky Work Benches and Tall Cabinet	1/01/20	428			428	7 MO S/L	0	61
<b>Total Other Depreciation</b>			<u>118,717</u>			<u>118,717</u>		<u>29,629</u>	<u>21,209</u>
<b>Total ACRS and Other Depreciation</b>			<u>118,717</u>			<u>118,717</u>		<u>29,629</u>	<u>21,209</u>
<b>Grand Totals</b>			118,717			118,717		29,629	21,209
<b>Less: Dispositions and Transfers</b>			0			0		0	0
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>118,717</u>			<u>118,717</u>		<u>29,629</u>	<u>21,209</u>

\*\*-\*\*\*5443

**AMT Asset Report**

FYE: 12/31/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
1	Telephone System	10/23/12	0			0	0 HY	0	0
2	Computers/Server	6/05/13	0			0	0 HY	0	0
3	Computers/Server	8/06/13	0			0	0 HY	0	0
4	Computer	4/28/15	0			0	0 HY	0	0
5	3 Laptops and a monitor	9/09/15	0			0	0 HY	0	0
6	1 Laptop for AmeriCorp Staff	1/15/16	0			0	0 HY	0	0
7	2 Dell Computers	2/03/16	0			0	0 HY	0	0
8	Tablets	3/01/16	0			0	0 HY	0	0
9	HP Laptop and Monitor	8/24/16	0			0	0 HY	0	0
10	New circuit for copier	5/31/16	0			0	0 HY	0	0
11	STEAM Lab tall storage cabinet	10/21/19	0			0	0 HY	0	0
12	4 mobile cabinets for STEAM Lab	10/21/19	0			0	0 HY	0	0
13	2 Work Benches for STEAM lab	10/21/19	0			0	0 HY	0	0
14	Desks	11/04/19	0			0	0 HY	0	0
15	12 Chrome Books	5/09/19	0			0	0 HY	0	0
16	2 Dell Laptops	7/03/19	0			0	0 HY	0	0
17	Computer Parts and Upgrades to Server	8/26/19	0			0	0 HY	0	0
18	Dell Computers, Docking Stations and Mon	9/09/19	0			0	0 HY	0	0
19	Dell Latitude 3500	9/30/19	0			0	0 HY	0	0
20	Dell Latitude 3500 BTX	10/01/19	0			0	0 HY	0	0
21	12 Lenovo Think Pads for STEAM	5/07/19	0			0	0 HY	0	0
22	2 - 3D Printers	9/05/19	0			0	0 HY	0	0
23	STEAM Lab Build Out	9/30/19	0			0	0 HY	0	0
24	STEAM Lab Build Out - Phase 2	11/05/19	0			0	0 HY	0	0
25	Architecture Plans for STEAM Lab	8/12/19	0			0	0 HY	0	0
26	20 Mobile Stacking Chairs	3/01/20	2,199			2,199	7 MO S/L	0	262
27	6 Folding Tables	3/01/20	4,279			4,279	7 MO S/L	0	509
28	2 Husky Work Benches and Tall Cabinet	1/01/20	428			428	7 MO S/L	0	61
	<b>Total Other Depreciation</b>		<u>6,906</u>			<u>6,906</u>		<u>0</u>	<u>832</u>
	<b>Total ACRS and Other Depreciation</b>		<u>6,906</u>			<u>6,906</u>		<u>0</u>	<u>832</u>
	<b>Grand Totals</b>		6,906			6,906		0	832
	<b>Less: Dispositions and Transfers</b>		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>6,906</u>			<u>6,906</u>		<u>0</u>	<u>832</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

