** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A 1	For the	2015 calendar year, or tax year beginning $\mathrm{JUL}1,2015$	ding J	UN 30,	2016				
В	Check if applicable:	DIG PROTUCKS DIG SISTERS OF CENTRAL		D Employer	identific	eation number			
	Address	INDIANA INC.							
	Name change	Doing business as			35-13	323831			
E	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 2960 N. MERIDIAN STREET NO. 150	om/suite	E Telephone		921-2201			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$ 2,755,558.					
	Amende	INDIANAPOLIS, IN 46208		H(a) Is this a	group re	tum			
	Applica-	F Name and address of principal officer:BRIAN MADDEN		for subo	ordinates'	? Yes X No			
	pending	SAME AS C ABOVE				cluded? Yes No			
\mathbf{T}^{\prime}	Tax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or L	527	If "No,"	attach a	list. (see instructions)			
J	Website	WWW.BBBSCI.ORG		H(c) Group e					
ĸ	Form of c	organization: X Corporation Trust Association Other ▶	L Year	of formation; 2	002 N	State of legal domicile: IN			
	art I	Summary							
-	1 E	riefly describe the organization's mission or most significant activities: PROVID	DE CH	ILDREN	FACI	NG			
Activities & Governance] <u>Z</u>	ADVERSITY WITH RELATIONSHIPS THAT CHANGE T	PHEIR	LIVES	FOR '	THE BETTER.			
rns	2 0	Check this box 🕨 📖 if the organization discontinued its operations or disposed	d of more	than 25% of	its net as	sets.			
Š	3 1	Sumber of voting members of the governing body (Part VI, line 1a)			3	35			
Ċ ax	4 N	Sumber of independent voting members of the governing body (Part VI, line 1b)			4	35			
es &	5 T	otal number of individuals employed in calendar year 2015 (Part V, line 2a)			5	42			
ξ	6 T	otal number of volunteers (estimate if necessary)			6	1266			
Ç		otal unrelated business revenue from Part VIII, column (C), line 12				0.			
•	P V	let unrelated business taxable income from Form 990-T, line 34			7b	0.			
				Prior Yea		Current Year			
ø	8 0	Contributions and grants (Part VIII, line 1h)		1,879,		2,195,871.			
Revenue	9 F	Program service revenue (Part VIII, line 2g)			0.	0.			
eVe	10 II	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			896.	48,040.			
Œ	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	111.10		084.	100,972.			
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,105,		2,344,883.			
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		31,	113.	24,994.			
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.			
Ş	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,666,		1,730,690.			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.			
9	ь	Total fundraising expenses (Part IX, column (D), line 25)	3.		ion aftern				
Û	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		692,	.000	653,323.			
	18 1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,389,		2,409,007.			
	19 F	Revenue less expenses. Subtract line 18 from line 12		-283,		-64,124.			
5	3	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)	Ве	ginning of Curr		End of Year			
Sets	20 1	Total assets (Part X, line 16)		2,617		2,620,086.			
Ass	21	Total liabilities (Part X, line 26)		117,	068.	236,094.			
2	22 1	Net assets or fund balances. Subtract line 21 from line 20		2,500	,379.	2,383,992.			
P	art II	Signature Block							
Ųn	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedules a	and statem	ents, and to the	best of m	y knowledge and belief, it is			
tru	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer	r has any knowl	edge./	/			
		June 1		- Bata	1/19/	1/7			
Sig	gn	Signature of officer		Date					
He	re	BRIAN MADDEN, TREASURER							
		Type or print name and title		Data	T T	II PTIN			
		Print/Type preparer's name Preparer's signature		Date	Check L				
Pa		SCOTT A. SCHUSTER SCOTT A. SCHUSTER	K C	1/13/1		P00019243			
	eparer	Firm's name KSM BUSINESS SERVICES, INC.		Firm	's EIN 🕨	35-2123203			
Us	e Only	Firm's address P.O. BOX 40857			/ 2	17) 500 2000			
_		INDIANAPOLIS, IN 46240-0857		Pho	ne no. (3				
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)		********		X Yes No			

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

If you a	re filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box			ightharpoonup		
	re filing for an Additional (Not Automatic) 3-Month Ex							
Do not co	mplete Part II unless you have already been granted a	an automa	itic 3-month extension on a previous	slv filed Fo	rm 8868.			
	c filing (e-file). You can electronically file Form 8868 if y		•	•		ornoration		
	o file Form 990-T), or an additional (not automatic) 3-moi			,		•		
	file any of the forms listed in Part I or Part II with the exc		•		•			
	•	•	·					
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details (on the elec	ctronic filing of tr	iis form,		
	irs.gov/efile and click on e-file for Charities & Nonprofits		1 11 1 1 1 1	1 1				
Part I	Automatic 3-Month Extension of Time							
•	tion required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and	complete				
Part I only	<i>'</i>					. ▶ ∟		
	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to reques	st an exten	sion of time			
to file inco	ome tax returns.			Enter file	er's identifying r	number		
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	r identification nu	umber (EIN) or		
print	BIG BROTHERS BIG SISTERS OF		rral	' '		,		
P	INDIANA INC.				35-1323	831		
File by the	Number, street, and room or suite no. If a P.O. box, s	oo inatruo	tions	Social so	curity number (S			
due date for filing your	2960 N. MERIDIAN STREET NO		tions.	Social Se	curity number (c	JOIN)		
eturn. See								
nstructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.					
	INDIANAPOLIS, IN 46208							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
			_					
Applicati	on	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990		02	Form 1041-A			08		
	0 (individual)	03	Form 4720 (other than individual)			09		
Form 990	,	04	Form 5227			10		
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	T (trust other than above)	06	Form 8870	שממת	OME 1EO	12		
	ROBERTA OUTCAL		960 N. MERIDIAN ST	REET,	STE 150	_		
The bo	oks are in the care of INDIANAPOLIS,	LN 464	208					
-	one No. ▶ 317-921-2201		Fax No.					
If the c	rganization does not have an office or place of business	s in the Un	nited States, check this box			▶ □		
If this i	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) I	If this is fo	r the whole grou	p, check this		
box 🕨 🛚	lue . If it is for part of the group, check this box lue	and atta	ch a list with the names and EINs of	f all memb	ers the extensio	n is for.		
1 red	quest an automatic 3-month (6 months for a corporation	required t	to file Form 990-T) extension of time	until				
	FEBRUARY 15, 2017 , to file the exemp				The extension			
is fo	or the organization's return for:	- o. ga <u>-</u> a						
▶ [calendar year or							
	X tax year beginning JUL 1, 2015		d ending JUN 30, 2016					
	tax year beginning 001 1, 2015	, an	a ending bon 50, 2010		<u> </u>			
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return	Final retur	n			
	☐ Change in accounting period				•			
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any			_		
non	refundable credits. See instructions.			3a	\$	0.		
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and					
esti	mated tax payments made. Include any prior year overp	ayment al	llowed as a credit.	3b	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your pa								
	using EFTPS (Electronic Federal Tax Payment System).			Зс	\$	0.		
	If you are going to make an electronic funds withdrawal				•			
ootu otio	oo	, 3 551 40	2,		S OO! O L	2 .o. paymont		

