### \*\* PUBLIC DISCLOSURE COPY \*\*

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

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number BIG BROTHERS BIG SISTERS COLUMBIA Address change NORTHWEST Name change 93-1303640 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated (503) 249-48596443 SW BEAVERTON HILLSDALE HWY #200 1,659,338. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 97221 PORTLAND, OR H(a) Is this a group return Applica-tion pending F Name and address of principal officer: BEACH PACE for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status:  $\mathbf{X}$  501(c)(3)  $\mathbf{\Box}$  501(c) ( 4947(a)(1) or 527 ) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.ITSBIGTIME.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Other > L Year of formation: 2000 M State of legal domicile: OR Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O **Activities & Governance** if the organization discontinued its operations or disposed of more than 25% of its net assets. 23 3 Number of voting members of the governing body (Part VI, line 1a) 23 Number of independent voting members of the governing body (Part VI, line 1b) 4 23 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 1,657,479. 1,783,410. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 522. 434. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -54,589. -87,630. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,570,283. 1,729,343. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,018,653. 1,076,429. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 350,144. 404,269. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,368,797. 1,480,698. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  $360,54\overline{6}$ 89,585. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,050,825. 1,103,201. Total assets (Part X, line 16) 153,783. 116,574. 21 Total liabilities (Part X, line 26) 三年 897,042. 986,627 22 Net assets or fund balances. Subtract line 21 from line 20 ...... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign BEACH PACE, Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 11/04/22 self-employed WENDY CAMPOS WENDY CAMPOS P00448102 Paid

STE 1200

Firm's EIN ▶ 91-0189318 Phone no. 503-242-1447 Yes Form 990 (2021)

PORTLAND, OR 97205

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

Firm's name ▶ MOSS ADAMS LLP

Firm's address ▶ 805 SW BROADWAY

Preparer

Use Only

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION IS TO CREATE STRONG AND ENDURING PROFESSIONALLY SUPPORTED
	1:1 MENTORING RELATIONSHIPS THAT IGNITE THE POWER AND PROMISE OF
	YOUTH.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	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.
 4а	(Code:) (Expenses \$
	BIG BROTHERS BIG SISTERS COLUMBIA NW (BBBS CNW) IS A PRIVATE,
	INDEPENDENT NPO AFFILITAED WITH BIG BROTHERS BIG SISTERS OF AMERICA.
	FOUNDED IN 2002, BBBS CNW IS THE LARGEST MENTORING ORGANIZATION IN THE
	PORTLAND-VANCOUVER REGION. THE BBBS MODEL IS RECOGNIZED BY THE US
	DEPARTMENT OF HEALTH AND HUMAN SERVICES AS AN EVIDENCE BASED MODEL.
	LOCALLY, WE MENTOR CHILDREN TO BUILD BONDS THAT POSITIVIELY CHANGE
	THEIR LIVES WITH THE GOAL OF ACADEMIC AND SOCIAL SUCCESS TO INCLUDE
	HIGH SCHOOL GRADUATION AND PREPARED MATRICULATION TO COLLEGE/CAREER
	POSTSECONDARY ACHIEVEMENT.
	WHAT SETS US APART:
	WE MENTOR MORE LOCAL YOUTH THAN ANY ORGANIZATION AND HAVE FOR MORE THAN
4b	(Code:) (Expenses \$
	/ (Code:
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	(Code:
	Other program services (Describe on Schedule O.)
→u	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 726,085.
	Form <b>990</b> (2021)

14241104 146892 055732BB

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

orm	BIG BROTHERS BIG SISTERS COLUMBIA 990 (2021) NORTHWEST 93-1303	640	P	age 3
	t 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)?		7.7	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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	_		х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		Х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	1		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<b>–</b>		
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
0	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
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_ <u>X</u> _
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l		37
_	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
_	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		v
7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			Х
Q	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	Х	
9	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	10	- 22	
J	complete Schedule G, Part III	19		х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X

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Form **990** (2021)

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### BIG BROTHERS BIG SISTERS COLUMBIA NORTHWEST

Form 990 (2021)

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b>-</b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<del></del>
	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	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	25b		x
26	Schedule L, Part I	250		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	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,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_X_
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	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			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ıa				
	Check if Schedule O contains a response or note to any line in this Part V			   NI =
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
_				
b c	Enter the harmost of rolling was included of time to Enter of the approach			
C	(gambling) winnings to prize winners?	1c	Х	
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NORTHWEST

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<del></del>		ugo -
	- Commissed,		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 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to $e$ -file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	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		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did 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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12  Consequenciate included on Form 200 Part VIII, line 10 for public use of all the facilities.			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders  Cross income from other sources. (Do not not amounts due or poid to other sources against	1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.	iou		
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			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
		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?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	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.			

