Form **990**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A	For the :	2021 calendar year, or tax year beginning and	enoing		
В	Check if applicable:	1 DIG DEGILERS DIG SIBING		D Employer identifi	cation number
	Address change	OF SOUTHWESTERN ILLINOIS			
	Name change	Doing business as		37-10954	68
F	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 2900 FRANK SCOTT PARKWAY WEST #956	Room/suite	E Telephone numbe 618-398-	3162
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	878,290.
	Amende	BELLEVILLE, IL 62223		H(a) Is this a group re	eturn
F	Applica-			for subordinates	
_	pending	same as C above		H(わ) Are all subordinates is	ncluded? Yes No
_	Tay.ever	npt status: X 501(c)(3)	or 527	1	list. See instructions
÷	Waheite	http://www.bbbsil.org		H(c) Group exemption	
		rganization: X Corporation Trust Association Other	1. Year		A State of legal domicile: IL
		Summary			
	1 4 0	riefly describe the organization's mission or most significant activities: TO PI	ROVIDE	CHILDREN O	NE TO ONE
Activities & Governance	Ň	ENTORSHIP.	•		
la I	2 0	theck this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net a	ssets.
Ş	3 N	lumber of voting members of the governing body (Part VI, line 1a)			16
ક	4 N	lumber of independent voting members of the governing body (Part VI, Iline 1b)			16
66 (/)	5 T	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			11
ě	1 2 7	otal number of volunteers (estimate if necessary)			107
÷	2 - +	otal unrelated business revenue from Part VIII, column (C), line 12			0.
¥	781	let unrelated business taxable income from Form 990-T, Part I, line 11			0.
_	B IV	let differated business taxable acome nonit form 9901, Part 1, wife 11		Prior Year	Current Year
	١.,	Contributions and grants (Part VIII, line 1h)		306,382.	267,448.
Revenue	8 0			0.	0.
	9 P	trogram service revenue (Part VIII, Iline 2g)	The second secon	34.	34.
	10 Ir	nvestment Income (Part VIII, column (A), lines 3, 4, and 7d)		165,902.	440,949.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	and the second second	472,318.	708,431.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		denefits paid to or for members (Part IX, column (A), line 4)		350,594.	413,609.
8	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Otal fundraising expenses (Part IX, column (D), line 25) 98,9		0.	0.
Expenses	16a F	rofessional fundraising fees (Part IX, column (A), fine 11e)	1 5 1000	conservation to the transfer of the constraints	Mobile; Notice (1975-Auto-Paragraphical)
.8	b⊺	otal fundraising expenses (Part IX, column (D), line 25)	T2 * [18]	149,311.	155,321.
ш	17 C	Ither expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		499,905.	568,930.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			120 501
_	19 F	Revenue less expenses. Subtract line 18 from line 12		-27,587.	
Assets or	<u>§</u>		Ве	ginning of Current Year	
SS	20 T	otal assets (Part X, line 16)		576,735.	
2	21 T	otal liabilities (Part X, Ilne 26)	roscorer:	84,052.	
Net Net	22 N	let assets or fund balances. Subtract line 21 from line 20	*******	492,683.	632,184.
		Signature Block			
		ies of perjury, i declare that I have examined this return, including accompanying schedule			ry knowledge and belief, it is
tru	e, correct	, and complete. Declaration of preparate (bther than officer) is based on all information of wi	nich preparer	has any knowledge.	1-16
		Miller		18/24	17
Sig	gn	Signature of officer		Date	
He	re	HEATHER FREED, CEO			
		Type or print name and title		<u> </u>	
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pa	ld 🖁	JENNIFER HEIM JENNIFER HEIM		3/14/22 self-emplo	P01864381
Pr			PA's	Firm's EIN	37-1231621
Us	e Only	Firm's address 6240 S. Lindbergh, Ste 101			
		St. Louis, MO 63123		Phone no.31	4-845-7999
Ma	y the IR	S discuss this return with the preparer shown above? See instructions	and the same of		X Yes No

BIG BROTHERS BIG SISTERS 37-1095468 Page 2 OF SOUTHWESTERN ILLINOIS Form 990 (2021) Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING PROFESSIONALLY SUPPORTED ONE TO ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER. Did the organization undertake any significant program services during the year which were not listed on the Yes X No prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 392,169 . including grants of \$) (Expenses \$) (Revenue \$ TO PROVIDE CHILDREN FACING ADVERSITY WITH SUPPORTIVE RELATIONSHIPS ALONG WITH ASSESSMENT AND COUNSELING SERVICES TO YOUTH AND FAMILIES. including grants of \$) (Revenue \$ (Code:) (Expenses \$

(Code:) (Expenses \$	including grants of \$) (Revenue \$	
792				
-				
-				
- Cub	(Paralle Cal	11-0		
(Excenses \$	gram services (Describe on Sche		1 Communication	

Form 990 (2021)

392,169.

Total program service expenses

BIG BROTHERS BIG SISTERS Form 990 (2021) OF SOUTHWESTERN ILLINOIS Part IV Checklist of Required Schedules

		,	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See Instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-197 If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			\Box
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	110
Ь	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
¢	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part IX	11d		х
Θ	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		x	
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f 12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			1,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		1
	complete Schedule G, Part III	19	₩	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-	-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		x

BIG BROTHERS BIG SISTERS Form 990 (2021) OF SOUTHWESTERN ILLINOIS Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	00		x
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		Α.
44 8	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		x
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	<u> </u>		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	OF.		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		A
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,		\vdash	
	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			描版
	instructions for applicable filing thresholds, conditions, and exceptions):		200	1983
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//	00.		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	28		A .
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
Đ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		_
00	If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt 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			
_	Frank, and 1911 Are are a resident from 1911	Land of the	Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1	漢葉	Alexander of the second	100
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 50 bid the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	30.1		8
U	January Renal variation Annalysis and a superior an	42.30	х	120
12000	(gambung) winnings to prize winners?	10	000	

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. filed for the calendar year ending with or within the year covered by this return 11 X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O Зb 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5Ь c (f "Yes" to line 5a or 5b, did the organization file Form 8886-T? Бс 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). X a 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? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 82827 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, dld the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations, Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts, is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 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? X 15 If "Yes," see the instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 exclse tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

If "Yes," complete Form 6069.

Form 990 (2021) OF SOUTHWESTERN ILLINOIS 37-1095468 Page

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			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 18 18	展開	1987	SIL					
	If there are material differences in voting rights among members of the governing body, or if the governing		SARE						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15		1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	BAR	5	M					
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l					
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	ļ	X					
5									
6	Did the organization have members or stockholders?	6	┞	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			۱					
	more members of the governing body?	7a		X					
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			l					
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		1885	7100					
	The governing body?	8a	X						
	Each committee with authority to act on behalf of the governing body?	86	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X						
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	X	No.					
12a									
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		X.						
13		12c	X						
14	Did the organization have a written whistleblower policy?	13	X						
15	Did the organization have a written document retention and destruction policy?	14	A	10000					
15	Did the process for determining compensation of the following persons include a review and approval by independent			100					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1200	v	42.00					
- d - h	The organization's CEO, Executive Director, or top management official	15a	X						
U	Other officers or key employees of the organization	15b	LA STOLES	erort.					
48.	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1500	700	v					
	taxable entity during the year?	16a	700 on 8770	X					
U	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	3.33	1						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	34(34)	AE T	04290					
Sec	tion C. Disclosure	16b							
17	List the states with which a copy of this Form 990 is required to be filed ▶IL								
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)								
	for public inspection. Indicate how you made these available. Check all that apply.	s only) availi	able					
	TV								
19	— Office (as beautiful as a second of second o		20						
107	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are statements, available to the public during the toy year.	d fina	ncial						
20	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 The Organization - 618-398-3162								
	2900 FRANK SCOTT PARKWAY WEST #956, BELLEVILLE, IL 62223								

BIG BROTHERS BIG SISTERS OF SOUTHWESTERN ILLINOIS

OF SOUTHWESTERN ILLINOIS 37-1095468

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

Check If Schedule O contains a response or note to any line In this Part VII	_

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See the instructions for the order in which to list the persons above.