Pai	rt 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: THE BIG BROTHERS BIG SISTERS MISSION IS TO PROVIDE CHILDREN FACING	
	ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED	
	ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER,	
	FOREVER.	
2	Did the organization undertake any significant program services during the year which were not listed on	
		X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 1,919,585 • including grants of \$) (Revenue \$	
4a	(Code:) (Expenses \$I,919,585including grants of \$) (Revenue \$	
	MINIMUM OF 12 MONTHS. BBBSCI PROVIDES PARTICIPANTS WITH CONTINUING	
	PROFESSIONAL STAFF SUPPORT THROUGH REGULAR CONTACTS, WORKSHOPS AND	
	COACHING DESIGNED TO HELP THE YOUTH ACHIEVE ACADEMIC SUCCESS, AVOID	ANCE
	OF RISKY BEHAVIORS, AND SOCIO-EMOTIONAL COMPETENCY. OUR ONE-TO-ONE	
	MENTORING PROGRAM IS BUILT UPON NATIONALLY RECOGNIZED RESEARCH AND	
	PRACTICES THAT HONOR THE WIDE RANGE OF DEVELOPMENTAL NEEDS OF BOYS	AND
	GIRLS AS WELL AS THE DIVERSITY OF THEIR COMMUNITIES. DURING THE	
	2015-2016 FISCAL YEAR BBBSCI PROVIDED SUPPORT TO 1,140 MATCHES,	ם מים
	IMPACTING THE LIVES OF OVER 4,500 YOUTH, VOLUNTEERS AND FAMILY MEMBER (Code:) (Expenses \$ 24,994. including grants of \$ 24,994.) (Revenue \$	FK2.
4b	(Code:) (Expenses \$24,994. including grants of \$24,994.) (Revenue \$	<u>ਜਸੂਜ਼</u>)
	AND LITTLE SISTER ALUMNI.	IIIBIX
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 1,944,579.	
	Form 9	90 (2015)

35-1323831

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	27	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			77
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	امدا	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Λ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Х
	complete constant a, rait iii	lθ		

Form **990** (2015)

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Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	October 1911 De 11	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	230		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		х
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

35-1323831

Part V Statements Regarding Other IRS Filings and Tax Compliance

18 Enter the number reported in Box 3 of Form 1086. Enter 4- if not applicable 10 14 14 15 10 10 15 10 10 10 15 10 10 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10		Check if Schedule O contains a response or note to any line in this Part V					
be Enter the number of Forms W.SG included in line 1a. Enter 0-8 in not applicable Did the organization comply with backup with hacking rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c. X X X X X X X X X X						Yes	No
Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with winnings to prize winners? 22. 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. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 34. If Yes, "has it filed a Form 980-1 for this year? If "No," to file 3b, provide an explanation in Schedule O 35. If Yes, "has it filed a Form 980-1 for this year? If "No," to file 3b, provide an explanation in Schedule O 36. If Yes, "has it filed a Form 980-1 for this year? If "No," to file 3b, provide an explanation in Schedule O 37. If Yes, "enter the name of the foreign country," ■ 38. If Yes, "enter the name of the foreign country," ■ 39. If Yes, "enter the name of the foreign country," ■ 30. If year organization have amplified that year of Foreign Bank and Financial account; (FBAR). 30. If Yes, "enter the name of the foreign country," ■ 31. If Yes, "enter the name of the foreign country," ■ 32. If Yes, "enter the name of the foreign country, (such as a bank account, securities account, or other financial account; (FBAR). 33. If Yes, "enter the name of the foreign country, (such as a bank account, securities account, or other financial account; (FBAR). 34. If Yes, "enter the name of the foreign country, (such as a bank account, securities account, or other financial account; (FBAR). 35. Was the organization a party to a prohibited that was or is a party to a prohibited to such selector financial account; (FBAR). 36. If Yes, "it is the organization file form 8888 1? 37. If Yes, "it is the organization near and years account the security of a prohibited securit	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
(gambling) winnings to prize winners? 2 Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, 3 filed for the calendar year ending with or within the year covered by this return 4 filed for the calendar year ending with or within the year covered by this return 5 filed for the calendar year ending with or within the year covered by this return 6 filed for the calendar year ending with or within the year covered by this return 7 filed for the calendar year ending with or within the year covered by this return 8 filed for the calendar year, did the organization file all required feederal employment tax returns? 8	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 76 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 77 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(17) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12b Section 501(c)(12) organizations the sponsoring organization file form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization in servers the organization is required to maintain by the states in which the organizatio	_				6b		
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	~					990	(2015)

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Form 990 (2015)

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Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

800							Δ
Sec	tion A. Governing Body and Management					V	NI-
4.		٠.	1	35□		Yes	No
ıa	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	1a	+ ,	-			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	415		35			
b	Enter the number of voting members included in line 1a, above, who are independent	1b		-			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh						Х
•	officer, director, trustee, or key employee?			·· ⊢	2		
3	Did the organization delegate control over management duties customarily performed by or under the						Х
	of officers, directors, or 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			··· ⊢	4	^	Х
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X
6	Did the organization have members or stockholders?			-	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a			Ι.	_		Х
	more members of the governing body?			⊢	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			Ι.			х
_	persons other than the governing body?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				_	v	
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?			⊢	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				_		v
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reveni	ie Code.)			1	
						Yes	No X
	Did the organization have local chapters, branches, or affiliates?			-¹	I0a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such of						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				l0b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bet	ore filing the form	' -	I1a	^	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					v	
12a				··· ⊢	I2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			-	l2b	_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "					х	
40	in Schedule O how this was done			··· ⊢	12c	X	
13	Did the organization have a written whistleblower policy?			··· ⊢	13	X	
14	Did the organization have a written document retention and destruction policy?				14	^	
15	Did the process for determining compensation of the following persons include a review and approve		inaepenaent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					х	
a	The organization's CEO, Executive Director, or top management official				I5a	X	
a	Other officers or key employees of the organization			├	l5b	Λ	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mort	with a				
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				160		Х
h	taxable entity during the year?			⊢'	l6a		21
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate in initial wards and applicable for least the control of the con						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such a replicable federal tax law, and take steps to safeguard the organization.	anızatı	on s		ICh		
800	exempt status with respect to such arrangements?			'	l6b		
	tion C. Disclosure						
17 10	List the states with which a copy of this Form 990 is required to be filed IN Section 6104 requires an erganization to make its Forms 1033 (or 1034 if applicable), 990, and 990.	T /S ~ ·	tion 501/0\/2\a ==	lv/) ~···	ailah	lo.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (560	นเบเา อบ i (८)(ฮ)s on	ıy) ava	anaD	ıe	
	for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain	n in C	shadula (1)				
40			•	ond f	inc-	nia!	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	Unillet	or interest policy,	and f	mano	Jiai	
20	statements available to the public during the tax year.	ooks :	and records:				
20	State the name, address, and telephone number of the person who possesses the organization's be $ROBERTA$ OUTCALT - $317-921-2201$	OUKS &	and records: -				
	2960 N MERIDIAN STREET STE 150 INDIANAPOLIS IN	vi .	16208				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	box	not c	ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ERIC LIS	3.00	x		Х				0.	0.	0.
PRESIDENT (2) TODD RYDEN	3.00	^		Δ				0.	0.	0.
IMMEDIATE PAST PRESIDENT	3.00	X		х				0.	0.	0.
	3.00	^		Δ				0.	0.	0.
(3) KAY SWANK-HERZOG VICE PRESIDENT	3.00	X		х				0.	0.	0.
(4) KELLY PFLEDDERER	3.00	^		Δ				0.	0.	0.
VICE PRESIDENT	3.00	X		Х				0.	0.	0.
(5) BRIAN MADDEN	3.00							0.	•	•
TREASURER	3.00	x		Х				0.	0.	0.
(6) RAQUEL RICHARDSON	3.00			22				0.	0.	•
SECRETARY	3.00	x		х				0.	0.	0.
(7) JEAN BLACKWELL	2.00							•	•	•
BOARD MEMBER		x						0.	0.	0.
(8) AARON BOYLE	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(9) BARBARA BRIDGES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) NICOLE BICKETT	0.50									
BOARD MEMBER		Х						0.	0.	0.
(11) ANDREW J. DETHERAGE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) SALLY GRANT	3.00									
BOARD MEMBER		Х						0.	0.	0.
(13) TOM HERMAN	1.50									
BOARD MEMBER		Х						0.	0.	0.
(14) SUSAN KLEINMAN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) GWEN LANGLEY	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) JANE LYON	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(17) BRANDI DAVIS-HANDY	1.00								_	
BOARD MEMBER		Х						0.	0.	0 • Form 990 (2015)