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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be 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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BEACH PACE - (503)249-4859			
	6443 SW BEAVERTON HILLSDALE HWY #200, PORTLAND, OR 97221			

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

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

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

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

Check this box if neither the organiz  (A)	(B)				<b>C)</b>			(D)	(E)	(F)
Name and title	Average	١		Pos	ition			Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	than c s both	an	compensation	compensation	amount of
	week		cer an	d a di	irecto	r/trust	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		e e	suadı		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual tr	tional		nploy	st con yee	_	1099-NEO)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BEACH PACE	40.00		_							
CHIEF EXECUTIVE OFFICER				Х				132,804.	0.	138.
(2) CYNTHIA THOMPSON	40.00									
CHIEF DEVELOPMENT OFFICER						X		109,659.	0.	6,353.
(3) CAROLINA ADRIANZEN	40.00									
CHIEF PROGRAM OFFICER						Х		106,273.	0.	6,353.
(4) TANYA PORTER	2.00								_	_
BOARD CHAIR		Х		Х				0.	0.	0.
(5) ANNE DONOVAN	2.00	l								
SECRETARY		Х		Х				0.	0.	0.
(6) BILL CHRISTENSEN	2.00	ļ								
TREASURER (UNTIL 12/21)		Х		X				0.	0.	0.
(7) KOREDE ALABI	2.00	ļ								
BOARD MEMBER	0.00	Х						0.	0.	0.
(8) MANISH MEHTA	2.00								_	
BOARD MEMBER	0.00	Х						0.	0.	0.
(9) JOHN DONOHUE	2.00	.,							_	
BOARD MEMBER	2 00	Х						0.	0.	0.
(10) LEE LENKER BOARD MEMBER	2.00	Х						0.	0.	_
(11) KATE LYONS	2.00	Λ						0.	0.	0.
BOARD MEMBER	2.00	Х						0.	0.	0.
(12) KRISTINA EWING	2.00	Λ						0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(13) ELIZABETH LLOYD	2.00							•	•	•
BOARD MEMBER	2,00	х						0.	0.	0.
(14) SUZY ALEXANDER	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) NICK WARREN	2.00									, , , , , , , , , , , , , , , , , , ,
BOARD MEMBER		Х						0.	0.	0.
(16) JUSTIN FOX	2.00								-	
BOARD MEMBER		Х						0.	0.	0.
(17) SHELDON WARMINGTON	2.00									
BOARD MEMBER		Х						0.	0.	0.

Form **990** (2021)

Form 990 (2021) BIG BROTH NORTHWEST		; S	SIS	TE	RS	C	OL	UMBIA	93-1	303	640	Pa	age <b>8</b>
Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week (list any	(do box offic	not c	Pos heck i ss per nd a di	c) ition more rson i	) than (	one n an	( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	on d	an	(F) stimate nount other	of
	hours for related organizations below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om the anizat d relate anization	e ion ed
(18) MATT QUANTZ	2.00	٠,,											0
BOARD MEMBER (UNTIL 12/21) (19) KENNETH BEATTIE	2.00	Х						0.		0.			0.
BOARD MEMBER	2.00	Х						0.		0.			0.
(20) FRANK HA	2.00												
BOARD MEMBER		Х						0.		0.			0.
(21) HOPE ALABI BOARD MEMBER	2.00	х						0.		0.			0.
(22) JON SHERVEY	2.00												
BOARD MEMBER	2 00	Х						0.		0.			0.
(23) BRITAIN REDLINE BOARD MEMBER	2.00	Х						0.		0.			0.
(24) MONIQUE JONES	2.00	Λ						0.					<u> </u>
BOARD MEMBER		х						0.		0.			0.
(25) MARGARET HAGAN	2.00												
BOARD MEMBER		Х						0.		0.			0.
(26) JOHN ATTEY	2.00									_			
BOARD MEMBER		X						0.		0.			0.
1b Subtotal								348,736.		0.		2,8	
c Total from continuation sheets to Part VI								348,736.		0.	1	2,8	<u>0.</u>
d Total (add lines 1b and 1c)  2 Total number of individuals (including but n compensation from the organization							o re		000 of reportable			<u> </u>	<del>**•</del>
compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," complete Schedule J for s			-		-		_	•	•		3		Х
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		X
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch <u>ı</u>	oers	on					5		X
1 Complete this table for your five highest co		-								 pensat	tion fro	om	
the organization. Report compensation for (A)  Name and business			endir ON E		ith c	or wi	thin	the organization's tax y (B) Description of s		C	(C	C) nsatio	 n
		71/	7111				-			——	-1		

	the organization. Report compensation for the calcindar year chaing with or within the organization 3 tax year.								
	(A)	(B)	(C)						
	Name and business address NONE	Description of services	Compensation						
2	2 Total number of independent contractors (including but not limited to those listed above) who received more than								