(A)	(B)							(D)	(E)	(F)
Name and title	Average	Position (do not check more than one				than	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person I officer and a directo			on le both en		compensation	compensation	amount of
	week	-	T	I	T	T	1	from	from related	other
	(list any	₫					1	the organization	organizations (W-2/1099-MISC/	compensation
	related	9 6	2			Safed		(W-2/1099-MISC/	1099-NEC)	from the organization
	organizations	Į į	Ē		12	mager.		1099-NEC)	10854120)	and related
	below	ā	2	_	툍	25		10001120,		organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key emptoyee	Highest compensated employee	Œ			J
(1) PATRICIA WHARTON	1.00									
OUTGOING CHAIRPERSON		X		X				0.	0.	0
(2) KIM RAWLINGS	1.00		П			П	Г			
INCOMING CHAIRPERSON		X		X				0.	0.	0
(3) SUSAN MORSE	1.00		П				П			
BOARD MEMBER		X						0.	0.	0
(4) MIKE MARCHAL	1.00									
BOARD MEMBER		X						0.	0.	0
(5) MARK ALTADONNA	1.00						I			
TREASURER/SECRETARY		X		Х				0.	0.	0
(6) REGINA CARLTON	1.00									
BOARD MEMBER		X					L.	0.	0.	0
(7) JASON KLBIN	1.00					Г				
BOARD MEMBER		X						0.	0.	0
(8) KEVIN POETTKER	1.00									
BOARD MEMBER		X						0.	0.	0
(9) GREG SCHOEN	1.00		Г						· · · · · · · · · · · · · · · · · · ·	
BOARD MEMBER		X						0.	0.	0
(10) MIRANDA STEVENS	1.00						Γ			
VICE CHAIRPERSON		X		X			_	0.	0.	0
(11) BRETT BALTZ	1.00						-			
BOARD MEMBER		X	L					0.	0.	0
(12) TANYA HARRIS	1.00				-					
BOARD MEMBER		X						0.	0.	0
(13) BRIAN LOOSE	1.00									
BOARD MEMBER		X						0.	0.	0
(14) PAM MANNING	1.00									
BOARD MEMBER		X		_			_	0.	0.	0
(15) DOREEN NERSESIAN	1.00									
BOARD MEMBER	1	X			_			0.	0.	0
(16) NATHAN STURYCZ	1.00									
BOARD MEMBER	1	X	1		1	1	l	0.	0.	0

Page 7

Form 990 (2021) OF SOUTHWESTERN ILLINOIS
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Co

S S

Cochon A. Officera,	Directors, mustees, Key	Empr	oyee	s, an	ia n	ığue	St C	ompensated Employe	es (continuea)					
(A) Name and title	(B) Averag			_	C) sitior	,		(D)	(E)	1.	(F)			
HAME SITE	hours p		do not lox, uni	check	more	than	one វា សា	Reportable compensation	Reportable compensation					
	week	٥	officer a	nd a c	firect	or/true	tee)	from	from related	["	othe			
	(list any	/ i			l			the	organizations					
	related		, A	1		pages		organization (W-2/1099-MISC/	(W·2/1099-MISC/ 1099-NEC)		from t ganiza			
	organizati	อกร		1	20.00	aduo.		1099-NEC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		nd rela			
	below line)	ons in	incomo usua o institutional bustee	Officer	Key employee	Highest compensated employee	B			organization				
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41. 0.1		Щ.				Щ								
1b Subtotal c Total from continuation sh	note to Port VII. Continu				*****			0.	0.	-		0.		
d Total (add lines 1b and 1c)	eets to Part VII, Section	Α						0.	0.			0.		
2 Total number of individuals (including but not limited to	o thos	e list	ed al	bove	e) wh	o re							
compensation from the orga												0		
											Yes	No		
3 Did the organization list any	former officer, director, tr	ustee,	, key	qme	loye	e, or	higi	hest compensated emp	loyee on	100	100	Barry		
line 1a? If "Yes," complete S 4 For any individual listed on II	ne 1a is the sum of repor	Jai table (comp	oneo	tlon	and	oth	or companyation from t	ba anasiastas	3	(124.878	X		
and related organizations gro	eater than \$150,000? <i>If</i> "Y	es. ° c	omol	ete S	Sche	i and Idule	Jfc	er compensation from t or such individual	ne organization	4	1000	х		
5 Did any person listed on line	1a receive or accrue com	pensa	ation t	rom	алу	unre	əlate	d organization or Indivi	dual for services	5333	V. CY	1850		
rendered to the organization	? If "Yes," complete Sche	dule J	for s	ich j	De/S	оп				5	100	X		
Section B. Independent Contrac														
1 Complete this table for your	five highest compensated	indep	ende	nt c	ontr	acto	rs th	nat received more than !	\$100,000 of compens	ation	from			
the organization. Report con	(A)	ir year	r enai	ng w	/itn c	or wi	tnın		ear.					
Manual and building 11 and an army									r) aqmo	C) neatk	on			
							\perp							
							+							
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			-				+							
2 Total number of independent	handan da a la	A												
2 Total number of independent \$100,000 of compensation for	rom the organization 🟲	t not l	imite	o to	thos N	ie lis I	ted a	above) who received me	ore than					
Trought of world and and and and and and and and and an	on oro organization								12,246	Form	990	2021)		