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Form **990** (2015)

Page 8

Name and title Average hours per week (list any hours for related organization per week)	Section A. Officers, Directors, Tru		ploy	/ees			ighe	st C	 	<u> </u>				
Total part Total	(A)	(B)			-	-			(D)	(E)		((F)	
Color of the compensation Color of the co	Name and title	1	(do					one	1 · · · · · · · · · · · · · · · · · · ·					
Compensation Comp		•								•				ıf
Note for related re			\vdash					É						ion
(1.91) DREW LINN SOARD MEMBER (1.92) DREW LINN 3.00 SOARD MEMBER (1.93) DREW LINN 3.00 SOARD MEMBER (1.94) DREW LINN SOARD MEMBER (1.95) DREW LINN SOARD MEMBER (1.96) DREW LINN SOARD MEMBER (1.96) DREW LINN SOARD MEMBER (1.97) DREW LINN		1 '	direct				_				3)			
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(18) SARAH FUNKE 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,		,	Indiv	Insti	Offic	Key e	High emp	Form						
(19) DREW LINN 3.00 X	(18) SARAH FUNKE	0.50												
BOADD MEMBER	BOARD MEMBER		Х						0.		0.			0.
(20) YALORY MYERS ROAD MEMBER 1.50 X 0. 0. 0.	(19) DREW LINN	3.00												
BOADD MEMBER 21	BOARD MEMBER		Х						0.		0.			0.
(21) JIM PEASE BOARD MEMBER O. 0. (22) MONICA LOCKARD DOAND MEMBER O. 0. (23) RYAN MCKEOWN DOAND MEMBER O. 0. (24) SALLY ROWLAND DOAND MEMBER O. 0. (25) LARRY SABLOSKY DOAND MEMBER O. 0. (26) JAMES F. SINGLETON DOAND MEMBER O. 0. (25) LARRY SABLOSKY DOAND MEMBER O. 0. (26) JAMES F. SINGLETON DOAND MEMBER O. 0. (27) LARRY SABLOSKY DOAND MEMBER O. 0. (28) JAMES F. SINGLETON DOAND MEMBER O. 0. (29) LARRY SABLOSKY DO. 0. (20) JAMES F. SINGLETON DOAND MEMBER O. 0. (27) LARRY SABLOSKY DO. 0. (28) JAMES F. SINGLETON DOAND MEMBER O. 0. (28) JAMES F. SINGLETON DOAND MEMBER O. 0. (29) LARRY SABLOSKY DO. 0. (20) JAMES F. SINGLETON DOAND MEMBER O. 0. (20) JAMES F. SINGLETON DOAND MEMBER O. 0. (20) JAMES F. SINGLETON DOAND MEMBER V D. 0. (20) JAMES F. SINGLETON DOAND MEMBER V D. 0. (20) JAMES F. SINGLETON DOAND MEMBER V D. 0. (20) JAMES F. SINGLETON DO. 0. DO. 0. (20) JAMES F. SINGLETON DO. 0. DO. 0. (20) JAMES F. SINGLETON DO. 0. D	(20) VALORY MYERS	2.00												
BOARD MEMBER	BOARD MEMBER		X						0.		0.			0.
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BOARD MEMBER	BOARD MEMBER		X						0.		0.			0.
C23) RYAN MCKEOWN O · O · O · O · O · O · O · O · O · O	(22) MONICA LOCKARD	0.50												
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24 SALLY ROWLAND 1.00 X 0.00 0.	(23) RYAN MCKEOWN	0.75												
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2.00 X 0.0	BOARD MEMBER		X						0.		0.			0.
BOARD MEMBER 1.50 1.50		2.00					t		_		_			
1.50 X			\mathbf{x}						0.		0.			0.
BOARD MEMBER X		1.50	╁				\vdash				+			
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\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (3)	Traine and business		11/	2141				\dashv	Bosonphon or o	, or vices			- Cation	
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532008	SEE PART VII, SECTIO	M A CON	т. Т 1	NUZ	.7 T.	TOI	LN À	эĦ.	D D T D		F	⊢orm 9 9	9U (2	υ15)

35-1323831 INDIANA INC.

Form 990 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (F) (C) (D) (E) Name and title Position Reportable Reportable Estimated Average (check all that apply) compensation compensation amount of hours per from from related other the organizations compensation week Highest compensated employee (list any organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Institutional trustee related and related Key employee organizations organizations below Officer line) (27) BECKY VANROOY 1.00 0. BOARD MEMBER X 0. 0. (28) JOHN WICK 1.50 BOARD MEMBER Х 0. 0. 0. 3.00 (29) SUSAN BROCK WILLIAMS BOARD MEMBER Х 0 0. 0. 1.00 (30) KEN YEDLICK BOARD MEMBER Х 0. 0. 0. 1.00 (31) SAMUEL HODSON 0. 0. 0. BOARD MEMBER Х 2.00 (32) BRYAN NEALE BOARD MEMBER X 0. 0. 0. (33) DANIEL PIERSON 0.25 X 0 0. 0. BOARD MEMBER 0.75 (34) PATTY TURNER 0 . X 0. BOARD MEMBER 0. (35) ROBERT CLIFFORD 0.25 BOARD MEMBER Х 0. 0. 0. (36) DARCEY PALMER-SHULTZ 40.00 94,491 2,814. X 0. CEO 94,491 2,814. Total to Part VII, Section A, line 1c