\$100,000 of compensation from the organization 
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

Form 990 NORTHWEST 93-1303640

orm 990 NORTHWES	I .								93-130	3040
Part VII Section A. Officers, Directors, Tr	ustees, Key En	nplo	yee	s, aı	nd H	lighe	est (	Compensated Employe	es (continued)	
(A) Name and title	(B) Average hours	(cl	heck	Pos	<b>C)</b> ition that		ly)	( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) SANDI LENNEHAN	2.00	v							0	_
OARD MEMBER (UNTIL 12/21) 28) TYLER COX	2.00	Х						0.	0.	C
OARD MEMBER	2.00	х						0.	0.	C
ORD MEDIA		Α.						0.	0.	

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 1b **b** Membership dues c Fundraising events ..... 462,449. 1c d Related organizations 1d 523,576. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 671,454. similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f  $\triangleright$  1,657,479. h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue ..... g Total. Add lines 2a-2f Investment income (including dividends, interest, and 434 434. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) \_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$462,449. ofcontributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses -89,055. -89,055. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a MISCELLANEOUS INCOME 900099 1,425. 1,425. d All other revenue 1,425. e Total. Add lines 11a-11d ▶ 1,570,283. 1,425. -88,621. **12 Total revenue.** See instructions Form **990** (2021)

14241104 146892 055732BB

### 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 (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 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, 37,224. 132,942. 53,177. 42,541. 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) 789,798. 433,890. 147,098. 208,810. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 16,602. 76,616. 39,151. 20,863. Other employee benefits 9 77,073. 39,353. 16,726. 20,994. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 19,500. 19,500. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 109,055. 23,404. 39,902. 45,749. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 30,614. 8,968. 7,907. 13,739. Office expenses 13 57,246. 29,609. 18,487. 9,150. Information technology 14 15 Royalties 75,229. 48,073. 13,807. 13,349. 16 Occupancy 1,390. 1,390. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,050. 1,050. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,072. 3,188. 319. 797. Depreciation, depletion, and amortization 22 15,047. 10,212. 1,431. 3,404. 23 Other expenses. Itemize expenses not covered 24 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.) 30,896. 29,334. 1,354. 208. MENTORING ACTIVITIES DUES AND MEMBERSHIP 22,334. 12,831. 4,138. 5,365. 19,726. 2,612. 7,596. 9,518. MISCELLANEOUS EXPENSE 17,976.d RECRUITMENT/DEVELOPMENT 6,912. 6,505. 4,559. 1.018. 893. 125. e All other expenses 1,480,698. 726,085. 355,442. 399,171. 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. if following SOP 98-2 (ASC 958-720)

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

art x	Λ	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	1	Cash - non-interest-bearing			827,128.	1	898,039
2	2	Savings and temporary cash investments				2	
3		Pledges and grants receivable, net	184,589.	3	159,485		
4		Accounts receivable, net		4			
5		Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese pers	onsL		5	
6	6	Loans and other receivables from other disqua	alified per	sons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
ღ 7	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹   9	9	Prepaid expenses and deferred charges			31,706.	9	24,087
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	89,916.			
		Less: accumulated depreciation		78,089.	7,402.	10c	11,827
11		Investments - publicly traded securities				11	
12		Investments - other securities. See Part IV, line				12	
13		Investments - program-related. See Part IV, lin				13	
14		Intangible assets				14	0.56
15	5	Other assets. See Part IV, line 11			0.	15	9,763
16		Total assets. Add lines 1 through 15 (must ed			1,050,825.	16	1,103,201
17		Accounts payable and accrued expenses			109,300.	17	96,160
18		Grants payable			44 402	18	20 41
19		Deferred revenue			44,483.	19	20,414
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
႔ 22		Loans and other payables to any current or for					
[		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th				22	
23		Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·		23	
24		Unsecured notes and loans payable to unrelate				24	
25	5	Other liabilities (including federal income tax, p	•	1			
		parties, and other liabilities not included on lin of Schedule D	es 17-24)	. Complete Part X		25	
26	6	Total liabilities. Add lines 17 through 25			153,783.	26	116,574
20	0	Organizations that follow FASB ASC 958, cl			133,703.	20	110,574
g (		and complete lines 27, 28, 32, and 33.	IECK HEI				
5   E   27	7	. , , ,			757,308.	27	894,646
28   28		Net assets with donor restrictions			139,734.	28	91,981
2   20		Organizations that do not follow FASB ASC			2007.010	20	32,7302
<u> </u>		and complete lines 29 through 33.	000, 0110				
5 29	9	Capital stock or trust principal, or current fund	ls			29	
2 30		Paid-in or capital surplus, or land, building, or				30	
SS   30		Retained earnings, endowment, accumulated				31	
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20		Total net assets or fund balances			897,042.	32	986,627
		Total liabilities and net assets/fund balances			1,050,825.	33	1,103,201