**Future Depreciation Report****FYE: 12/31/21**

FYE: 12/31/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Telephone System	10/23/12	9,908	990	0
2	Computers/Server	6/05/13	9,703	971	0
3	Computers/Server	8/06/13	8,885	889	0
4	Computer	4/28/15	895	0	0
5	3 Laptops and a monitor	9/09/15	1,633	0	0
6	1 Laptop for AmeriCorp Staff	1/15/16	511	8	0
7	2 Dell Computers	2/03/16	951	16	0
8	Tablets	3/01/16	653	11	0
9	HP Laptop and Monitor	8/24/16	923	123	0
10	New circuit for copier	5/31/16	1,055	88	0
11	STEAM Lab tall storage cabinet	10/21/19	1,128	75	0
12	4 mobile cabinets for STEAM Lab	10/21/19	3,791	253	0
13	2 Work Benches for STEAM lab	10/21/19	978	65	0
14	Desks	11/04/19	590	39	0
15	12 Chrome Books	5/09/19	1,797	359	0
16	2 Dell Laptops	7/03/19	1,974	395	0
17	Computer Parts and Upgrades to Server	8/26/19	2,640	528	0
18	Dell Computers, Docking Stations and Monitors	9/09/19	14,341	2,868	0
19	Dell Latitude 3500	9/30/19	733	147	0
20	Dell Latitude 3500 BTX	10/01/19	733	147	0
21	12 Lenovo Think Pads for STEAM	5/07/19	5,700	1,140	0
22	2 - 3D Printers	9/05/19	3,097	619	0
23	STEAM Lab Build Out	9/30/19	10,542	2,636	0
24	STEAM Lab Build Out - Phase 2	11/05/19	18,650	4,663	0
25	Architecture Plans for STEAM Lab	8/12/19	10,000	2,500	0
26	20 Mobile Stacking Chairs	3/01/20	2,199	314	314
27	6 Folding Tables	3/01/20	4,279	612	612
28	2 Husky Work Benches and Tall Cabinet	1/01/20	428	61	61
<b>Total Other Depreciation</b>			<u>118,717</u>	<u>20,517</u>	<u>987</u>
<b>Total ACRS and Other Depreciation</b>			<u>118,717</u>	<u>20,517</u>	<u>987</u>
<b>Grand Totals</b>			<u>118,717</u>	<u>20,517</u>	<u>987</u>



<b>SCHEDULE G</b> <b>(Form 990 or 990-EZ)</b>	<b>Fundraising Other Events</b>	<b>2020</b>
	For calendar year 2020, or tax year beginning _____, and ending _____	

Name <b>BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON</b>	Employer Identification Number <b>**-***5443</b>
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		(a) Other event <u><b>BIG BRUNCH</b></u> <small>(event type)</small>	(b) Other event <u><b>TENNIS TOURNAME</b></u> <small>(event type)</small>	(c) Other event <u><b>BOWL FOR KIDS</b></u> <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	<b>1</b> Gross receipts	<b>44,906</b>	<b>17,279</b>	<b>12,900</b>	<b>75,085</b>
	<b>2</b> Less: Charitable contributions	<b>44,906</b>	<b>17,279</b>	<b>12,900</b>	<b>75,085</b>
	<b>3</b> Gross income <small>(line 1 minus line 2)</small>				
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	<b>11,656</b>	<b>2,598</b>		<b>14,254</b>

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2019 &amp; 2020</b>
For calendar year 2020, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

**BIG BROTHERS BIG SISTERS OF  
SOUTHWEST WASHINGTON**
**\*\* - \*\*\* 5443**

		2019	2020	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	1. 319,670	271,982	-47,688
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3. 170,954	184,910	13,956
	4. Program service revenue .....	4. 142,844	198,522	55,678
	5. Investment income .....	5.		
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7.		
	8. Net income or (loss) from fundraising events .....	8. 207,738	61,566	-146,172
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11. 165	1,439	1,274
	12. <b>Total revenue.</b> Add lines 1 through 11 .....	12. 841,371	718,419	-122,952
<b>E x p e n s e s</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15.		
	16. Salaries, other compensation, and employee benefits .....	16. 552,541	468,748	-83,793
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. 38,066	59,953	21,887
	19. Occupancy, rent, utilities, and maintenance .....	19. 36,919	26,372	-10,547
	20. Depreciation and Depletion .....	20. 9,333	21,209	11,876
	21. Other expenses .....	21. 215,499	134,113	-81,386
	22. <b>Total expenses.</b> Add lines 13 through 21 .....	22. 852,358	710,395	-141,963
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12 .....	23. -10,987	8,024	19,011
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue .....	24. 841,371	718,419	-122,952
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. 143,009	199,961	56,952
	27. Total assets .....	27. 213,285	276,231	62,946
	28. Total liabilities .....	28. 156,320	201,330	45,010
	29. Retained earnings .....	29. 56,965	74,901	17,936
	30. Number of voting members of governing body .....	30. 16	14	
	31. Number of independent voting members of governing body .....	31. 16	14	
	32. Number of employees .....	32. 15	14	
	33. Number of volunteers .....	33. 422	13	