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
N 53	1 :	Federated campaigns 1a			BOOK PILOS NAS	Spale Phono again	0000010012 014
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b			A Secretaria		
E G		Fundraising events 1c					
11.10		Related organizations 1d					
S,E		Government grants (contributions) 1e	71,435.				
E S		All other contributions, gifts, grants, and					
		similar amounts not included above 1f	196,013.				
FD	,	Noncash contributions included in lines 1a-11 1g \$					
<u>८</u> ह		Total. Add lines 1a-1f		267,448.			
			Business Code	2015/10/2015	基本的工作的		
Program Service Revenue	2 8						
E E)					
E S	٩						
Rea	٩						
D C	E	A.D. Albania					
_	ľ	All other program service revenue			WASHING A VOICE LABOUR CO.	E SECURE AND ADDRESS OF THE A	E W. L. P. P. P. L. P. C. P. C. P. L. P. L
	3	Total. Add lines 2a-2f		-	6/2 phy GB 24-Ph. 25-May	NAMES OF STREET	
	3	other similar amounts)		34.	34.		
	4	Income from Investment of tax-exempt bond p	roceeds	24.	221		
	5						
	-	Royalties(i) Real	(ii) Personal	2012 LIPET FEBRUAR	TRILING YOURSESSESSESSESSESSESSESSESSESSESSESSESSES	517041979 (4.583)	Mark September 1
	6 a	Gross rents 6a 12,000.					
		Less: rental expenses 6b 0.					
	l .	Rental income or (loss) 6c 12,000.					
	d	Net rental income or (loss)		12,000.	12,000.		
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
_	b	Less: cost or other basis					
ng.		and sales expenses 7b					
eve		Gain or (loss) 7c	j		超高机造物。由其	AVERTED SALES	
Other Revenue		Net gain or (loss)					
£	8 a	Gross income from fundraising events (not	60				All the second
9		Including \$ of					
		contributions reported on line 1c). See	444 020				
			444,929.				
			169,859.	275,070.			275 070
		Net income or (loss) from fundraising events Gross income from gaming activities. See	TO PERSON NAMED IN COLUMN 1	2/3,0/0.		601-323-633-634-542 (GO	275,070.
	0 0	Part IV, line 19	ļ.				
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities		2 Sec. (2001-10-0-1-10-00-10-10-10-	THE TO SENTENCE STREET OF	100 ASSESS - A SCHOOL OF 30	Phillips and the second
		Gross sales of inventory, less returns			Property of the second	建筑设施的	AND AND AND A COLUMN
		and allowances 10a	l li				
	b	Less: cost of goods sold 10b	3				
		Net income or (loss) from sales of inventory	0. 2				
N			Business Code				
Miscellaneous Revenue	11 a		900099	147,212.	147,212.		
e a	b	SPONSORSHPS	900099	6,667.	6,667.		
Se Se	C						
Ĕ		All other revenue					
		Total. Add lines 11a-11d		153,879.			
	12	Total revenue. See Instructions		708,431.	165,913.	0.	275,070.
13200	9 12-01	21					Form 990 (2021)

BIG BROTHERS BIG SISTERS OF SOUTHWESTERN ILLINOIS

Form 990 (2021)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising expenses (B) (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses Program service 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic Individuals, See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 251,494. 37,436. 64,508. 353,438. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 42,795. 6,381 10,995. 60,171. Other employee benefits g Payroll taxes 10 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 1,252. 2,087. 15,105 11,766. column (A), amount, fist line 11g expenses on Sch O.) 12 Advertising and promotion 2,032. 14,222. 20,317. 4,063. Office expenses 13 Information technology 14 15 Royalties 16 Occupancy 878. 878. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 16,512. 16,512. Depreciation, depletion, and amortization 166. 3,156. 3,322. 23 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.) 18,784. 18,784. VOLUNTEER RECRUITMENT 18,605. b MISCELLANEOUS 18,605. 18,041. 18,041. c DUES 13,751. 688. 688. 12,375. d UTILITIES 11,348. 30,006. 18,658. e All other expenses 98,915. 77,846. 568,930. 392.169. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 230,054. 167,052 1 Cash - non-interest-bearing Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 4,329. 4,328. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other 443,696 basis. Complete Part VI of Schedule D 10a 397,801. 405,355 b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 576,735. 12,352. 632,184. Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 71,700. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 84,052. 0. Total liabilities, Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 492,683. 632,184. 27 Net assets without donor restrictions Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds Paid-In or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 492,683. 632,184. Total net assets or fund balances 32 32 632,184. 576,735. 33 Total liabilities and net assets/fund balances

	rt XI Reconciliation of Net Assets						
277-2	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3 4	56 13	8,4 8,9 9,5 2,6	$\frac{30.}{01.}$		
4 5	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments	5	43	2,0	05.		
6	Donated services and use of facilities Investment expenses Prior period adjustments	7 8					
8 9 10	Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	9		- 11	0.		
Pa	column (B)) rt XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	10		2,1	84.		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule) O.		Yes	No X		
2a	a 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: Separate basis Consolidated basis Both consolidated and separate basis 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: X Separate basis Consolidated basis Both consolidated and separate basis 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 Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	nedule O. ngle Audit ired audit	За		х		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Form	990	(2021)		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

BIG BROTHERS BIG SISTERS Name of the organization

OF SOUTHWESTERN ILLINOIS

Employer identification number 37-1095468

P	art I	Reason for Public	Charity Status.	(All organizations must	complete t	his part.)	See Instructions.	
The	organ	ization is not a private found	dation because it is:	(For lines 1 through 12,	check only	one box.)	
1		A church, convention of ch	nurches, or associati	on of churches describe	d in section	on 170(b)(1)(A)(i).	
2		A school described in sect						
3		A hospital or a cooperative	hospital service ord	anization described in s	ection 17	NEKTRAK	iin.	
4		A medical research organia						r the hospital's name.
		city, and state:		,				,
5		An organization operated f	or the benefit of a co	blege or university owner	d or opera	ited by a c	overnmental unit descri	ibed in
_		section 170(b)(1)(A)(iv). (0				, -,	, - , - , - , - , - , - , - , - , - , -	
6		A federal, state, or local go		mental unit described in	section 1	70/6V4VA	Vol	
7		An organization that norma						I sublic described in
٠		section 170(b)(1)(A)(vi). (C		area part of its support	noin a got	romanionio	dist of itom the genera	a public described in
8		A community trust describe	•	(1)(A)(vl) (Complete Par	# II \			
٥	\sqcap	An agricultural research or				ad in coni	unation with a land area	t apiloga
•	_	or university or a non-land-						
		university:	Brant college or agric	ulture (see instructions)	. Criter trie	ritaine, cit	y, and state of the colle	Se or
10	X	* ***	the reaching (4) many	then 20 1/20/ - (it				
10	Leal	An organization that norma						
		activities related to its exer						
		income and unrelated busi		(less section 511 tax) ti	om busine	esses acq	uired by the organization	i after June 30, 1975.
4.4		See section 509(a)(2). (Co						
11	\exists	An organization organized						
12		An organization organized						
		more publicly supported or						Check the box on
		lines 12a through 12d that						
а	l L	Type I. A supporting orga						
		the supported organization			a majority	of the dire	ctors or trustees of the	supporting
		organization. You must o						
Ь	· L	Type II. A supporting org						
		control or management of			ame perso	ons that c	ontrol or manage the su	pported
		organizatkon(s). You mus						
C	· L.	Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	red with,
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.	
d		Type III non-functionally	y integrated. A supp	orting organization ope	rated in co	nnection v	with its supported organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an atten	tiveness
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D	and Part	V.	
ө		Check this box if the orga						i
		functionally integrated, or						
f	Ente	r the number of supported (organizations					
g		ide the following Information		ed organization(s).				
	{i) Name of supported	(ii) EIN	(iii) Type of organization	(v) is the orga in your governi	viizalion listad ino document?	(v) Amount of monetary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
								1
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					!			
					-			
Tota	nl		PERSONAL PROPERTY.	March Anthropy and Committee	3-2 0 26 48	VOIDE LITTLE		

37-1095468 Page 2

Schedule A (Form 990) 2021 OF SOUTHWESTERN ILLINOIS 37-10954

[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.)