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,57	0,2	83.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,48				
3	Revenue less expenses. Subtract line 2 from line 1	3	8	9,5	85.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	89	7,0	42.		
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	98	6,6	27.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	b Were the organization's financial statements audited by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit					
	or guidte, explain why on Schedule O and describe any steps taken to undergo such guidte		36				

#### **SCHEDULE A**

(Form 990)

Total

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

BIG BROTHERS BIG SISTERS COLUMBIA **Employer identification number** Name of the organization NORTHWEST 93-1303640 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

93-1303640 Page 2

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

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

Section A. Public Support				
Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and				
membership fees received. (Do not				
include any "unusual grants.") 1139374. 1391402. 1	1628814.	1783410.	1657479.	7600479.
2 Tax revenues levied for the organ-				
ization's benefit and either paid to				
or expended on its behalf				
3 The value of services or facilities				
furnished by a governmental unit to				
the organization without charge				
4 Total. Add lines 1 through 3 1139374. 1391402. 1	1628814.	1783410.	1657479.	7600479.
5 The portion of total contributions				
by each person (other than a				
governmental unit or publicly				
supported organization) included				
on line 1 that exceeds 2% of the				
amount shown on line 11,				
column (f)				859,267.
6 Public support, Subtract line 5 from line 4.				6741212.
Section B. Total Support				0,11111
Calendar year (or fiscal year beginning in) ▶ (a) 2017 (b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	1628814.	1783410.	1657479.	7600479.
8 Gross income from interest,			200,1,50	, , , , , , , ,
dividends, payments received on				
securities loans, rents, royalties,				
and income from similar sources	843.	522.	434.	1,799.
9 Net income from unrelated business	045.	322.	434.	±,755•
activities, whether or not the				
business is regularly carried on				
10 Other income. Do not include gain				
or loss from the sale of capital				
assets (Explain in Part VI.) 43,350.				43,350.
11 Total support. Add lines 7 through 10				7645628.
12 Gross receipts from related activities, etc. (see instructions)			12	3,696.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fou	urth or fifth tax v	ear as a section 50		3,0301
organization, check this box and <b>stop here</b>	•			
Section C. Computation of Public Support Percentage				
14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f), div	umn (f))		14	88.17 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	* * * * * * * * * * * * * * * * * * * *		15	86.81 %
16a 33 1/3% support test - 2021. If the organization did not check the box on lir				
				▶ 😈
b 33 1/3% support test - 2020. If the organization did not check a box on line				
and <b>stop here.</b> The organization qualifies as a publicly supported organizatio				<b>.</b> □
17a 10% -facts-and-circumstances test - 2021. If the organization did not che				
and it the organization meets the facts-and-circumstances test. Check this no	ox and stop her	<b>e.</b> Explain in Part	vi now the ordaniz	
and if the organization meets the facts-and-circumstances test, check this bo meets the facts-and-circumstances test. The organization qualifies as a public	_	•	_	▶ □
meets the facts-and-circumstances test. The organization qualifies as a public	cly supported or	ganization		<b>&gt;</b>
meets the facts-and-circumstances test. The organization qualifies as a public <b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not che	cly supported or eck a box on line	ganization 13, 16a, 16b, or 1	7a, and line 15 is	<b>&gt;</b>
meets the facts-and-circumstances test. The organization qualifies as a public	cly supported or eck a box on line this box and st	ganization 13, 16a, 16b, or 1 <b>op here.</b> Explain ir	7a, and line 15 is <sup>a</sup> n Part VI how the	<b>&gt;</b>

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						<b>.</b> —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
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9b		
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10b le A (Forn	» 000\	2024
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Sche		00304	U Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	11a		
h	11c below, the governing body of a supported organization?  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	110		
·	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	1 110		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	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			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations		.,	
	Did the exemination provide to each of its supported exeminations, but he lost day of the fifth month of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	s).	
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			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
2	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3h below.	2b		
3 a	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 54		

Schedule A (Form 990) 2021

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

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3b

93-1303640 Page 6 NORTHWEST Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount **Current Year** 

1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see						

Schedule A (Form 990) 2021

instructions)