		Check if Schedule O con	tains a response	or note to anv li	ne in this Part VIII			
			'	,	(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
						revenue	revenue	sections 512 - 514
ts	1 a	Federated campaigns	1a	515,264.				
iran oun		Membership dues	·····	·				
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events		368,039.	-			
		Related organizations	·····	<u> </u>				
		Government grants (contribute	·····	45,490.				
Sign		All other contributions, gifts, grar	······, ···	<u> </u>				
out	•	similar amounts not included abo		267,078.				
i di	а	Noncash contributions included in lines		200,541.				
Col	_	Total. Add lines 1a-1f			2,195,871.			
_				Business Code				
ø	2 a							
کار (b							
Program Service Revenue	c							
am	d							
Be	e							
Pro		All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
	_	other similar amounts)			21,057.			21,057.
	4	Income from investment of ta			,			
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	(4)	(.,,	-			
	b	Less: rental expenses			-			
		Rental income or (loss)						
		N						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	246,268.	. ,				
	b	Less: cost or other basis						
		and sales expenses	219,285.					
	С	Gain or (loss)	26,983.					
	d	Net gain or (loss)			26,983.			26,983.
Ð	8 a	Gross income from fundraising	ng events (not					
nue		including \$ 368,0	039. of					
eve		contributions reported on line						
Other Reven		Part IV, line 18	а	292,362.				
Ţ.	b	Less: direct expenses	b	191,390.				
0	С	Net income or (loss) from fund	draising events		100,972.			100,972.
	9 a	Gross income from gaming a	ctivities. See					
		Part IV, line 19	а					
		Less: direct expenses						
	С	Net income or (loss) from gan	ning activities	<u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sale	es of inventory					
		Miscellaneous Revenu	ıe	Business Code				
	11 a							
	b							
	С				ļ			ļ
	d	All other revenue						
		Total. Add lines 11a-11d			244 002		^	140 010
	12	Total revenue. See instructions.			2,344,883.	0.	0.	149,012.
53200	9 12-16	S-15						Form 990 (2015)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All oth	er organizations must co	omplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		0.4.00.4		
	individuals. See Part IV, line 22	24,994.	24,994.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	101 506	60 052	20 217	20 217
	trustees, and key employees	101,586.	60,952.	20,317.	20,317.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,304,950.	1 076 400	105 001	122 600
7	Other salaries and wages	1,304,950.	1,076,429.	105,921.	122,600.
8	Pension plan accruals and contributions (include	26 715	22 221	2 071	2 422
	section 401(k) and 403(b) employer contributions)	26,715.	22,221.	2,071.	2,423. 19,357.
9	Other employee benefits	192,753.	154,898.	18,498.	19,35/
10	Payroll taxes	104,686.	84,710.	9,366.	10,610.
11	Fees for services (non-employees):				
а	Management				
b	Legal	10 000		10 000	
	Accounting	18,200.		18,200.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	11 500		11 500	
f	Investment management fees	11,589.		11,589.	
g	Other. (If line 11g amount exceeds 10% of line 25,	06 554	45 444		
	column (A) amount, list line 11g expenses on Sch 0.)	26,771.	17,144.	3,329.	6,298. 4,100.
12	Advertising and promotion	17,371.	12,932.	339.	4,100.
13	Office expenses	59,593.	34,803.	3,931.	20,859.
14	Information technology	86,648.	70,300.	7,087.	9,261.
15	Royalties	455 056	105 000	45 500	45 500
16	Occupancy	157,876.	126,300.	15,788.	15,788.
17	Travel	17,855.	16,478.	361.	1,016.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,368.	5,282.	265.	821.
20	Interest	6.	10 -00	6.	
21	Payments to affiliates	15,667.	12,533.	1,567.	1,567.
22	Depreciation, depletion, and amortization	20,538.	16,430.	2,054.	2,054.
23	Insurance	31,249.	24,999.	3,125.	3,125.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	400000	10000		
а	MENTORING ACTIVITIES	182,293.	182,293.		
b	PROFESSIONAL MEMBERSHIP	1,299.	881.	111.	307.
С					
d					
е	All other expenses				
25	Total functional expenses . Add lines 1 through 24e	2,409,007.	1,944,579.	223,925.	240,503.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here : (4.00 050 700)				

Form **990** (2015)

01111 000 (2010)		
Part X	Balanc	e Sheet	

Part X	Balance Sneet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	150,296.	1	349,824.
2	Savings and temporary cash investments	1,216,165.	2	989,041.
3	Pledges and grants receivable, net	60,613.	3	113,840
4	Accounts receivable, net	0.	4	10,405
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
g g	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets 4	Notes and loans receivable, net		7	
⋖ 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	50,332.	9	44,636
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 380,298.			
b	Less: accumulated depreciation 10b 323,520.		10c	56,778
11	Investments - publicly traded securities	1,080,055.	11	1,055,562
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,617,447.	16	2,620,086
17	Accounts payable and accrued expenses	31,598.	17	79,928
18	Grants payable		18	
19	Deferred revenue	85,470.	19	156,166
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖ္မ 22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>	key employees, highest compensated employees, and disqualified persons.			
Liabilities 2	Complete Part II of Schedule L		22	
2 3	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	115 010	25	
26	Total liabilities. Add lines 17 through 25	117,068.	26	236,094
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
S S	complete lines 27 through 29, and lines 33 and 34.	0.050.004		4 050 056
27	Unrestricted net assets	2,053,324.	27	1,858,356
27 28 29 29	Temporarily restricted net assets	233,086.	28	232,673
g 29	Permanently restricted net assets	213,969.	29	292,963
로	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
<u> </u>	and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
Net Assets or 30 31 32 32	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds	0 500 250	32	2 202 202
33	Total net assets or fund balances	2,500,379.	33	2,383,992
34	Total liabilities and net assets/fund balances	2,617,447.	34	2,620,086

Form **990** (2015)

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)		2,34				
2	Total expenses (must equal Part IX, column (A), line 25)	2 2	2,40				
3	Revenue less expenses. Subtract line 2 from line 1	3			24.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	2,50	<u>0,3</u>	<u>79.</u>		
5	Net unrealized gains (losses) on investments	5	-5	<u>2,2</u>	63.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10 2	2,38	3,9	92.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b				
			Form	990	(2015)		

532012 12-16-15

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA INC.