Calendar year (or fiscal year beginning int) ▶ (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total membership fees received. (Do not include any "unusual gents.") 2. Tax revenues levised for the organization's benefit and either paid to or expended on its behalf to ore expended on tis behalf to the organization without charge 4. Totals. Add lines 1 through 3. The portion of total contributions by each person (other than a governmental unit to the organization without charge 4. Totals. Add lines 1 through 3. 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 the 11, column (f) 4. Public support. Setzet the 5 how set 4. Sociola 8. Total Support. 7. Amounts from line 4. 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9. Net income from unrelated business activities, whether or not the business is regularly carried on 10. Other income, Do not include gain or loss from the sail of capital assets (Explain in Part VI). 1. Total support, Add lines 7 through 10. 12. Gross receipts from related activities, etc. (see Instructions) 12. First 5 years. If the Form 980 is for the organization's first, second, third, fourth, or lifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization with the 13, 18a, or 18b, and line 14 is 33 1.75% or more, check this box and stop here. The organization qualifies as a publicly supported organization in 14 is 10% or more, and 15 the 10 the 10 through	Se	ction A. Public Support						
membraribly fines received. (Do not include any "unusual grants.") 2 Tax revenues levided for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization from the agovernmental unit or publicly supported organization file of the agovernmental unit or publicly supported organization file of the agovernmental unit or publicly supported organization file of the agovernmental unit or publicly supported organization file of the agovernmental unit or publicly supported organization file of the agovernmental unit or publicly supported organization file of the agovernmental unit or publicly supported organization file of the agovernmental unit or publicly supported organization file of the agovernmental unit or publicly supported organization file of the agovernmental unit or publicly supported organization file of the agovernmental unit or publicly support devices and the agovernmental unit or publicly support devices and the agovernmental unit or publicly support devices and the agovernmental unit or public support percentage for 2021 (fine 6, column (f), divided by line 11, column (f)) 12 Gross receipts from related activities, etc. (see Instructions) 13 First 5 years. If the Form 890 is for the organization strip, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization gualifies as a publicly supported organization 15 Public support percentage from 2020 Schedule A, Part II, line 14 16 Sa 31/3% support test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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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	18	Private foundation, if the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	,,,,,,, >

Schedule A (Form 990) 2021 OF SOUTHWESTERN ILLINOIS

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 falled to qualify under Part II. If the organization falls to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	plete Part II.)				
-	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and membership fees received, (Do not			(0/2010	(9)2020	(6) 2021	(1) Total
	include any "unusual grants.")	278,286.	257,184.	653,165.	307,547.	274,115.	1,770,297.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	276,102.	376,460.	316,928.	312,190.	444.929.	1,726,609.
3	Gross receipts from activities that are not an unrelated trade or bus-			•			
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	554,388.	633,644.	970,093.	619,737.	719,044.	3,496,906.
	3 received from disqualified persons					14,023.	14,023.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	:					0.
C	Add lines 7a and 7b	*				14,023.	14,023.
8	Public support. (Subtractions 7c from fine 6.)			COLUMN TO SERVICE STATE OF THE SERVICE STATE STATE STATE STATE STATE STA	WELL BOOK STEEL		3,482,883.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018 633, 644.	(c) 2019 970, 093.	(d) 2020 619,737.	(e) 2021 719,044.	(f) Total
	Amounts from line 6	554,388.	633,644.	970,093.	619,737.	719,044.	3,496,906.
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		94.	9,124.	34.	12,034.	21,286.
b	Unrelated business taxable income					22,0021	22,2001
	(less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b		94.	9,124.	34.	12,034.	21,286.
	Net Income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					147,212.	147,212.
	Total support. (Add lines 9, 10c, 11, and 12.)		633,738.		619,771.	878,290.	3,665,404.
14	First 5 years. If the Form 990 is for the	a organization's fin	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3) organization	on,
200	tion C. Computation of Publi	a Cussad Day					
	tion C. Computation of Publi						25.24
13 18	Public support percentage for 2021 (life Public support percentage from 2020)	19 8, column (f), di	Mided by line 13, c	olumn (f))		15	95.02 %
Sec	Public support percentage from 2020 tion D. Computation of Inves	tment Income	Percentage		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	16	99.69 %
	Investment income percentage for 202			e 13 column (fi)		42	• 58 %
18	Investment income percentage from 2	020 Schedule A. F	Part III. line 17	e 13, column (i)	**************	18	.31 %
19a	33 1/3% support tests - 2021. If the	organization did no	ot check the box o	n fine 14, and line	15 is more than 33		
	more than 33 1/3%, check this box an	dstop here. The c	organization qualifi	es as a publicly su	pported organizat	ion	►X
-	33 1/3% support tests - 2020. If the cline 18 is not more than 33 1/3%, check	//yanization old NC :k this box andeto	on uneck a oox on on here. The order	ine 14 or line 19a, Ization qualifies so	and the 15 is mor	e than 33 1/3%, a	nd
20	Private foundation. If the organization	did not check a b	xox on line 14, 19a	or 19b, check thi	s box and see inst	ructions	

Schedule A (Form 990) 2021

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.)

Charling A Al	1 Commandina (Organizatione
Section A. Al	i Supportuna v	Organizations

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

	Yes	No
2	100 miles	
3a	02106	
3b_		
3c	製精	
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4b		
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6		
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8		8 A/C
9a		
9b	9 (68	215
9c		
10a		
10b	2000	4

Schedule A (Form 990) 2021

	t IV Supporting Organizations (continued)			
, 4	TO T		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	F2021	(ala)	光 茶。
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	200		test.
-	11c below, the governing body of a supported organization?	118	1000000	
ь	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1923	6120	01000
	detail in Part VI.	110	201-201	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	31300	188	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		1	115
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1,000	240	(A.5)
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			FAR
	the supported organization(s).	1	<u> </u>	<u> </u>
Sec	tion D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1000	200	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1.56	1 25	10,23
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		188	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		177	1878
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	1000	100	
	significant voice in the organization's investment policies and in directing the use of the organization's	1.0		1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	(187.4)	100	
	supported organizations played in this regard.	3	<u> </u>	
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the integral Part Test during the yea(see instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
ь	The organization is the parent of each of its supported organizations, Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1933	77/13/	173
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	12.4		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			3
	how the organization was responsive to those supported organizations, and how the organization determined	136	1	KAN.
	that these activities constituted substantially all of its activities.	2a		
Ь	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,		100	Profes
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		345	1
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	817 7	367	II.
	these activities but for the organization's involvement.	2b	7	- 10
3	Parent of Supported Organizations. Answer lines 3a and 3b below.	NOTES.	41.14	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	File	The second	
a	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	主教教育	1839	1610
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1000	100