Form <b>990</b>	<b>Tax Return History</b>	<b>2020</b>
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Name <b>BIG BROTHERS BIG SISTERS OF SOUTHWEST WASHINGTON</b>	Employer Identification Number <b>** - *** 5443</b>
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants .....				<b>490,624</b>	<b>456,892</b>	
Membership dues .....						
Program service revenue .....				<b>142,844</b>	<b>198,522</b>	
Capital gain or loss .....						
Investment income .....						
Fundraising revenue (income/loss) .....				<b>207,738</b>	<b>61,566</b>	
Gaming revenue (income/loss) .....						
Other revenue .....				<b>165</b>	<b>1,439</b>	
<b>Total revenue</b> .....				<b>841,371</b>	<b>718,419</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....				<b>552,541</b>	<b>468,748</b>	
Professional fees .....				<b>38,066</b>	<b>59,953</b>	
Occupancy costs .....				<b>36,919</b>	<b>26,372</b>	
Depreciation and depletion .....				<b>9,333</b>	<b>21,209</b>	
Other expenses .....				<b>215,499</b>	<b>134,113</b>	
<b>Total expenses</b> .....				<b>852,358</b>	<b>710,395</b>	
<b>Excess or (Deficit)</b> .....				<b>-10,987</b>	<b>8,024</b>	
<b>Total exempt revenue</b> .....				<b>841,371</b>	<b>718,419</b>	
Total unrelated revenue .....						
Total excludable revenue .....				<b>143,009</b>	<b>199,961</b>	
Total Assets .....				<b>213,285</b>	<b>276,231</b>	
Total Liabilities .....				<b>156,320</b>	<b>201,330</b>	
Net Fund Balances .....				<b>56,965</b>	<b>74,901</b>	

**Federal Statements****Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
PROFESSIONAL FEES	\$ 59,953	\$ 27,599	\$ 16,370	\$ 15,984
TOTAL	<u>\$ 59,953</u>	<u>\$ 27,599</u>	<u>\$ 16,370</u>	<u>\$ 15,984</u>

**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
OTHER	\$ 1,995	\$ 1,141	\$ 419	\$ 435
EDUCATION & TRAINING	660	660		
BAD DEBT EXPENSE	100			100
TOTAL	<u>\$ 2,755</u>	<u>\$ 1,801</u>	<u>\$ 419</u>	<u>\$ 535</u>

## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
GRANTS-PUBLIC/GOVERNMENT	\$ 184,910
UNITED WAY	
IN-KIND	44,157
CONTRIBUTIONS	30,846
AUCTION	
CASH CONTRIBUTION	95,883
BOWL FOR KIDS	
CASH CONTRIBUTION	12,900
GOLF TOURNAMENT	
CASH CONTRIBUTION	22,000
TENNIS TOURNAMENT	
CASH CONTRIBUTION	17,279
BIG BRUNCH	
CASH CONTRIBUTION	44,906
BIG REASONS TO GIVE	
CASH CONTRIBUTION	4,011
TOTAL	<u>\$ 456,892</u>