Employer identification number 35-1323831

Pa	rt I	Reason for Public	Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.						
The	organ	ization is not a private found	ation because it is:	(For lines 1 through 11, o	check only	one box.)							
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)							
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	Ħ	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
7		city, and state:	ation operated in co	injunction with a noopita	1 400011500	111000110	ii ii o(b)(i)(A)(iii)i Entor	the hoopital o hame,					
_		<u> </u>	or the benefit of a co	llogo or university owne	d or opera	tod by a g	avornmental unit describ	and in					
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
_		section 170(b)(1)(A)(iv). (Complete Part II.) A fodoral state or local government or governmental unit described in section 170(b)(1)(A)(v)											
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	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). (C	• •										
8	Н	A community trust describe											
9		An organization that norma	•	•	•								
		activities related to its exen		•			· · · · · · · · · · · · · · · · · · ·	•					
		income and unrelated busin		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.					
		See section 509(a)(2). (Con	•										
10	Н	An organization organized a	•	•	•								
11		An organization organized a	•	· · ·	-		· · · · · · · · · · · · · · · · · · ·						
		more publicly supported or	~					Check the box in					
		lines 11a through 11d that				•							
а		☐ Type I. A supporting orga	•	•									
		the supported organization		* *	a majority	of the direc	ctors or trustees of the s	supporting					
		organization. You must o	-										
b			· ·					•					
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported					
		organization(s). You mus											
С							· ·	ed with,					
		its supported organizatio											
d		☐ Type III non-functionally											
		that is not functionally int	-		•			iveness					
		requirement (see instruct	•	-									
е		☐ Check this box if the orga					Type I, Type II, Type III						
		functionally integrated, or	• •	, , , , , , , , , , , , , , , , , , , ,									
t		er the number of supported of											
g		vide the following information		 	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of					
	,	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	listed i	n vour	support (see	other support (see					
		- · J · · · · · · · · · · · · · · · · · ·		above (see instructions))	governing		instructions)	instructions)					
					Yes	No	•	·					
Гotа	ı												

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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.)

<u> </u>	cuon A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,352,928.	2,664,043.	1,842,607.	1,879,589.	2,195,871.	10,935,038.
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	2,352,928.	2,664,043.	1,842,607.	1,879,589.	2,195,871.	10,935,038.
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)						1,025,137.
	Public support. Subtract line 5 from line 4.						9,909,901.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	2,352,928.	2,664,043.	1,842,607.	1,879,589.	2,195,871.	10,935,038.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	15 015	10 104	10 166	10 (52	01 055	04 005
	and income from similar sources	15,815.	19,184.	19,166.	19,653.	21,057.	94,875.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			2.6			2.6
	assets (Explain in Part VI.)			36.			36.
	Total support. Add lines 7 through 10						11,029,949.
	Gross receipts from related activities,	•	,				,681,065.
13	First five years. If the Form 990 is for	•	first, second, thir	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	. \Box
804	organization, check this box and storection C. Computation of Publ						>
	<u>-</u>		<u>~</u>	. (0)			89.85 %
	Public support percentage for 2015 (I					14	00 76
	Public support percentage from 2014					15	
Iba	33 1/3% support test - 2015. If the contains the contains the contains the contains the contains and the contains the contains and the contains the						
	stop here. The organization qualifies						······································
į,	33 1/3% support test - 2014. If the c	•		•		•	
47-	and stop here. The organization qual						
1/8	10% -facts-and-circumstances tes	-					
	and if the organization meets the "fact				· · · · · · · · · · · · · · · · · · ·	-	
	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the						·
12	organization meets the "facts-and-circ						
10	Private foundation. If the organization	n ala not check a l	JOA OH IIITE 13, 108	a, 100, 17a, 01 1/D		dule A (Form 990	
					30116	-aaic A (i Ui iii 330	5. 555 EZJ ZU IS

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

(Complete only if you checked the box on line 9 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	now, please com	piete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and		, ,	, ,	, ,	, ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business 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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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.)						
		(-) 0044	(1-) 0040	(-) 0040	(-1) 004.4	(-) 0045	(6) T-+-1
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
102	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						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
_	check this box and stop here						<u></u>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2015 (li			column (f))		15	<u>%</u>
	Public support percentage from 2014					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2015. If the	-					
	more than 33 1/3%, check this box an						
k	33 1/3% support tests - 2014. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>

532023 09-23-15

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b	
2 3a 3b 3c 4a 4b	
2 3a 3b 3c 4a 4b	
3a 3b 3c 4a 4b	
3a 3b 3c 4a 4b	
3b 3c 4a 4b	
3b 3c 4a 4b	
3c 4a 4b	
3c 4a 4b	
4a 4b	_
4a 4b	
4b	
4b	
4c	
4c	
5a	
5b	_
5c	
6	
7	_
8	
9a	
Ju	
9b	
9c	
10a	
10b 10b 20°	

Pa	rt IV Supporting Organizations (continued)			
	(sommasa)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 yea(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 government entity (see inst	tructions		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	0-		
	that these activities constituted substantially all of its activities.	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	Oh		
•	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) helow.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Pid the organization have the power to requirely appoint or elect a majority of the officers, directors, or			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	30		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2015 INDIANA INC.

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations									
1										
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)						
1	Net short-term capital gain	1								
2	Recoveries of prior-year distributions	2								
3	Other gross income (see instructions)	3								
4	Add lines 1 through 3	4								
5	Depreciation and depletion	5								
6	Portion of operating expenses paid or incurred for production or									
	collection of gross income or for management, conservation, or									
	maintenance of property held for production of income (see instructions)	6								
7	Other expenses (see instructions)	7								
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8								
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)						
1	Aggregate fair market value of all non-exempt-use assets (see									
	instructions for short tax year or assets held for part of year):									
а	Average monthly value of securities	1a								
b	Average monthly cash balances	1b								
С	Fair market value of other non-exempt-use assets	1c								
d	Total (add lines 1a, 1b, and 1c)	1d								
е	Discount claimed for blockage or other									
	factors (explain in detail in Part VI):									
2	Acquisition indebtedness applicable to non-exempt-use assets	2								
3	Subtract line 2 from line 1d	3								
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,									
	see instructions).	4								
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5								
6	Multiply line 5 by .035	6								
7	Recoveries of prior-year distributions	7								
8	Minimum Asset Amount (add line 7 to line 6)	8								
Sect	ion C - Distributable Amount			Current Year						
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1								
2	Enter 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-functional	y-integra	ted Type III supporting org	anization (see						

Schedule A (Form 990 or 990-EZ) 2015

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)						
Secti	ion D -	- Distributions		(Current Year					
1										
2	Amounts paid to perform activity that directly furthers exempt purposes of supported									
	organ									
3	Admii									
4	Amou									
5	Qualit	fied set-aside amounts (prior IRS approval required)								
6	Other	distributions (describe in Part VI). See instructions.								
7	Total	annual distributions. Add lines 1 through 6.								
8	<u> </u>									
	(provi	de details in Part VI). See instructions.								
9	Distril	butable amount for 2015 from Section C, line 6								
10	Line 8	3 amount divided by Line 9 amount								
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015					
1	Distril	butable amount for 2015 from Section C, line 6								
2	Unde	rdistributions, if any, for years prior to 2015								
	(reaso	onable cause required-see instructions)								
3	Exces	ss distributions carryover, if any, to 2015:								
а										
b										
с										
d	From	2013								
е	From	2014								
f	Total	of lines 3a through e								
<u>g</u>	Applie	ed to underdistributions of prior years								
		ed to 2015 distributable amount								
_ <u>i</u>		over from 2010 not applied (see instructions)								
<u>j</u>	Rema	ainder. Subtract lines 3g, 3h, and 3i from 3f.								
4	Distril	butions for 2015 from Section D,								
	line 7	· · · · · · · · · · · · · · · · · · ·								
		ed to underdistributions of prior years								
		ed to 2015 distributable amount								
		ainder. Subtract lines 4a and 4b from 4.								
5		aining underdistributions for years prior to 2015, if								
		Subtract lines 3g and 4a from line 2 (if amount								
		er than zero, see instructions). aining underdistributions for 2015. Subtract lines 3h								
6										
		b from line 1 (if amount greater than zero, see actions).								
7	and 4	ss distributions carryover to 2016. Add lines 3j								
8		kdown of line 7:								
<u>-</u> а	Diear	AGOVITO IIII 7.								
b										
	Fxces	ss from 2013								
		ss from 2014								
		ss from 2015								

Schedule A (Form 990 or 990-EZ) 2015

BIG BROTHERS BIG SISTERS OF CENTRAL

Schedule A (Form 990 or 990-EZ) 2015 INDIANA INC.