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction A other Type III nonfunctionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (Optional) Net short-term capital gain 1 1 (A) Prior Year (Optional) Net short-term capital gain 2 1 (A) Prior Year (Optional) Net short-term capital gain 3 2 (A) Prior Year (Optional) Net short-term capital gain 4 1 (A) Prior Year (Optional) Net short-term capital gain 3 3 (A) (A) Prior Year (Optional) Net short-term capital gain 4 1 (A) Prior Year (Optional) Other gross income (see instructions) 3 3 (A)		t V Type III Non-Functionally Integrated 509(a)(3) Supportion	ng Orgai	nizations	
All other Type III non-functionally integrated supporting organizations must complete Sections A through E. totion A - Adjusted Net Income (A) Prior Year (Spilonal) Net short-term capital gain Recoveries of prior-year distributions 2 Other gross income (see instructione) Add dines 1 through 3. Add dines 1 through 3. 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) Other expenses (see instructions) 7 Adjusted Net (income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions or short tax year or assets held for part of year): a Average monthly value of securities b Average monthly value of securities c Fair market value of other non-exempt-use assets 1b Other expenses (see instructions) 1 a Discount claimed for blockage or other factors (explain in detal in Part VI): C adjusted in Industrial in Part VI): C and the fine stage in the securities of the	1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions
totion A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) Net short-term capital gain Recoveries of prior-year distributions 2 2 Cither gross income (see instructions) Add lans 1 through 3. Depreciation and depletion 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) Adjusted Net (income (subtract lines 5, 6, and 7 from line 4) Adjusted Net (income (subtract lines 5, 6, and 7 from line 4) Adjusted Net (income (subtract lines 5, 6, and 7 from line 4) Appropriate 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 A verage monthly value of securities A verage monthly value of other non-exempt-use assets 1b C reil market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in dealf in Part VI): (explain in dealf in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. C ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see Instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Minimum asset amount (are fine 2 from line 6) Adjusted net income for prior year (from Section A, line 8, column A) Enter greater of line 2 or line 3. All lines are fine 2 from line 5. Income tax imposed in prior year Current Year (B) Current Year		All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	
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6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	_				8
emergency temporary reduction (see instructions).	_		-		3
emergency remporary reduction (see instructions).	6				
	7	emergency temporary reduction (see a)structions).	ally integra	ted Type III eupporting or	nanization (see
		instructions)			

Schedule A (Form 990) 2021

OF SOUTHWESTERN ILLINOIS Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	inizations (contin	uea)	Coment Vers		
ection D - Distributions				Current Year		
1 Amounts paid to supported organizations to accomplish exen	npt purposes		1			
2 Amounts paid to perform activity that directly furthers exempt	t 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			4			
5 Qualified set-aside amounts (prior IRS approval required - pro-	vide details in Part VI)		5			
6 Other distributions (describe in Part VI). See instructions.			6			
7 Total annual distributions. Add lines 1 through 6.		<u> </u>	7			
8 Distributions to attentive supported organizations to which th	e organization is responsive)				
(provide details in Part VI). See instructions.			8			
9 Distributable amount for 2021 from Section C, line 6			9			
10 Line 8 amount divided by line 9 amount			10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2021	ins	(iii) Distributable Amount for 2021		
1 Distributable amount for 2021 from Section C, line 6			推進			
Underdistributions, if any, for years prior to 2021 (reason-			100			
able cause required • explain in Part VI). See instructions.			27.65			
3 Excess distributions carryover, if any, to 2021		AND ASSESSMENT OF THE PARTY OF	MODEL !	THE RESERVE A		
a From 2016			REEN.	SCHOOL STORING		
b From 2017	WATER MARKET BURNER IN					
c From 2018			3000			
d From 2019	renderal and service and the		15 17 221			
e From 2020	COMPARTMENT OF CONTRACTOR	THE CHARLEST AND ACTUAL				
f Total of lines 3a through 3e	taminensi kenazika tendekw	A STATE OF THE OWNER OF THE PARTY OF THE PAR	- Common of	CANADA PANCIALIS AND		
g Applied to underdistributions of prior years	Applications of the Control of the Control	TO BE STONE OF PARTY OF STORY	ngirette	Plant Tober transmission regels at 17 arrors		
h Applied to 2021 distributable amount			120 0 11 12 12 12 12 12 12 12 12 12 12 12 12	NATIONAL PROPERTY.		
i Carryover from 2016 not applied (see Instructions)		Destruction of the second	10.7559/80			
Remainder, Subtract lines 3g, 3h, and 3i from line 3f.	THE CASE OF THE PARTY OF THE PARTY OF THE PARTY.		100 (C) 100 C	BONNER ENTER LOS POTOS PARA DOS PROPERTO DE LOS POTOS PARA		
4 Distributions for 2021 from Section D,						
line 7: \$	ALTERNATION CONTRACTOR	建筑等的建筑的 。2013年	STRACE			
Applied to underdistributions of prior years						
b Applied to 2021 distributable amount						
c Remainder, Subtract lines 4a and 4b from line 4.						
5 Remaining underdistributions for years prior to 2021, if			- 1			
any, Subtract lines 3g and 4a from line 2. For result greater						
than zero, explain in Part VI. See instructions.						
6 Remaining underdistributions for 2021, Subtract lines 3h						
and 4b from line 1. For result greater than zero, explain in						
Part VI. See instructions.						
2 000 A 44 H 01						
			157.7			
and 4c.	新设备的 工作公司 (1000年)	THE RELEASE OF STREET	SEPTE.			
8 Breakdown of line 7:	· 中国人们和公司人员不是的 1840	Water State of the last	CHATCHER.	Market Asia Sa		
a Excess from 2017		NAMES OF TAXABLE PARTY.	50000	LW STEELS		
b Excess from 2018		5016V30500 1000400	3701273	STATE OF THE STATE		
c Excess from 2019	STATE OF THE STATE		111111111111111111111111111111111111111	MARKET CONTROL OF THE PARTY OF		
d Excess from 2020		Experience of the second second	200			
e Excess from 2021		100445140000000000000000000000000000000	US ALAMASS	hedule A (Form 990)		

BIG BROTHERS BIG SISTERS OF SOUTHWESTERN ILLINOIS

Schedule A	(Form 990) 2021	OF SO	UTHWESTERN	ILLINOIS	3	37-1095468 Page 8
Part VI	Supplemental Information Part IV, Section A, Ilnes 1, Inc. 1: Part IV, Section D. I.	2, 3b, 3c, 4	4b, 4c, 5a, 6, 9a, 9b, 9 3: Part IV. Section E.	9c, 11a, 11b, and lines 1c, 2a, 2b,	Part II, line 10; Part II, line 17a of d 11c; Part IV, Section B, lines 3a, and 3b; Part V, line 1; Part emplete this part for any addition	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V. Section B. line 1e; Part V.
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BIG BROTHERS BIG SISTERS OF SOUTHWESTERN ILLINOIS

Schedule A	(Form 990) 2021 Supplemental Info		OUTHWESTERN			37-1095468 Page 8
Part VI	Part IV, Section A, lines 1 line 1: Part IV. Section D.	l, 2, 3b, 3c ⊪nes 2 and	, 4b, 4c, 5a, 6, 9a, 9b, 9 3 3: Part IV. Section E.	3c, 11a, 11b, and Ilnes 1c. 2a. 2b. 3	art II, line 10; Part II, line 17a or 11c; Part IV, Section B, lines 1 a, and 3b; Part V, line 1; Part \ mplete this part for any additio	17b; Part III, line 12; and 2; Part IV, Section C, / Section R, line 1e: Part V
	(See Instructions.)				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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	***************************************		2020 2280 10			
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3-25-						
	Parket - 100					