			220	DICTITUE	220	DIDILLO	COHOLIDAL
Schedule A (F	Form 990)	2021	NOR	THWEST			
Dart V	Type III	Non-Function	nally	Integrated 50	0(2)(3)	Supporting	Organization

Pa	rt V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (describe in Part VI). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne 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	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> 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.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				

Schedule A (Form 990) 2021

a Excess from 2017
 b Excess from 2018
 c Excess from 2019
 d Excess from 2020
 e Excess from 2021

### BIG BROTHERS BIG SISTERS COLUMBIA

93-130<u>3640 Page 8</u> NORTHWEST Schedule A (Form 990) 2021 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

**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

2021

Name of the organization

BIG BROTHERS BIG SISTERS COLUMBIA

NORTHWEST

Employer identification number

93-1303640

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

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

Schedule B (Form 990) (2021)

Name of organization
BIG BROTHERS BIG SISTERS COLUMBIA
NORTHWEST

Employer identification number

93-1303640

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$56,980.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	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
6		\$	Person X Payroll

Schedule B (Form 990) (2021) Page **2** 

Name of organization
BIG BROTHERS BIG SISTERS COLUMBIA
NORTHWEST

Employer identification number

93-1303640

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	* 207,901.	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 Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
BIG BROTHERS BIG SISTERS COLUMBIA
NORTHWEST

Employer identification number

93-1303640

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 noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
		\$							
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received						
23453 11-11			Schedule B (Form 9						

Name of organization **Employer identification number** BIG BROTHERS BIG SISTERS COLUMBIA NORTHWEST 93-1303640 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

BIG BROTHERS BIG SISTERS COLUMBIA NORTHWEST

**Employer identification number** 93-1303640

organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds (b) Funds and other at Total number at end of year	es No es No d area e on the last
Aggregate value of contributions to (during year)  Aggregate value of grants from (during year)  Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)	d area
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Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Protection of natural habitat  Preservation of a certified historic structure.  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year.  Total number of conservation easements  Total number of conservation easements  Number of conservation easements on a certified historic structure included in (a)	d area
are the organization's property, subject to the organization's exclusive legal control?  6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Protection of natural habitat  Preservation of a certified historic structure.  Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)	d area
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Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  1 Purpose(s) of conservation easements held by the organization (check all that apply).    Preservation of land for public use (for example, recreation or education)   Preservation of a historically important land   Protection of natural habitat   Preservation of a certified historic structure   Preservation of open space  2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year.  a Total number of conservation easements   2a    b Total acreage restricted by conservation easements   2b    c Number of conservation easements on a certified historic structure included in (a)   2c	d area
Purpose(s) of conservation easements held by the organization (check all that apply).  Preservation of land for public use (for example, recreation or education)  Protection of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)	on the last
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land Protection of natural habitat Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)  Preservation of a historically important land Preservation of a certified historic structure Preservation of a historically important land Preservation of a certified historic structure	on the last
Protection of natural habitat Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year.  Held at the End  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)	on the last
Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year.  Held at the End  Total number of conservation easements  Description of the tax year.  Total number of conservation easements  Description of the tax year.  Description of the tax year.	on the last
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement day of the tax year.  Total number of conservation easements  Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)  2c	
day of the tax year.  a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  Held at the End  2a  b  C Vumber of conservation easements on a certified historic structure included in (a)	
a Total number of conservation easements  b Total acreage restricted by conservation easements  c Number of conservation easements on a certified historic structure included in (a)  2a  2b  2c	
b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)  2b  2c	of the Tax Year
c Number of conservation easements on a certified historic structure included in (a)	
· · · · · · · · · · · · · · · · · · ·	
d. Number of consequation accompate included in (a) acquired offer 7/05/00 and action biotects at a standard	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax	
year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	es No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during	the year
<b>&gt;</b>	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	ear
<b>▶</b> \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
and section 170(h)(4)(B)(ii)?	es No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the	
organization's accounting for conservation easements.  Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public	
service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide	
the following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1	
a Revenue included on Form 990, Part VIII, line 1	