\*\*-\*\*\*5443

**Federal Statements**

FYE: 12/31/2020

**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
BOEING CO	\$	\$
CALLISONS		
CAPITAL ELECTRIC INC.		
JOSH CARPENTER		
CONFEDERATED TRIBES OF THE		
COMMUNITY FOUNDATION	5,000	
JUSTIN ERICKSON		
AMY EVANS		
FOOT & ANKLE SURGICAL ASSOCIATES	10,000	
FORMA CONSTRUCTION		
ROZANNE GARMAN		
HARBOR WHOLESALE FOODS	18,700	
KIM KELLY	6,575	
KILEY JUERGENS WEALTH MANAGEMENT LLC		
LEWIS COUNTY PUBLIC HEALTH & SOC SER		
MARSHALL MCCABE		
MASCO PETROLEUM	8,700	
JIM MASON		
SEAN MASON		
MARSHALL MCCABE		
MCDONALD'S OF OLYMPIA		
CHERYL MORRIS	6,750	
DRAKE NICHOLSON		
AL NIEMAN		
NISQUALLY INDIAN TRIBE	10,000	
NORCLIFFE FOUNDATION		
NORTHWEST CHILDRENS FUND	10,000	
OLYMPIA FEDERAL SAVINGS	7,000	
PACIFIC OFFICE AUTOMATION		
EVAN PARKER		
RIDGEVIEW PROPERTY MANAGEMENT		
ROTARY CLUB OF GATEWAY - THURSTON	5,000	
STARS FOUNDATION		
CHAD SUTTER		
TBG HOLDINGS, LLC	10,000	
THE MCCABE JR'S		
TOYOTA OF OLYMPIA	8,200	
TUMWATER VET HOSPITAL		
WASHINGTON BUSINESS BANK	5,700	
JIM WINKLE	7,980	
GREENE REALTY GROUP	5,700	
OLYMPIA MULTI SPECIALTY CLINIC	5,500	
JT PAINTING COMPANY	5,500	
KELL-CHUCK GLASS CO., INC	5,500	
ROBIN HANNA	5,249	
MICHELE BRUCHET	5,000	
DREW PHILLIPS	5,000	
TOTAL	\$ <u>157,054</u>	\$ <u>0</u>

## Federal Statements

Schedule A, Part II, Line 12 - Current yearDescriptionAmount

CONTRACT SERVICES	\$ 198,522
REWARDS/REBATE	1,439
AUCTION	80,714
BIG RAFFLE	
BOWL FOR KIDS	
GOLF TOURNAMENT	23,603
TENNIS TOURNAMENT	
BIG BRUNCH	
MY STEAM LEARNING	3,029
RIBS FOR KIDS	
BIG REASONS TO GIVE	
TOTAL	<u>\$ 307,307</u>

**Federal Statements****Auction****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
AUCTION ITEMS	\$ 2,042
FOOD AND BEVERAGE	9,743
COMMITTEE AND MEETING EXP	
CONTRACTED SERVICES	5,359
DECORATIONS	
EVENT SUPPLIES	150
GAMBLING LICENSE	108
PRINTING EXPENSES	839
TOTAL	\$ <u>18,241</u>



**Federal Statements****Big Raffle****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
ADVERTISING	\$
CAR TAX/LICENSES	
MISC PROMO	
PRINTING	
GAMBLING LICENSE FEE	
TOTAL	\$ <u><u>0</u></u>

**Federal Statements****Bowl for Kids****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
DEEJAY	\$
EVENT SUPPLIES	
FOOD AND BEVERAGE	
LANE FEES	
PRINTING EXPENSES	
PRIZES AND AWARDS	
T-SHIRTS	
TOTAL	\$ <u><u>0</u></u>

**Federal Statements****Golf Tournament****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
COURSE FEES	\$ 9,266
EVENT SUPPLIES	
FOOD AND BEVERAGE EXPENSE	3,226
PRINTING	583
RECOGNITION & AWARDS	210
GAMBLING LICENSE	
TOTAL	\$ <u>13,285</u>

**Federal Statements****Tennis Tournament****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
AUCTION ITEMS EXPENSE	\$ 290
FOOD AND BEVERAGE	2,120
EVENT SUPPLIES	178
PRINTING	10
TOTAL	\$ <u>2,598</u>

**Federal Statements****Big Brunch****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
EVENT SUPPLIES	\$ 392
PRINTING EXPENSES	128
ROOM AND FOOD	7,927
CONTRACT SERVICES	<u>3,209</u>
TOTAL	\$ <u><u>11,656</u></u>