Schedule B

(Form 990)

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BIG BROTHERS BIG SISTERS OF SOUTHWESTERN ILLINOIS

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

Employer Identification number

37-1095468

Organization type (check	Organization type (check one):							
Filers of:	Section:							
Form 990 or 990-EZ	501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							
Form 990-PF	501(c)(3) exempt private foundation							
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
Check if your organization Note: Only a section 50	on is covered by the General Rule or a Special Rule. I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General Rule								
X For an organiza property) from	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special Rules								
sections 509(a) contributor, du	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ring 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; -EZ, line 1. Complete Parts I and II.							
For an organiza	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one							
literary, or educ	ring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, cational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering n (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								
answer "No" on Part IV	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must , 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 1, line 2, to certify filing requirements of Schedule B (Form 990).							
I HΔ For Paperwork Re-	duction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2021)							

Employer Identification number

37-1095468

OF SOUTHWESTERN ILLINOIS Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (c) (a) Type of contribution Total contributions Name, address, and ZIP + 4 No. \mathbf{X} Person 1 AMEREN UE Payroll 12,640. Noncash 6 EXECUTIVE DR (Complete Part II for noncash contributions.) COLLINSVILLE, IL 62234 (c) (d) (b) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. \mathbf{X} 2 CLINTON CO - 708 MENTAL HEALTH BOARD Person Payroll 5,000. Noncash 930 FAIRFAC ST (Complete Part II for CARLYLE, IL 62231 noncash contributions.) (c) (d) (b) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 6 DANA BROWN CHARITABLE TRUST Person Payroll 15,000. Noncash 10 N HANLEY RD (Complete Part II for noncash contributions.) CLAYTON, MO 63105 (c) (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. 5 NORMAN J STUPP FOUNDATION Person Payroll 6,000. Noncash 8000 FORSYTH (Complete Part II for noncash contributions.) CLAYTON, MO 63105 (c) (d) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 7 ROBLEE FOUNDATION/JANE CALLAHAN Person Payroll 15,000. Noncash 8816 MANCHESTER RD (Complete Part II for noncash contributions.) BRENTWOOD, MO 63144 (c) (d) (b) (a) Type of contribution **Total contributions** No. Name, address, and ZIP + 4 ST CLAIR CO 708 MENTAL HEALTH 3 Person Payroll 66,435. Noncash 307 EAST WASHINGTON (Complete Part II for BELLEVILLE, IL 62220 noncash contributions.)

Name of organization BIG BROTHERS BIG SISTERS OF SOUTHWESTERN ILLINOIS Employer Identification number

37-1095468

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) N o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	UNITED WAY OF GREATER STL 910 N 11TH ST ST. LOUIS, MO 63101	ss	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	THE SAIGH FOUNDATION 231 S BEMISTON AVE. STE 735 ST. LOUIS, MO 63105	s 15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WYATT AND KIM RAWLINGS 126 HICKORY LAKE BELLEVILLE, IL 62223	* 8,451.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	ALLSUP FAMILY FOUNDATION 11338 E WHISTILING WIND WAY SCOTTSDALE, AZ 85255	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	SUSAN MORSE 1125 GRAND BLVD KANSAS CITY, MO 64106	\$\$,572.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
123452 11-	INSPERITY SERVICES 1125 GRAND BLVD KANSAS CITY, MO 64106	\$ 5,321.	Person X Payroil Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021

Employer Identification number

37-1095468

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	BRENDA HEBRANK 18 WILLOW CREEK DR HIHGLAND , IL 62249	ss,	Person X Payroll
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
14	AUFFENBURG FORD NORTH 115 REGENCY PARK O'FALLON, IL 62269	ss,	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	NOURISHING-A SCHNUCKS FOUNDATION 800 FORSYTH BLVD ST. LOUIS, MO 63105	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Concash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

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

Employer identification number

BIG BROTHERS BIG SISTERS

contributions to organizations described in sect	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the
olumns (a) through (e) and the following line entry. ly religious, charitable, etc., contributions of \$1,000 or less	For organizations
dditional space is needed.	
(c) Use of gift	(d) Description of how gift is held
(e) Transfer of glft	
idress, and ZIP + 4	Relationship of transferor to transferee
(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift	
ddress, and ZIP + 4	Relationship of transferor to transferee
(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift	
ddress, and ZIP + 4	Relationship of transferor to transferee
ddress, and ZIP + 4	
	Relationship of transferor to transferee (d) Description of how gift is held
(c) Use of gift	
(c) Use of gift (e) Transfer of gift	(d) Description of how gift is held
(c) Use of gift	
	(c) Use of gift (e) Transfer of gift (c) Use of gift (dress, and ZIP + 4 (c) Use of gift (e) Transfer of gift

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

BIG BROTHERS BIG SISTERS

OF COMMENTARIMEDIA JULY TYOUR

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

OF SOUTHWESTERN ILLINOIS

Employer Identification number 37-1095468

Par	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	ds or Accounts.Complete if the
_	organization answered "Yes" on Form 990, Part IV, In		(b) Funds and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	/ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	The strategy discount of the
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor	or denor advisor, or for any other purpos	se conferring
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	tion (check all that apply).	
	Preservation of land for public use (for example, recreated	• 🗂	of a historically important land area
	Protection of natural habitat	Preservation	of a certifled historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic stru	cture
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by	the organization during the tax
•	year		
4	Number of states where property subject to conservation e	asement is located	_
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing c	onservation easements during the year
•	Otali dilo totali di di		
7	Amount of expenses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conse	rvation easements during the year
•	>\$,	
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 1	70(h)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?		Yes No
	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and exper	nse statement and
9	balance sheet, and include, if applicable, the text of the foo	stoote to the organization's financial state	ements that describes the
	organization's accounting for conservation easements.	arioto to the organization of the	
Da	rt III Organizations Maintaining Collections	of Art. Historical Treasures, or	Other Similar Assets.
17.0	Complete if the organization answered "Yes" on For	m 990. Part IV. line 8.	
4.	If the organization elected, as permitted under FASB ASC 9		nt and balance sheet works
18	of art, historical treasures, or other similar assets held for p	ublic exhibition, education, or research	n furtherance of public
	service, provide in Part XIII the text of the footnote to its fin	annial statements that describes these i	tems
	If the organization elected, as permitted under FASB ASC 9	OSC to report in its revenue statement a	nd helance sheet works of
t:	If the organization elected, as permitted under PASE ASC s	the authorities advection as research in f	urtherance of public service
	art, historical treasures, or other similar assets held for pub	ic exhibition, education, or research at a	ditterance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical t		nciai gain, provide
	the following amounts required to be reported under FASB		. .
	Assets included in Form 990, Part X	and the second of the second of the second of	