35-1323831 Page 8

Part VI Supp	plemental V. Section A.	Informa	ation. Pro	ovide the	e explanation	ns required	by Part	II, line 10; Pa c: Part IV. Se	art II, line 17a or 17b; Part III, line 12; ection B, lines 1 and 2; Part IV, Section C,	
line 1; Section	Part IV, Sec	tion D, line	s 2 and 3;	Part IV,	Section E, I	ines 1c, 2a,	2b, 3a a	and 3b; Part	V, line 1; Part V, Section B, line 1e; Part V, for any additional information.	
SCHEDULE 2	A, PARI	· II,	LINE	10,	EXPLAN	IATION	FOR	OTHER	INCOME:	
MISCELLAN	EOUS IN	COME								
2013 AMOUI	NT: \$	36.								
	·									
										•

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA INC.

Employer identification number

35-1323831

Organization type (check one):									
Filers of	:	Section:							
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization							
		4947(a)(1) nonexempt charitable trust not treated as a private foundation							
		527 political organization							
Form 990)-PF	501(c)(3) exempt private foundation							
		4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation							
Check if	your organization is	covered by the General Rule or a Special Rule .							
		7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.							
General	Rule								
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.							
Special I	Rules								
	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.							
	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, II, and III.								
	year, contributions is checked, enter he purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year							
Caution.	An organization th	at is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$\$\$	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
4		\$\$	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
5		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$	Person X Payroll

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$ 67,125.	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
8		\$	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
9		\$ 35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received			
		- - - \$				
		·				
(a) No. from Part I	(b) Description of 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			
		-				
		- - \$				
		- ı · 	<u> </u>			

Employer identification number

Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete c	ributions to organizations described columns (a) through (e) and the follo	in section 501(c)(7), (8), or (10) that total more than \$1,000 for
	completing Part III, enter the total of exclusively religious	s, charitable, etc., contributions of \$1,000 o	r less for the year. (Enter this info. once.) \$
(a) No. from Part I	Use duplicate copies of Part III if addition (b) Purpose of gift	al space is needed. (c) Use of gift	(d) Description of how gift is held
		(e) Transfer of git	t t
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
_			
		(e) Transfer of git	Ťt
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
.			
-			
		(e) Transfer of git	tt .
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		it .	
_	Transferee's name, address, ar	nd 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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA INC.

Employer identification number 35-1323831

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor of		
	lana amala di la makata bana 1910		
Pa			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year ▶		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	<u></u>
	violations, and enforcement of the conservation easements it	holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserv	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	s the organization's accounting for
_	conservation easements.		
Pa	rt III Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	libition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	ducation, or research in furtherance of p	ublic 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 treat		al gain, provide
	the following amounts required to be reported under SFAS 1	` ,	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$

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Schedule D (Form 990) 2015

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Sim	ilar Asse	ts (contin	nued)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are a	significar	nt use of its	collection	n items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's co	ellections and explain	n how they further t	he organization's e	kempt pur	pose in Par	t XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma						Yes	☐ No
Par	t IV Escrow and Custodial Arrang						line 9, or	
	reported an amount on Form 990, Par	-	· ·			, ,	,	
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets n	ot include	d		
	on Form 990, Part X?		•				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
	, 1	•	3				Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance					_		
	Did the organization include an amount on Fo						Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	·	*					
$\overline{}$	t V Endowment Funds. Complete if							
	·	(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	years back
1a	Beginning of year balance	814,637.	835,261.	, , ,		685,830.	(-,	710,997.
	Contributions	114,494.	5,250.	· · · · · ·	_	1,000.		500.
	Net investment earnings, gains, and losses	-5,792.	42,526.			80,213.		22,528.
	Grants or scholarships	,,,,,,				,		
	Other expenditures for facilities							
Ŭ	and programs	37,442.	57,049.	12,535		35,125.		40,000.
f	Administrative expenses	11,304.	11,351.	, , , , , , , , , , , , , , , , , , ,	+	9,512.		8,195.
	End of year balance	874,593.	814,637.	· · · · · · · · · · · · · · · · · · ·		722,406.		685,830.
2	Provide the estimated percentage of the curr		-		•1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Board designated or quasi-endowment	57.26	%	a)) Held as.				
	Permanent endowment 33.50	%						
	- <u> </u>	$\overline{9.2}^{\%}$						
C	The percentages on lines 2a, 2b, and 2c shou							
20		•	tion that are hold a	nd administered fo	r the erge	nization		
Sa	Are there endowment funds not in the posses	SSION OF THE Organiza	mon mar are neio a	na administered to	r trie orga	IIIZation	Γ	Yes No
	by: (i) unrelated organizations						-	Yes No
								X
.	(ii) related organizations	tions listed as requir	ad an Cabadula D2				3b	
							30	
Dai	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		witherit turius.					
ı aı	Complete if the organization answered		Dort IV line 11e 9	Coo Form 000 Dort	V line 10			
				i i			(d) Deel	
	Description of property	(a) Cost or ot basis (investm		, ,	Accumula lepreciation		(d) Book	value
	Land	- ` `	lerit) Dasis	(Otrier)	iepreciatio	711		
	Land							
	Buildings		1	7,220.	17,	220		
	Leasehold improvements			3,078.	306,		5.6	6,778.
	Equipment		30	3,070.	300,			5,110.
	Other		V antumn (D) line 1	(0-)			5.6	6,778.

Schedule D (Form 990) 2015

		S OF CENTRAL	E 1222021
Schedule D (Form 990) 2015 INDIANA INC	•		5-1323831 _{Page}
Part VII Investments - Other Securities.	5 000 B 1 W 1	111 0 5 000 5 17 5 10	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)			nd of year market value
	(b) Book value	(c) Method of valuation: Cost or el	id-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV lir	ne 11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or el	nd-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	ne 11d. See Form 990, Part X, line 15.	
(a) l	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	э 1 5.)	<u></u>	<u> </u>
Part X Other Liabilities.			