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Schedule D (Form 990) 2021

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

	dule D (Form 990) 2021 NORTHWES		4 11:44	air al Tar		. 041	. 0::1	93-13			age 2
Pai	t III   Organizations Maintaining Co								s (contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following that	make s	ignifican	t use of its			
	collection items (check all that apply):										
а	Public exhibition	C	ا <u></u> ا اد	oan or exc	hange progra	am					
b	b Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's coll	lections and explain	n how the	ey further th	ne organizatio	n's exer	npt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	receive donations	of art, his	torical treas	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be main	ntained as part of t	he organ	ization's co	llection?				Yes		No
Par	t IV Escrow and Custodial Arrang	ements. Compl	ete if the	organizatio	n answered '	"Yes" on	Form 99	00, Part IV,	line 9, or		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	n or other intermed	liary for c	ontribution	s or other ass	sets not	included				
	on Form 990, Part X?							[	Yes		No
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:										
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year						1d				
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on For								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on I	Part XIII					]
Par	t V Endowment Funds. Complete if	the organization ar	nswered '	'Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two year	rs back	(d) Three	years back	(e) Four	years l	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curre	nt vear end halanc	e (line 1a	column (a	)) pelq sc.						
	Board designated or quasi-endowment	•	, •	, oolallii (a	,, ricia ao.						
	Permanent endowment										
	Term endowment										
·	The percentages on lines 2a, 2b, and 2c should										
20	Are there endowment funds not in the possess	•	ation that	ara bald a	ad administar	od for th	o organi	zation			
Sa		Sion of the organiza	alion mai	are rielu ai	iu auriiriistei	eu ioi ii	ie organi	ZaliOH	Г	Yes	No
	by:										
	(i) Unrelated organizations								3a(i)	$\dashv$	
	(ii) Related organizations								3a(ii)	$\dashv$	
	If "Yes" on line 3a(ii), are the related organizati								3b		
Par	Describe in Part XIII the intended uses of the cet VI Land, Buildings, and Equipme		wment it	inas.							
	Complete if the organization answered		) Part IV	line 11a S	See Form 990	Part X	line 10				
	Description of property	(a) Cost or o	<u> </u>		t or other		ccumula	ted	(d) Book	. volus	
	Description of property	basis (investr			(other)		preciatio	I .	(u) book	value	,
12	Land	<del>- '</del>	,	24010	(	40	<sub>1</sub> 55/4/10				
	Land										
	Buildings Leasehold improvements										
	Leasehold improvements	I		Ω	5,993.		74,1	166	11	.,82	7
	Equipment				3,923.			923.		, 02	0.
	Other		V actions	m (D) !: 4					11	.,82	
ı ota	. Add lines 1a through 1e. (Column (d) must eq	uai roim 990. Part	∧. colum	ıı (២). iine 1	UC.1			. 🔻		, , ,	<u>-                                    </u>

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 NORTHWEST  Part VII Investments - Other Securities.		93	-1303640 Page
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives		1 '	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			•
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<b>&gt;</b>	
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	•
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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 Schedule D (Form 990) 2021

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Sche	BIG BROTHERS BIG SISTERS ( dule D (Form 990) 2021 NORTHWEST				L303640 <sub>Page</sub> 4
Paı	t XI Reconciliation of Revenue per Audited Financial Statem	ents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,592,179.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	21,896.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)	1 4 - 1			
е	Add lines 2a through 2d			2e	21,896.
3	Subtract line 2e from line 1			3	1,570,283.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	1,570,283.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	Returr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	1,502,594.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	21,896.		
b	Prior year adjustments	2b			
	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	21,896.
3	Subtract line 2e from line 1			3	1,480,698.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	1,480,698.
Pa	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	•		; Part X	s, line 2; Part XI,
PAI	RT X, LINE 2:				
зві	SS FILES INFORMATIONAL RETURNS WITH THE IN	ITERNAL	REVENUE SE	RVIC	CE (IRS)

AND THE STATE OF OREGON. GENERALLY, THESE RETURNS ARE SUBJECT TO EXAMINATION FOR THREE YEARS FROM THE FILING OF THE RETURN. AS SUCH, THE RETURNS FOR THE YEARS ENDED DECEMBER 31, 2018, 2019 AND 2020 ARE CURRENTLY SUBJECT TO EXAMINATION.

MANAGEMENT DOES NOT BELIEVE BBBS HAS ANY TAX POSITIONS THAT DO NOT MEET THE MORE LIKELY THAN NOT CRITERIA. ACCORDINGLY, BBBS HAS NOT RECORDED ANY LIABILITY FOR UNCERTAIN TAX POSITIONS TO ITS MAJOR TAX JURISDICTIONS. BBBS DID NOT RECORD ANY PENALTY OR INTEREST RELATED TO ITS TAX POSITIONS AND IF ANY WERE RECORDED, THOSE AMOUNTS WOULD BE INCLUDED IN GENERAL AND

### BIG BROTHERS BIG SISTERS COLUMBIA

Schedule D (Form 990) 2021	NORT	HWEST					93-	1303640	Page 5
Schedule D (Form 990) 2021 Part XIII Supplement	tal Information	(continued)							
		, ,							
ADMINISTRATION	EXPENSES.	THERE	ARE	CURRENTLY	NO	TAX	EXAMINATIONS	IN	
PROGRESS.									

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

BIG BROTHERS BIG SISTERS COLUMBIA

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

OMB No. 1545-0047

Open to Public

Inspection
Employer identification number

NORTHWEST 93-1303640 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Schedule G (Form 990) 2021

Sch	edul	ile G (Form 990) 2021 NORTHWI	OTHERS BIG SI EST			1303640 Page 2
	rt I	,		d "Yes" on Form 990, Part		
		of fundraising event contributions and g	ross income on Form 990	EZ, lines 1 and 6b. List ev	<u>-</u>	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			BIG HERO	RAPPEL FOR A	_	(add col. (a) through
			GALA	REASON	5	col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	317,693.	123,362.	21,394.	462,449.
Re	'	Circos receipts	317,0331	123/3021	21,3310	102/1130
	2	Less: Contributions	317,693.	123,362.	21,394.	462,449.
	3	Gross income (line 1 minus line 2)				
		Oach relian				
	4	Cash prizes				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses						
ect	7	Food and beverages	4,625.			4,625.
Ē						
	8	Entertainment		38,959.	300.	84,430.
	9 10	Other direct expenses  Direct expense summary. Add lines 4 through		•		89,055.
		Net income summary. Subtract line 10 from				-89,055.
Pa	rt I					,
		\$15,000 on Form 990-EZ, line 6a.				
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c)
Rev	_					
_	1	Gross revenue				
	2	Cash prizes				
ses	_	Cuch prizes				
Expenses	3	Noncash prizes				
Direct	4	Dept/feeility eacts				I
		Rent/facility costs				
	_					
	5	Other direct expenses		Vas 94	Vas %	
	5	Other direct expenses	Yes %	Yes%	Yes%	
			Yes%			
		Other direct expenses	Yes %		No No	
	6	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through	Yes % No gh 5 in column (d)	No No	No <b>▶</b>	
	6	Other direct expenses  Volunteer labor	Yes % No gh 5 in column (d)	No No	No <b>▶</b>	
	6 7 8	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the summary. Subtract line	Yes % No  gh 5 in column (d) 7 from line 1, column (d)	No	No	
9	6 7 8	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line after the state(s) in which the organization conditions.	yes % No  gh 5 in column (d)  7 from line 1, column (d) ducts gaming activities:	No	No	Yes No
9 a	6 7 8 Entitle 1s t	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines that the state(s) in which the organization conducted the organization licensed to conduct gaming and states.	Yes %  No  gh 5 in column (d)  7 from line 1, column (d)  ducts gaming activities: _ activities in each of these	No States?	No	Yes No
9 a	6 7 8 Entitle 1s t	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract line after the state(s) in which the organization conditions.	Yes %  No  gh 5 in column (d)  7 from line 1, column (d)  ducts gaming activities: _ activities in each of these	No States?	No	YesNo
9 a bb	6 7 8 Entre Is t	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines that the state(s) in which the organization conduct organization licensed to conduct gaming a "No," explain:	Yes% No  gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities:activities in each of these	No States?	No ►	
9 a bb	6 7 8 Entire If " West	Other direct expenses  Volunteer labor  Direct expense summary. Add lines 2 through the gaming income summary. Subtract lines that the state(s) in which the organization conducted the organization licensed to conduct gaming and states.	yes%  No  gh 5 in column (d)  7 from line 1, column (d)  ducts gaming activities: activities in each of these	states?	No ►	

Schedule G (Form 990) 2021

132082 10-21-21

## BIG BROTHERS BIG SISTERS COLUMBIA

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11	Does the organization conduct gaming activities with nonmembers?		Y	es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?			es	No
12					
	Indicate the percentage of gaming activity conducted in:	I	40-		0/
	a The organization's facility		13a		<u>%</u>
	o An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	<b>)</b>			
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	es	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	ınt			
	of gaming revenue retained by the third party  \$\bigs\\$				
	If "Yes," enter name and address of the third party:				
•	: in Yes, entername and address of the third party.				
	Name				
	Address				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation  \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
	bliector/officer Employee midependent contractor				
17	Mandatory distributions:				
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		Y	es	No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the			
	organization's own exempt activities during the tax year > \$				
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part	III. lines	s 9. 9	b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		,	,	,
	Tob, To, and Trb, as applicable. Also provide any additional minimation. Get instructions.				
_					

### BIG BROTHERS BIG SISTERS COLUMBIA

Schedule G	G (Form 990) NORTHWEST	93-1303640 Page
Part IV	S (Form 990) NORTHWEST Supplemental Information (continued)	
	(continued)	
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### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BIG BROTHERS BIG SISTERS COLUMBIA NORTHWEST

Employer identification number 93-1303640

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE VISION OF BIG BROTHERS BIG SISTERS IS THAT ALL CHILDREN ACHIEVE THEIR GREATEST POTENTIAL. WE WORK ON OUR VISION EVERYDAY VIA OUR MISSION WHICH IS TO CREATE STRONG AND ENDURING PROFESSIONALLY SUPPORTED 1:1 MENTORING RELATIONSHIPS THAT IGNITE THE POWER AND PROMISE OF YOUTH. PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, LINE 4A, YEARS LOCALLY AND OVER 100 YEARS NATIONALLY. THROUGH BBBS THOUSANDS CHILDREN HAVE BEEN ABLE TO REALIZE THEIR GREATEST POTENTIAL. THE BBBS MODEL OF 1:1 DEDICATED MENTORSHIP ADDRESSES MANY CAUSES OF ACADEMIC FAILURE. WE LEVERAGE THE RESOURCES OF OUR COMMUNITY BY MATCHING YOUTH WITH TRAINED VOLUNTEERS. MATCHES SHARE POSITIVE EXPERIENCES AND BUILD STRONG, TRUSTING BONDS OF FRIENDSHIP. RESEARCH SHOWS THAT THIS TYPE OF CONNECTION CAN IMPROVE A CHILD'S HEALTH AND ACADEMIC SUCCESS. WE ARE PROUD OF OUR OUTCOMES: -MORE POSITIVE RELATIONSHIPS WITH PEERS AND ADULTS -BETTER SCHOOL ATTENDANCE -BETTER GRADES -IMPROVED ENGAGEMENT IN SCHOOL (CLUBS, SPORTS) -AVOIDANCE OF RISKY BEHAVIORS -HIGHER GRADUATION RATES AS COMPARED TO OREGON STATISTICS. (OREGON HS GRADS FINISH SCHOOL AT A RATE OF 78%. BBBS STUDENTS GRADUATE AT A RATE 90%+)

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

Schedule O (Form 990) 2021

<u>Schedule O (Form 990) 2021</u> Page **2** 

Name of the organization BIG BROTHERS BIG SISTERS COLUMBIA NORTHWEST

Employer identification number 93-1303640

-STEWARDING FAMILIES IN HARDSHIP THROUGH THE IMPACT OF THE COVID-19

PANDEMIC

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

FORM 990 IS PREPARED BY EXPERIENCED TAX PROFESSIONALS AND IS REVIEWED BY

THE CEO AND FINANCE DIRECTOR, WHICH INCLUDES A COMPARISON/RECONCILIATION OF

THE FORM 990 DATA TO THAT CONTAINED IN THE INDEPENDENTLY AUDITED FINANCIAL

STATEMENTS. THE FORM 990 IS ALSO REVIEWED BY THE ORGANIZATION'S FINANCE

COMMITTEE PRIOR TO FILING.

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

THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY ANNUALLY. THE POLICY

APPLIES TO ALL BOARD MEMBERS AND TO EMPLOYEES WITH SIGNIFICANT

DECISION-MAKING AUTHORITY. EACH COVERED PARTY MUST MAKE AN AFFIRMATION

STATEMENT ANNUALLY, OR AS SOON AS A CONFLICT IS KNOWN OR REASONABLY SHOULD

HAVE BEEN KNOWN. THE BOARD CHAIR REVIEWS THE STATEMENTS. THE BOARD CHAIR'S

STATEMENT IS REVIEWED BY THE SECRETARY. THE BOARD WILL DETERMINE THE

APPROPRIATE ACTIONS TO BE TAKEN IN THE EVENT THAT A CONFLICT IS IDENTIFIED,

WHICH INCLUDE RESEARCH INTO THE NATURE OF THE CONFLICT AND ANY DISCIPLINARY

OR CORRECTIVE ACTIONS THAT MAY BE REQUIRED.

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

COMPENSATION OF THE CEO IS SET BY THE BOARD EXECUTIVE COMMITTEE. THE

COMMITTEE REVIEWS AND ANALYZES COMPENSATION DATA OBTAINED FROM A VARIETY OF

INDEPENDENT SOURCES, INCLUDING FORMS 990 OF OTHER ORGANIZATIONS AND

COMPENSATION SURVEYS. THE COMMITTEE DETERMINES, APPROVES AND DOCUMENTS THE

CALCULATION OF THE COMPENSATION. THIS PROCESS WAS LAST CONDUCTED IN 2019.

Schedule O (Form 990) 2021	Page 2
Name of the organization BIG BROTHERS BIG SISTERS COLUMBIA NORTHWEST	Employer identification number 93-1303640
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINA	NCIAL STATEMENTS
ARE ALL MADE AVAILABLE TO THE PUBLIC UPON REQUEST.	