	BIG BRO	THERS BIG	SISTERS			
Sche	dule D (Form 990) 2021 OF SOUT	HWESTERN I	LLINOIS	2.000		95468 Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Ti	reasures, or Oth	er Similar Asse	ts(continued)
3	Using the organization's acquisition, accessi-	on, and other record	s, check any of the	following that make	significant use of its	
	collection items (check all that apply):					
а	Public exhibition	d	h	change program		
ь	Scholarly research	e	Other			
C	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain	n how they further t	the organization's ex	empt purpose in Pari	t XIII.
5	During the year, did the organization solicit of					·
_	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's c	collection?	T	Yes No
Pai	t IV Escrow and Custodial Arran		ete if the organization	on answered "Yes" o	n Form 990, Part IV,	line 9, or
	reported an amount on Form 990, Pa			46	A fractional	
1a	Is the organization an agent, trustee, custod					Yes No
	on Form 990, Part X?					1168140
Ь	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:			Amount
	3				40	
C	Beginning balance					
d	Additions during the year					
	Distributions during the year				16 1f	
f	Ending balance Did the organization include an amount on F	000 D 4V Fe	04 (The second second	Yes No
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	custodiai account liac	лику г	1100
	The state of the s	Observation of the en	unteresting hor bear	n provided on Oast YI	II II STAN STAN STAN STAN STAN STAN STAN STAN	and the same of the same of
ь	If "Yes." explain the arrangement in Part XIII.	Check here if the ex	planation has been	n provided on Part XI	Line of the second	
ь	if "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete	Check here if the ex if the organization an	xplanation has been swered "Yes" on F	n provided on Part XI form 990, Part IV, line	10,	(e) Four years back
Pai	If "Yes," explain the arrangement in Part XIII. To V Endowment Funds. Complete	Check here if the ex	planation has been	n provided on Part XI form 990, Part IV, line	Line of the second	(e) Four years back
Pai	If "Yes," explain the arrangement in Part XIII. It V Endowment Funds. Complete Beginning of year balance	Check here if the ex if the organization an	xplanation has been swered "Yes" on F	n provided on Part XI form 990, Part IV, line	10,	(e) Four years back
Pai 1a b	If "Yes," explain the arrangement in Part XIII. It V Endowment Funds. Complete Beginning of year balance Contributions	Check here if the ex if the organization an	xplanation has been swered "Yes" on F	n provided on Part XI form 990, Part IV, line	10,	(e) Four years back
Pai	If "Yes," explain the arrangement in Part XIII. It V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses	Check here if the ex if the organization an	xplanation has been swered "Yes" on F	n provided on Part XI form 990, Part IV, line	10,	(e) Four years back
Pai Pai 1a b c	If "Yes," explain the arrangement in Part XIII. It V Endowment Funds. Complete Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships	Check here if the ex if the organization an	xplanation has been swered "Yes" on F	n provided on Part XI form 990, Part IV, line	10,	(e) Four years back
Pai Pai 1a b c	If "Yes," explain the arrangement in Part XIII. It V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities	Check here if the ex if the organization an	xplanation has been swered "Yes" on F	n provided on Part XI form 990, Part IV, line	10,	(e) Four years back
Par 1a b c d	If "Yes," explain the arrangement in Part XIII. It V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs	Check here if the ex if the organization an	xplanation has been swered "Yes" on F	n provided on Part XI form 990, Part IV, line	10,	(e) Four years back
Pai Pai 1a b c d e	If "Yes," explain the arrangement in Part XIII. It V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	Check here if the ex if the organization an	xplanation has been swered "Yes" on F	n provided on Part XI form 990, Part IV, line	10,	(e) Four years back
Pai 1a b c d e f	If "Yes," explain the arrangement in Part XIII. It V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	Check here if the exift the organization and (a) Current year	xplanation has been swered "Yes" on F (b) Prior year	n provided on Part XI form 990, Part IV, line (c) Two years back	10,	(e) Four years back
Pail 1a b c d e f g	If "Yes," explain the arrangement in Part XIII. It V Endowment Funds. Complete in Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cui	Check here if the exift the organization and (a) Current year	xplanation has been swered "Yes" on F (b) Prior year	n provided on Part XI form 990, Part IV, line (c) Two years back	10,	(e) Four years back
Pai Pai 1a b c d e f g 2	If "Yes," explain the arrangement in Part XIII. Reginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment	Check here if the exift the organization and (a) Current year	xplanation has been swered "Yes" on F (b) Prior year	n provided on Part XI form 990, Part IV, line (c) Two years back	10,	(e) Four years back
Parl 1a b c d e f g 2 a b	If "Yes," explain the arrangement in Part XIII. Reginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment	Check here if the exift the organization and (a) Current year	xplanation has been swered "Yes" on F (b) Prior year	n provided on Part XI form 990, Part IV, line (c) Two years back	10,	(e) Four years back
Parl 1a b c d e f g 2 a b	If "Yes," explain the arrangement in Part XIII. Reginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment	Check here if the exift the organization and (a) Current year Trent year end balance %	xplanation has been swered "Yes" on F (b) Prior year	n provided on Part XI form 990, Part IV, line (c) Two years back	10,	(e) Four years back
Pal la b c d e f g 2 a b c	If "Yes," explain the arrangement in Part XIII. Reginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho	Check here if the exift the organization and (a) Current year Trent year end balance % % build equal 100%.	xplanation has been swered "Yes" on F (b) Prior year ce (line 1g, column 4, %	n provided on Part XI form 990, Part IV, line (c) Two years back (a) held as:	10. (d) Three years back	(e) Four years back
Pal la b c d e f g 2 a b c	If "Yes," explain the arrangement in Part XIII. Reginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment	Check here if the exift the organization and (a) Current year Trent year end balance % % build equal 100%.	xplanation has been swered "Yes" on F (b) Prior year ce (line 1g, column 4, %	n provided on Part XI form 990, Part IV, line (c) Two years back (a) held as:	10. (d) Three years back	(e) Four years back Yes No
Pal la b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho	Check here if the exift the organization and (a) Current year Trent year end balance """ """ """ """ """ """ """	e (line 1g, column %	n provided on Part XI form 990, Part IV, line (c) Two years back (a) held as:	10. (d) Three years back the organization	Yes No
Pal la b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the possibly:	Check here if the exift the organization and (a) Current year Trent year end balance % which is the organization and the organization of the organization and the organization	explanation has been swered "Yes" on F (b) Prior year the (line 1g, column where the colum	n provided on Part XI form 990, Part IV, line (c) Two years back (a)) held as: and administered for	II 10. (d) Three years back the organization	Yes No 3a(i)
Pal 1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the possible: (i) Unrelated organizations	Check here if the exift the organization and (a) Current year Trent year end balance """ """ """ """ """ """ """	e (line 1g, column %	n provided on Part XI form 990, Part IV, line (c) Two years back (a) held as: and administered for	II 10. (d) Three years back the organization	Yes No 3a(i) 3a(ii)
Pal 1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the possibly: (i) Unrelated organizations (ii) Related organizations	Check here if the exif the organization and (a) Current year Trent year end balance % build equal 100%. ession of the organizations listed as requi	explanation has been swered "Yes" on F (b) Prior year the (line 1g, column where the column that are held ared on Schedule R	n provided on Part XI form 990, Part IV, line (c) Two years back (a) held as: and administered for	II 10. (d) Three years back the organization	Yes No 3a(i) 3a(ii)
Pal 1a b c d e f g 2 a b c 3a	If "Yes," explain the arrangement in Part XIII. It V Endowment Funds. Complete in Part XIII. Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the cur Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the possible: (i) Unrelated organizations (ii) Related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organizations	Check here if the exif the organization and (a) Current year Trent year end balance % build equal 100%. dession of the organizations listed as require organization's endent.	ce (line 1g, column % ation that are held fred on Schedule Rowment funds.	n provided on Part XI form 990, Part IV, line (c) Two years back (a)) held as: and administered for	the organization	Yes No 3a(i) 3a(ii)