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

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

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

Schedule D (Form 990) 2015

35-1323831 Page 4 INDIANA INC. Schedule D (Form 990) 2015 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,329,550. Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments -52,263 36,930. **b** Donated services and use of facilities 2b 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) -15,333.e Add lines 2a through 2d 2e 2,344,883. Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 2.344.883. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 2,445,937. Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990. Part IX. line 25: 36,930. a Donated services and use of facilities 2a **b** Prior year adjustments 2c c Other losses d Other (Describe in Part XIII.) 36,930. 2e e Add lines 2a through 2d 2,409,007. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 5 Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information.

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME TAX EXPENSE FOR FISCAL YEARS 2016 AND 2015. THE ORGANIZATION FILES U.S. FEDERAL AND STATE OF INDIANA INFORMATION TAX RETURNS. THE ORGANIZATION IS NO LONGER SUBJECT TO U.S. FEDERAL AND STATE

INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR TAX YEARS BEFORE 2012.

532054 09-21-15

Part XIII Supplemental Information (continued)
PART V, LINE 4:
THE ORGANIZATION'S ENDOWMENT FUNDS CONSIST OF DONOR-RESTRICTED
CONTRIBUTIONS THAT WERE MADE TO PROVIDE A SOURCE OF INCOME FOR OPERATIONS
AND SCHOLARSHIPS TO PROGRAM PARTICIPANTS. NET ASSETS ASSOCIATED WITH
ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR
ABSENCE OF DONOR-IMPOSED RESTRICTIONS. UNRESTRICTED NET ASSETS ARE BOARD
DESIGNATED ASSETS FOR THE ENDOWMENT.

SCHEDULE G

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization

BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA INC.

Employer identification number 35-1323831

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
otal			•				
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration	
				<u> </u>			

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

Schedule G (Form 990 or 990-EZ) 2015

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total accords				
			THE MAIN	CELEBRATE		(d) Total events				
			EVENT	MENTORING	8	(add col. (a) through				
				 	(total number)	col. (c))				
æ			(event type)	(event type)	(total number)					
Revenue			466 205	00 151	111 005	660 401				
Re	1	Gross receipts	466,325.	82,151.	111,925.	660,401.				
_										
	2	Less: Contributions	176,088.	82,151.	109,800.	368,039.				
	3	Gross income (line 1 minus line 2)	290,237.		2,125.	292,362.				
	4	Cash prizes								
	5	Noncash prizes	468.			468.				
es	_									
Direct Expenses	6	Rent/facility costs								
хре	Ü	Tient facility costs								
ΉE	-	Food and houseware	79,015.	5,953.	1,004.	85,972.				
irec	′	Food and beverages	19,013.	3,933.	1,004.	03,312.				
D	_									
	8	Entertainment	CE 072	27 152	1 004	104 050				
	9	Other direct expenses	65,873.		1,924.	104,950.				
	10	Direct expense summary. Add lines 4 through			>	191,390.				
		Net income summary. Subtract line 10 from li				100,972.				
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.								
<u>o</u>			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue				bingo/progressive bingo		col. (a) through col. (c))				
3ev										
ш_	1	Gross revenue								
Ś	2	Cash prizes								
JSe										
Direct Expenses	3	Noncash prizes								
Ē										
ect	4	Rent/facility costs								
Ö										
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor		No 105	No No					
	٠	volunteer labor	140	140						
	7	Direct expense summary. Add lines 2 through	5 in column (d)		.					
	•	bileet expense sunimary. Add illes 2 tillougi	1 0 111 COIGITHT (G)							
	0	Not gaming income aumment Cultivact line 7	from line 1 column (d)							
	0	Net gaming income summary. Subtract line 7	nomine i, column (a)		P					
•	Г~	tor the state(s) is uplied the surrenization and	rata gamina satistiss							
		ter the state(s) in which the organization condu	· · -							
		he organization licensed to conduct gaming a				Yes No				
b	If "	No," explain:								
	_									
	_									
		ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	year?	Yes No				
b	If "	Yes," explain:								

532082 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

BIG BROTHERS BIG SISTERS OF CENTRAL

Sch	edule G (Form 990 or 990-EZ) 2015 INDIANA INC.	35-I	343	8 3 T	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	□ 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?			Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:			103	110
		1	40-		0/
	The organization's facility		13a		<u>%</u>
	An outside facility	г	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue received by the organization.	unt			
С	of gaming revenue retained by the third party \$\bigs\sum_{\text{s}} = \text{name and address of the third party:} \text{.}				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
	•				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			V	
	retain the state gaming license?		ш	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the			
_	organization's own exempt activities during the tax year 🕨 \$				
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	art III, lin	ies 9,	9b, 10	0b, 15b,

BIG BROTHERS BIG SISTERS OF CENTRAL

Schedule G (Form 990 or 990-EZ) INDIANA IN	C. 35-1323831 _{Pag}	je 4
Schedule G (Form 990 or 990-EZ) INDIANA IN Part IV Supplemental Information (continued)		
,		
		—
		—
		—

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

BIG BROTHERS BIG SISTERS OF CENTRAL

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) (2015)

INDIANA I	NC.						35-1323831
Part I General Information on Grants a	ınd Assistance						
1 Does the organization maintain records	to substantiate the	e amount of the grants	s or assistance, the	e grantees' eligibilit	ty for the grants or ass	sistance, and the selection	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for moni	toring the use of grant	t funds in the Unite	ed States.			
Part II Grants and Other Assistance to	_				anization answered "\	Yes" on Form 990, Part I\	/, line 21, for any
recipient that received more than			1		(f) Mathad of	, , , , , , , , , , , , , , , , , , , 	
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) a Enter total number of other organization 		4			<u> </u>		>

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Schedule I (Form 990) (2015) INDIANA INC.	.o bibilik	b of chivin			35-1323831	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash	assistance
COLLEGE SCHOLARSIP - INDIANA UNIVERSITY	4	3,000.	0.			
COLLEGE SCHOLARSHIP - PURDUE	1	1,000.	. 0.			
COLLEGE SCHOLARSHIP - IVY TECH COMMUNITY COLLEGE	2	4,000.	0.			
		0.000				
COLLEGE SCHOLARSHIP - VINCENNES UNIVERSITY	2	2,000.	0.			
COLLEGE SCHOLARSHIP - INDIANA STATE UNIVERSITY	3	4,000.	0.			
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ie 2, Part III, column	n (b), and any other a	dditional information.		
PART I, LINE 2:						
TO ENSURE INTENDED USE OF ASSISTAN	ICE FUNDS	, NO FUNDS	OVER \$100	ARE GIVEN		

DIRECTLY TO A CLIENT. CHECKS ARE WRITTEN TO THE VENDOR WITH EXPLICIT INSTRUCTIONS AS TO THE APPLICATION OF FUNDS. FOR EXAMPLE, COLLEGE SCHOLARSHIP AWARDS ARE WRITTEN TO THE UNIVERSITY UPON PRESENTATION OF ACCEPTANCE LETTER WITH A NOTE "APPLY TO FALL TUITION FOR JOHN DOE."

Part III Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)								
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance			
COLLEGE SCHOLARSHIP - BALL STATE	3.	2,500.	0.					
COLLEGE SCHOLARSHIPS - BOOKS AND OTHER EDUCATIONAL NEEDS	1.	4,494.	0.					
COLLEGE SCHOLARSHIP - UNIVERSITY OF INDIANAPOLIS	2.	2,000.	0.					
COLLEGE SCHOLARSHIP - MARIAN UNIVERSITY	1.	2,000.	0.					
				l	<u> </u>			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

INDIANA INC.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. BIG BROTHERS BIG SISTERS OF CENTRAL

Employer identification number 35-1323831

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	2	6,289.	AVG HIGH/LO	W PRI	CE
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21 22	Taxidermy						
23	Historical artifacts Scientific specimens						
24	Archeological artifacts						
25	Other • (TICKETS/ADMIS)	X	123	130.413.	COMPARABLE	ITEMS	
26	Other (AUCTION ITEMS)	X	131		COMPARABLE		
27	Other (, , , , , , ,			
28	Other (
29	Number of Forms 8283 received by the organiz	zation durin	g the tax year for o	contributions			
	for which the organization completed Form 828	33, Part IV,	Donee Acknowled	gement 29			
						Ye	s No
30a	During the year, did the organization receive by	/ contribution	on any property rep	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date	of the initia	al contribution, and	d which is not required to be	used for		
	exempt purposes for the entire holding period?						
b	b If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?						
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						
	contributions?					32a	<u> </u>
	If "Yes," describe in Part II.						
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is ch	ecked,		
	describe in Part II.						

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Schedule M (Form 990) (2015)

BIG BROTHERS BIG SISTERS OF CENTRAL

Schedule M	I (Form 990) (2015) ${ m I}$	NDIANA	INC.			35-132	3831	Page 2
Part II	Supplemental II is reporting in Part I, this part for any addi	nformation.	Provide the informat	tion required by P tions, the number	art I, lines 30b, 32b, a of items received, or	nd 33, and whether a combination of bot	the organizat h. Also comp	tion
	,							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2015

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

BIG BROTHERS BIG SISTERS OF CENTRAL Emplo

Employer identification number 35-1323831

FORM 990, PART VI, SECTION A, LINE 4:

INDIANA INC.

THE BYLAWS WERE AMENDED TO ADD A STATEMENT THAT THE PRESIDENT SHALL

APPOINT, IN CONSULTATION WITH THE CEO, EXECUTIVE COMMITTEE AND GOVERNANCE

COMMITTEE, A CHAIRPERSON FOR EACH COMMITTEE ESTABLISHED BY THE BOARD.

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

THE FORM 990 IS PREPARED THROUGH THE JOINT EFFORTS OF THE BOARD AND STAFF
OF BBBSCI AND THEIR ACCOUNTANTS. THE FINANCE COMMITTEE OF THE BOARD REVIEWS
EVERY ASPECT OF THE FORM AND PRESENTS TO THE FULL BOARD THE COMPLETED FORM
FOR THEIR QUESTIONS AND REVIEW. UPON THE APPROVAL OF THE BOARD, THE FORM
990 IS SUBMITTED TO THE IRS.

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

ON AN ANNUAL BASIS, EVERY BOARD MEMBER AND EMPLOYEE IS REQUIRED TO COMPLETE
THE "CONFLICT OF INTEREST DISCLOSURE FORM." ANY NEW INTERESTS OR CHANGES TO
THE INITIAL REPORT ARE REQUIRED TO BE REPORTED TO THE BOARD GOVERNANCE

COMMITTEE. THE COMMITTEE REVIEWS ALL ISSUES (SELF REPORTED AND DISCOVERED

BY OTHER MEANS) AND TAKES APPROPRIATE ACTION WHENEVER AN ISSUE ARISES,

FOLLOWING THE PROCEDURES THAT ARE IN PLACE IN THE "CONFLICT OF INTEREST

POLICY"

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

THE BOARD OF DIRECTORS OF BIG BROTHERS BIG SISTERS CONDUCTS AN ANNUAL CEO PERFORMANCE EVALUATION AND SALARY REVIEW. UPON CONCLUSION OF THE FISCAL

YEAR ENDING JUNE 30, THE EXECUTIVE COMMITTEE OF THE BOARD SENDS A

PERFORMANCE REVIEW QUESTIONNAIRE TO THE CEO DIRECT REPORTS, EXTERNAL

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Employer identification number 35-1323831

STAKEHOLDERS, AND SEVERAL BOARD MEMBERS. THE RESULTS OF THESE SURVEYS,

ALONG WITH A REVIEW OF PERFORMANCE UNDER THE YEARLY AGENCY GOALS AS SET

FORTH IN THE STRATEGIC PLAN AND THE

FINANCIAL STATUS OF THE AGENCY, FORM THE BASIS OF DETERMINING ANY BONUSES

OR MERIT PAY INCREASES AS DETERMINED BY THE EXECUTIVE COMMITTEE.

INDEPENDENT SALARY SURVEYS PROVIDED BY UNITED WAY OF CENTRAL IN AND BIG
BROTHERS BIG SISTERS OF AMERICA ARE PERIODICALLY CONSULTED TO VERIFY THAT
THE DETERMINED SALARY IS IN LINE WITH OTHER NOT-FOR-PROFIT AGENCIES OF
SIMILAR SIZE AND PURPOSE. A COPY OF THE CEO REVIEW AND SALARY ADJUSTMENTS
ARE PROVIDED TO THE OFFICE COORDINATOR FOR THE CEO PERSONNEL FILE. ALL
NON-CEO WAGE/SALARY LEVELS ARE DETERMINED BY THE CEO USING A PROCESS THAT
MIRRORS THE ONE THE BOARD USES TO DETERMINE THE CEO SALARY. PERFORMANCE
REVIEWS ARE CONDUCTED AND INDEPENDENT SALARY SURVEYS ARE PERIODICALLY

CONSULTED TO VERIFY THAT THE DETERMINED SALARIES ARE IN LINE WITH SIMILAR

AGENCIES. THE OVERALL ANNUAL SALARY EXPENSE FOR THE AGENCY IS APPROVED BY

THE BOARD DURING THE BUDGET PROCESS ON A LINE ITEM BASIS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON WRITTEN OR VERBAL REQUEST.

PART XII LINE 2C:

THE FINANCE COMMITTEE IS CHARGED BY THE BOARD WITH THE RESPONSIBILITY

FOR REGULAR REVIEW OF INTERNALLY PREPARED FINANCIAL STATEMENTS AND THE

OVERSIGHT OF THE AUDIT PROCESS, INCLUDING THE RECOMMENDATION TO THE

BOARD OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM TO AUDIT THE

STATEMENTS ANNUALLY AND REPORT TO THE BOARD ANY FINDINGS. THIS PROCESS

HAS NOT CHANGED FROM THE PRIOR YEAR.

Schedule O (Form 990 or 9	990-EZ) (2015)			Page 2
Schedule O (Form 990 or 9 Name of the organization	BIG BROTHERS INDIANA INC.	BIG SISTERS	OF CENTRAL	Employer identification number 35-1323831
	INDIANA INC.			33-1323031