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	N .		DESTRUCTION OF THE PARTY OF THE	
b Buildings	î .	415,040.	32,411.	382,629.
c Leasehold improvements	9			1000 12
d Equipment	3	28,656.	13,484.	15,172
e Other				
Total. Add lines 1a through 1e. (Column (d) must equ	ıal Form 990, Part X, colur	nn (B), line 10c.)		397,801

Schedule D (Form 990) 2021

1.	(a) Description of liability	(b) Book value
(1) Fede	eral income taxes	
(2)		
(3)		<u> </u>
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colur	nn (b) must equal Form 990, Part X, col. (B) line 25.)	in an artist and a state of the

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. OF SOUTHWESTERN ILLINOIS 37-10 attention of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990 1 Total revenue, gains, and other support per audited financial state			1	878,290.
·		.,,	9255	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains (losses) on investments	l. i			
4.4 1998				
b Donated services and use of facilities	arianiam communeraria		250	
c Recoverles of prior year grants d Other (Describe in Part XIII.)	2d	169,859.	4000	
			20	169,859.
			3	708,431.
The state of the s		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·
4 Amounts included on Form 990, Part VIII, line 12, but not on line a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)			4c	0.
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Pa	et I fine 121		5	708,431.
Part XII Reconciliation of Expenses per Audited Fin	ancial Statements With	Expenses per	Return	
Complete if the organization answered "Yes" on Form 99		Expended per		••
			1	738,789.
000 D-4 M H 05		any account and an account	7577	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities	1 . 1		254	
	AUSTRALIA DE LA CONTRACTOR DE LA CONTRAC		64.0	
b Prior year adjustments	A		400	
c Other losses		169,859.		
d Other (Describe in Part XIII.)			2e	169,859.
e Add lines 2a through 2d			3	568,930.
3 Subtract line 2e from line 1			2575.5	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1			1	
a Investment expenses not included on Form 990, Part VIII, line 78			100	
b Other (Describe in Part XIII.)			14200	0.
c Add lines 4a and 4b		*	4c	568,930
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990,	Part I, line 18.)	antique maner	9	300,330.
Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3.	nes 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				
Part X, Line 2:				
The Commission is exempt from inc	omo tovos pursu	ant to sec	tion	501(a)(3)
The Organization is exempt from inc	ome caxes barsa	ant to sec	CIOII	301(0)(3)
of the Internal Revenue Service Cod	e. Therefore, n	o provisio	n is	made for
taxes on income.				
				12-023- 177
The Organization adopted the provis	ions of Account	ing for Un	cert	ainty in
Income Taxes on January 1, 2010. Th	e adoption of t	hat guidan	ce r	esulted in
no change to the financial statemer	ts for prior pe	riods. As	of D	ecember
THE CAMETRA OF CASE TATIONS AND DAMPENDS				
21 2021 no amounts have been reco				

Organization's tax returns for 2018 and prior are now closed.

BIG BROTHERS BIG SISTERS Schedule D (Form 990) 2021 OF SOUTHWE Part XIII Supplemental Information (continued) OF SOUTHWESTERN ILLINOIS 37-1095468 Page 5 FUNDRAISING EXPENSES 169,859. Part XII, Line 2d - Other Adjustments: FUNDRAISING EXPENSES 169,859.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundralsing 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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ.

■ Go to www.irs.gov/Form990 for instructions and the latest information.
BIG BROTHERS BIG SISTERS

Employer identification number

OF SOUTHWESTERN ILLINOIS 37-1095468 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e [Solicitation of non-government grants а b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events ¢ In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or ☐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b if "Yes," ilst the 10 highest paid individuals or entitles (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vl) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (II) Activity to (or retained by) or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

BIG BROTHERS BIG SISTERS 37-1095468 Page 2 OF SOUTHWESTERN ILLINOIS Schedule G (Form 990) 2021 Fundraising Events. Complete If the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events SPECIAL None (add col. (a) through RAFFLES EVENTS col. (c)) (total number) (event type) (event type) 444,929. 169,729 275,200 1 Gross receipts 2 Less: Contributions 275,200 444,929. 169,729. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages B Entertainment 169,859. 169,859. 20,691. 149,168. 9 Other direct expenses 10 Direct expense summary, Add lines 4 through 9 in column (d) 275,070. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col, (a) through col. (c)) 1 Gross revenue 2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes No 6 Volunteer labor 7 Direct expense summary, Add lines 2 through 5 in column (d) Net gaming income suppressy. Subtract line 7 from line 1, column (d)

	Net garning income summary. Subtract line 7 from line 1, column (d)
	9 Enter the state(s) in which the organization conducts gaming activities:
s? Yes No	a is the organization licensed to conduct gaming activities in each of these sta
	b If "No," explain:
ated during the tax year?	10g Ware any of the organization's coming licenses revoked suppended or terr
according to tax year 1	
	on res, expense.
ated during the tax year?	10a Were any of the organization's gaming licenses revoked, suspended, or term b if "Yes," explain:

BIG BROTHERS BIG SISTERS

Sch	edule G (Form 990) 2021 OF SOUTHWESTERN ILLINOIS	<u>87-1095468</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	9/
ь	An outside facility	13b	9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	31	
	Name >		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	nt	
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
	Name ►		
	Address >		
16	Gaming manager information:		
	Name In		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
		27/2017	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	is the organization required under state law to make charitable distributions from the gaming proceeds to		
		Yes	
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t	LI Tes	IIIO
	organization's own exempt activities during the tax year > \$,r (e	
Pai	t IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); ar	nd Part III. lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		00, 100,
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		0.000 (0.000)	
_			
97E			
32083	10-21-21	hadula O /Farm C	1001 0004

S. 1. 4. 4.5	BIG BROTHERS BIG SISTERS	27 100E460
Schedule G (Form 990) Part IV Supplemental Inf	OF SOUTHWESTERN ILLINOIS	37-1095468 Page 4
		- '' .

		200 Feet 12
	APPENDING.	
		Tanya di amanana
77.77.77.77.77.77.77.77.77.77.77.77.77.		

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BIG BROTHERS BIG SISTERS OF SOUTHWESTERN ILLINOIS

Employer identification number 37-1095468

01 000211120222101 22222102
Form 990, Part VI, Section B, line 11b:
THE BOARD OF DIRECTORS REVIEWS THE 990 PRIOR TO ITS SUBMISSION. THE 990 IS
EMAILED TO THE BOARD FOR COMMENTS & DISCUSSION.
Form 990, Part VI, Section B, Line 12c:
CONFLICTS OF INTEREST ARE KEPT ON FILE AND REVIEWED ANNUALLY.
Form 990, Part VI, Section B, Line 15:
SALARIES ARE APPROVED BY GOVERNING BOARD, ALL OF WHOM ARE INDEPENDENT.
Form 990, Part VI, Section C, Line 19:
UPON REQUEST.
PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED.