

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization **BIG BROTHERS BIG SISTERS OF GREATER LOS ANGELES, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3150 N. SAN FERNANDO RD., SUITE C

City or town, state or province, country, and ZIP or foreign postal code
LOS ANGELES CA 90065

D Employer identification number
95-1904857

E Telephone number
213-213-2400

G Gross receipts\$ **12,541,298**

F Name and address of principal officer:

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.BBBSLA.ORG**

H(c) Group exemption number ▶

L Year of formation: **2001** **M** State of legal domicile: **CA**

K Form of organization: Corporation Trust Association Other ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	31
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	31
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	62
	6 Total number of volunteers (estimate if necessary)	6	1667
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,320,455	2,300,348
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,549	96,908
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,245,175	1,340,010
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,594,179	3,737,266
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	195,394	248,166
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,242,218	2,573,679
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 453,675		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	792,615	735,107
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,230,227	3,556,952	
19 Revenue less expenses. Subtract line 18 from line 12	363,952	180,314	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,268,824	4,450,971
	22 Net assets or fund balances. Subtract line 21 from line 20	487,509	540,409
		3,781,315	3,910,562

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name **YEFIM SKLYAR, CPA** Preparer's signature _____ Date **06/08/17** Check if self-employed PTIN **P00362128**

Firm's name ▶ **WALTERS & SKLYAR LLP** Firm's EIN ▶ **47-5677171**

Firm's address ▶ **21700 OXNARD ST STE 800 WOODLAND HILLS, CA 91367-7500** Phone no. **818-975-2040**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

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

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

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

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

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

4a (Code:) (Expenses \$ **2,785,061** including grants of \$ **248,166**) (Revenue \$)

THE ORGANIZATION SUPPORTED 1,637 MATCHES AND IMPACTED 1,852 CHILDREN IN 2016.

CHILDREN AND YOUTH ARE GIVEN THE OPTION OF PARTICIPATING IN ONE OF THE FOLLOWING PROGRAMS:

OUR COMMUNITY BASED MENTORING PROGRAM MATCHES ONE CHILD WITH ONE CARING ADULT MENTOR, AND SUPPORTS THE RELATIONSHIP WITH TRAINED CASE MANAGERS CALLED MATCH SUPPORT SPECIALISTS. THE VOLUNTEER MENTOR, THE CHILD, AND HIS OR HER PARENT/GUARDIAN MAKE A MINIMUM ONE YEAR COMMITMENT TO THE RELATIONSHIP. CURRENT BBBSLA BIG/LITTLE MATCHES LAST AN AVERAGE OF 30 MONTHS, EXCEEDING THE NATIONAL AVERAGE. THE MATCHES MEET AT LEAST TWICE A MONTH FOR 2-4 HOURS, EITHER ON THEIR OWN OR WHEN THEY ATTEND RECREATIONAL,

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

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

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses ► **2,785,061**

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1a	51		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	62		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
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 a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAURA LIZER	1.00									
CHAIR	0.00	X		X			0	0	0	
(2) BROCK MOSELEY	1.00									
VICE CHAIR	0.00	X		X			0	0	0	
(3) JUDGE MICHAEL CARTER	1.00									
SECRETARY	0.00	X		X			0	0	0	
(4) RICK UNSER	1.00									
TREASURER	0.00	X		X			0	0	0	
(5) JOSHUA ABRAHAMS	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) REBECCA CAMPBELL	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) MEGAN COLLIGAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(8) MIKE DALY	1.00									
DIRECTOR	0.00	X					0	0	0	
(9) WILLIAM DAVIS	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) ROY DISNEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(11) JOAO DOS SANTOS	1.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) MIKE DOWLING	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) SHELLI HILL	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) HOLLY JACOBS	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) ERIN LAVELLE	1.00									
DIRECTOR	0.00	X					0	0	0	
(16) SABIN LOMAC	1.00									
DIRECTOR	0.00	X					0	0	0	
(17) NICOLE LOREY	1.00									
DIRECTOR	0.00	X					0	0	0	
(18) MARIA MARILL	1.00									
DIRECTOR	0.00	X					0	0	0	
(19) LANCE MARKOWITZ	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							177,137		16,497	
d Total (add lines 1b and 1c)							177,137		16,497	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) HILARY ESTEY MCLOUGHLIN	1.00									
DIRECTOR	0.00	X					0	0	0	
(21) MARCELLUS MCRAE	1.00									
DIRECTOR	0.00	X					0	0	0	
(22) DAVID MISCH	1.00									
DIRECTOR	0.00	X					0	0	0	
(23) BYRON G. MOBLEY	1.00									
DIRECTOR	0.00	X					0	0	0	
(24) EVANGELYN NATHAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(25) JEFFREY RAO	1.00									
DIRECTOR	0.00	X					0	0	0	
(26) BYRON REED	1.00									
DIRECTOR	0.00	X					0	0	0	
(27) JENNIFER SALKE	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) VICTOR SANCHEZ	1.00									
DIRECTOR	0.00	X					0	0	0	
(29) NEIL SMITH	1.00									
DIRECTOR	0.00	X					0	0	0	
(30) TIM WARD	1.00									
DIRECTOR	0.00	X					0	0	0	
(31) JONI WEYL	1.00									
DIRECTOR	0.00	X					0	0	0	
(32) ADRIANA BALABAN	1.00									
TRUSTEE	0.00	X					0	0	0	
(33) LANCE ETCHEVERRY	1.00									
TRUSTEE	0.00	X					0	0	0	
(34) ROBERT HOWARD	1.00									
TRUSTEE	0.00	X					0	0	0	
(35) JOHN HUNTER	1.00									
TRUSTEE	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(36) MAX JONG	1.00									
TRUSTEE	0.00	X					0	0	0	
(37) JOHN KOBARA	1.00									
TRUSTEE	0.00	X					0	0	0	
(38) SHERRY LANSING	1.00									
TRUSTEE	0.00	X					0	0	0	
(39) DAMON LEE III	1.00									
TRUSTEE	0.00	X					0	0	0	
(40) VICKI MARTIN	1.00									
TRUSTEE	0.00	X					0	0	0	
(41) BRADLEY SHAIRSON	1.00									
TRUSTEE	0.00	X					0	0	0	
(42) STEVE SOBOROFF	1.00									
TRUSTEE	0.00	X					0	0	0	
(43) NANCY TAYLOR	1.00									
TRUSTEE	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(44) TIFFANY SIART PRESIDENT/CEO	50.00 0.00			X				177,137	0	16,497
1b Sub-total								177,137		16,497
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns					
	b Membership dues					
	c Fundraising events					
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,300,348				
	g Noncash contributions included in lines 1a-1f: \$	1,077				
	h Total. Add lines 1a-1f		2,300,348			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		31,170		31,170	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	153,734			
		(ii) Other	278			
	b Less: cost or other basis & sales exps.	88,274				
	c Gain or (loss)	65,460	278			
	d Net gain or (loss)		65,738		65,738	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 1,233,123				
		b Less: direct expenses	494,556			
c Net income or (loss) from fundraising events			738,567		738,567	
9a Gross income from gaming activities. See Part IV, line 19	a 8,812,135					
	b Less: direct expenses	8,221,202				
	c Net income or (loss) from gaming activities		590,933		590,933	
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Busn. Code				
11a MISCELLANEOUS INCOME		10,510		10,510		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		10,510				
12 Total revenue. See instructions.		3,737,266	0	0	1,436,918	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	248,166	248,166		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	193,635	147,356	19,480	26,799
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,976,819	1,504,359	198,868	273,592
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	229,772	174,857	23,115	31,800
10 Payroll taxes	173,453	131,998	17,449	24,006
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	79,434	60,449	7,991	10,994
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	401,672	305,555	40,393	55,724
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	86,218	56,182	7,427	22,609
23 Insurance				
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 O.)				
a PROGRAM SERVICE AND EVENT	133,066	129,719		3,347
b NATIONAL AND REGIONAL	34,717	26,420	3,493	4,804
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,556,952	2,785,061	318,216	453,675
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	1,303,624	1	1,439,065
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	518,346	3	580,689
	4 Accounts receivable, net		4	
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	88,383	9	85,316
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 899,493		
	b Less: accumulated depreciation	10b 480,477	497,155	10c 419,016
	11 Investments—publicly traded securities	1,740,481	11	1,765,797
	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	120,835	15	161,088
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,268,824	16	4,450,971	
Liabilities	17 Accounts payable and accrued expenses	487,509	17	540,409
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 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		25	
	26 Total liabilities. Add lines 17 through 25	487,509	26	540,409
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,503,104	27	1,555,133
	28 Temporarily restricted net assets	878,211	28	955,429
	29 Permanently restricted net assets	1,400,000	29	1,400,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,781,315	33	3,910,562	
34 Total liabilities and net assets/fund balances	4,268,824	34	4,450,971	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,737,266
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,556,952
3	Revenue less expenses. Subtract line 2 from line 1	3	180,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,781,315
5	Net unrealized gains (losses) on investments	5	-51,067
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,910,562

Part XII Financial Statements and Reporting

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

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

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2016

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

BIG BROTHERS BIG SISTERS OF GREATER LOS ANGELES, INC.

Employer identification number

95-1904857

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations.
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and a Total row.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,361,204	1,603,234	2,231,733	2,320,455	2,300,348	9,816,974
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,361,204	1,603,234	2,231,733	2,320,455	2,300,348	9,816,974
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)						
6 Public support. Subtract line 5 from line 4.						9,816,974

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	1,361,204	1,603,234	2,231,733	2,320,455	2,300,348	9,816,974
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,183	30,031	37,971	38,123	30,814	167,122
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 assets (Explain in Part VI.)	1,678	3,123	4,231	27,271	10,866	47,169
11 Total support. Add lines 7 through 10						10,031,265

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	97.86 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	97.95 %

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services 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 organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
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						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
5b	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?		
5c	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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	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	

Section 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-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 47,169

DRAFT

Schedule of Contributors

2016

▶ **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.**

Name of the organization BIG BROTHERS BIG SISTERS OF GREATER LOS ANGELES, INC.	Employer identification number 95-1904857
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Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

BIG BROTHERS BIG SISTERS OF GREATER

Employer identification number

95-1904857

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	A&E TELEVISION NETWORKS TOTAL 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ADRIANA BALABAN 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 53,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CALIFORNIA COMMUNITY FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 91,177	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CIT BANK, N.A. 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COMCAST CORPORATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ECMC FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 149,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BIG BROTHERS BIG SISTERS OF GREATER

Employer identification number

95-1904857

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	ENTERTAINMENT INDUSTRY FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FOX NETWORKS GROUP, INC. 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE BROAD FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE CONFIDENCE FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE HOLLYWOOD REPORTER 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE RALPH M. PARSONS FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BIG BROTHERS BIG SISTERS OF GREATER

Employer identification number

95-1904857

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
13	THE ROSE HILLS FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	UNION BANK FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 48,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	VICKI MARTIN 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 77,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	WELLS FARGO FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	WILLIAM BINGLEY 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	WINDSONG TRUST 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BIG BROTHERS BIG SISTERS OF GREATER

Employer identification number

95-1904857

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
19	BIG BROTHERS BIG SISTERS OF AMERICA 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 135,970	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE 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.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization: BIG BROTHERS BIG SISTERS OF GREATER LOS ANGELES, INC. Employer identification number: 95-1904857

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

Part II Conservation Easements.

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

Form for Part II containing questions 1-9 about conservation easements, including purpose, monitoring, and expenses.

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

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

Form for Part III containing questions 1a, 1b, and 2 about reporting collections of art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,531,220	1,574,266	1,450,863	1,248,956	890,106
b Contributions		61,523		210,218	285,226
c Net investment earnings, gains, and losses	42,024	30,668	147,111	10,461	94,908
d Grants or scholarships					
e Other expenditures for facilities and programs	22,982	73,714	23,709	18,772	21,284
f Administrative expenses					
g End of year balance	1,550,262	1,531,220	1,574,266	1,450,863	1,248,956

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
 - a Board designated or quasi-endowment %
 - b Permanent endowment 90.00 %
 - c Temporarily restricted endowment 10.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		328,750	98,788	229,962
d Equipment				
e Other		570,743	381,689	189,054
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				419,016

Part VII Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(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 ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,686,199
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-51,067	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-51,067
3	Subtract line 2e from line 1		3	3,737,266
4	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	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,737,266

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements		1	3,556,952
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	3,556,952
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.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,556,952

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 V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

ENDOWMENT ASSETS INCLUDE DONOR-RESTRICTED FUNDS THAT THE ORGANIZATION MUST HOLD IN PERPETUITY. THE PRINCIPAL IS INVESTED FOR LONG-TERM GROWTH TO SERVE PRESENT AND FUTURE GENERATIONS OF CHILDREN-IN-NEED. THE INCOME FROM ENDOWMENT FUNDS IS APPROPRIATED IN ACCORDANCE WITH THE ORGANIZATION'S ENDOWMENT SPENDING POLICY AND IS USED IN ACCORDANCE WITH DONOR-IMPOSED RESTRICTIONS OR, IN THE ABSENCE THEREOF, TO SUPPORT THE ORGANIZATION'S GENERAL OPERATIONS.

PART X - FIN 48 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AND THE CORRESPONDING

Part XIII Supplemental Information *(continued)*

PROVISIONS OF THE CALIFORNIA FRANCHISE TAX CODE. HOWEVER, IT IS SUBJECT TO FEDERAL AND CALIFORNIA INCOME TAX ON UNRELATED BUSINESS INCOME (UBI), IF ANY, AS STIPULATED IN IRC SECTION 511.

THE ORGANIZATION EVALUATES UNCERTAIN TAX POSITIONS THROUGH ITS REVIEW OF THE SOURCES OF INCOME TO IDENTIFY UBI AND CERTAIN OTHER MATTERS, INCLUDING THOSE WHICH MAY AFFECT ITS TAX EXEMPT STATUS. THE EFFECT OF THE UNCERTAINTY WOULD BE RECORDED IF THE OUTCOME WAS CONSIDERED PROBABLE AND REASONABLY ESTIMABLE. AS OF DECEMBER 31, 2016 AND 2015, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS REQUIRING ACCRUAL. THE ORGANIZATION'S BINGO OPERATIONS QUALIFY FOR THE STATUTORY BINGO EXCLUSION FROM UNRELATED TRADE OR BUSINESS DEFINITION AND, THEREFORE, DO NOT SUBJECT THE ORGANIZATION TO UBI TAX.

THE ORGANIZATION'S FEDERAL AND CALIFORNIA RETURNS ARE NO LONGER SUBJECT TO EXAMINATIONS BY TAXING AUTHORITIES FOR YEARS BEFORE 2013 FOR THEIR FEDERAL AND 2012 FOR THEIR STATE TAXFILINGS.

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

**BIG BROTHERS BIG SISTERS OF GREATER
LOS ANGELES, INC.**

Employer identification number

95-1904857

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

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

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

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

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

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

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

.....
.....
.....
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>GALA</u> (event type)	<u>GOLF</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	648,340	371,618	213,165	1,233,123
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	648,340	371,618	213,165	1,233,123
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		11,100		11,100
	6	Rent/facility costs	11,500	100,050		111,550
	7	Food and beverages	79,800	47,678	35,626	163,104
	8	Entertainment	17,165	250		17,415
	9	Other direct expenses	97,444	33,522	60,421	191,387
	10	Direct expense summary. Add lines 4 through 9 in column (d)				494,556
11	Net income summary. Subtract line 10 from line 3, column (d)				738,567	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue	2,738,707	5,948,775	124,653
Direct Expenses	2	Cash prizes	2,634,974	4,317,491	7,926	6,960,391
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses	395,848	859,826	5,137	1,260,811
6	Volunteer labor	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 85.00 % <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d)				8,221,202	
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				590,933	

9 Enter the state(s) in which the organization conducts gaming activities: **CA**
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain:

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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization **BIG BROTHERS BIG SISTERS OF GREATER
LOS ANGELES, INC.**

Employer identification number
95-1904857

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) 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 noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	110	248,166			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART IV - ADDITIONAL INFORMATION

SCHOLARSHIPS

SCHEDULE I, PART I LINE 1

SCHOLARSHIPS ARE AWARDED AND MONITORED BASED ON CERTAIN CRITERIA

PROMULGATED BY BBBSLA AND REVIEWED AND APPROVED BY THE SCHOLARSHIP

COMMITTEE OF THE BOARD OF DIRECTORS.

SCHEDULE J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

**BIG BROTHERS BIG SISTERS OF GREATER
LOS ANGELES, INC.**

Employer identification number
95-1904857

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 TIFFANY SIART PRESIDENT/CEO	(i)	137,137	40,000	0	7,085	9,412	193,634	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DRAFT

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

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

Name of the organization **BIG BROTHERS BIG SISTERS OF GREATER LOS ANGELES, INC.**

Employer identification number
95-1904857

FORM 990 - ORGANIZATION'S MISSION

TO HELP CHILDREN-IN-NEED REACH THEIR POTENTIAL, THROUGH PROFESSIONALLY SUPPORTED, ONE-TO-ONE MENTORING RELATIONSHIPS; TO STRENGTHEN THE SOCIAL, EMOTIONAL, COGNITIVE AND BEHAVIORAL COMPETENCIES OF CHILDREN LIVING IN POVERTY, TO IMPROVE THE CHILDREN'S COMMITMENT TO SCHOOL AND TO ACADEMIC ACHIEVEMENT; TO IMPROVE CHILDREN'S UNDERSTANDING OF HEALTHY STANDARDS OF BEHAVIOR; TO IMPROVE EACH CHILD'S RESILIENCE, SELF-EFFICACY AND SENSE OF THE FUTURE; AND TO STRENGTHEN EACH CHILD'S SENSE OF SELF-WORTH.

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

EDUCATIONAL AND COMMUNITY SERVICE ACTIVITIES ORGANIZED BY THE AGENCY. IN ADDITION TO THE ARMY OF VOLUNTEERS WHO COME FORWARD FROM THE COMMUNITY, BBBSLA HAS PARTNERSHIPS WITH CORPORATIONS, WHICH ENCOURAGE AND SUPPORT EMPLOYEE INVOLVEMENT IN THIS PROGRAM.

THE WORKPLACE MENTORING PROGRAM IS AN EDUCATIONAL, VOCATIONAL, AND CULTURAL PROGRAM THAT MATCHES VOLUNTEERS FROM A CORPORATION WITH YOUTH FROM A LOCAL HIGH SCHOOL WITHIN THE CORPORATIONS COMMUNITY. BIG BROTHERS BIG SISTERS FACILITATES ACTIVITIES WITHIN THE PROGRAM THAT ENGAGE EMPLOYEES AND TEACH STUDENTS THE SKILLS NECESSARY TO ENTER, SUSTAIN, AND SUCCEED IN THE WORKING WORLD. CURRENT WORKPLACE PROGRAM SCHOOL PARTNERS INCLUDE:

1. CAMINO NUEVO CHARTER ACADEMY (UNION BANK)
2. ANIMO VENICE CHARTER ACADEMY (NFL AND MIRACLE MILE ADVISORS)
3. FOSHAY LEARNING CENTER (SONY PICTURES ENTERTAINMENT)
4. WEST ADAMS PREPARATORY HIGH SCHOOL (CBS STUDIOS)
5. LOCKE HIGH SCHOOL (FOX)

Name of the organization

Employer identification number

BIG BROTHERS BIG SISTERS OF GREATER

95-1904857

6. CITY HONORS PREPARATORY CHARTER HIGH SCHOOL (LA KINGS)

7. NORTH HOLLYWOOD HIGH SCHOOL (NBC UNIVERSAL)

THROUGH OUR SCHOOL BASED PROGRAM, VOLUNTEERS OFFER INDIVIDUALIZED TIME AND ATTENTION ON A CONSISTENT BASIS TO CHILDREN IN PUBLIC ELEMENTARY SCHOOLS THROUGHOUT LOS ANGELES COUNTY. TEACHERS IDENTIFY CHILDREN WHO CAN BENEFIT MOST FROM AN EXTRA CARING ADULT IN THEIR LIVES. VOLUNTEERS MAKE A MINIMUM ONE YEAR COMMITMENT, AND MEET WITH THE CHILD FOR ONE HOUR ONCE A WEEK. WHILE A MENTOR MAY SPEND TIME HELPING THE CHILD WITH SCHOOLWORK, THE FOCUS IS ON PROVIDING FRIENDSHIP AND EMOTIONAL SUPPORT. TYPICALLY THIS INVOLVES READING FOR PLEASURE, PLAYING EDUCATIONAL GAMES, OR JUST SITTING AND TALKING. CURRENT SCHOOL-BASED MENTORING SCHOOL PARTNERS INCLUDE:

1. ROOSEVELT ELEMENTARY / SAN GABRIEL UNIFIED SCHOOL DISTRICT

2. SAN GABRIEL HIGH SCHOOL (BIGS AT ROOSEVELT) / ALHAMBRA UNIFIED SCHOOL DISTRICT

3. GABRIELINO HIGH SCHOOL (BIGS AT ROOSEVELT & MCKINLEY) / SAN GABRIEL UNIFIED SCHOOL DISTRICT

4. MCKINLEY ELEMENTARY / SAN GABRIEL UNIFIED SCHOOL DISTRICT

5. JOHN MARSHALL HIGH SCHOOL / LOS ANGELES UNIFIED SCHOOL DISTRICT

6. 20TH STREET ELEMENTARY / LOS ANGELES UNIFIED SCHOOL DISTRICT

7. BRADDOCK DRIVE ELEMENTARY / LOS ANGELES UNIFIED SCHOOL DISTRICT

8. RIO VISTA ELEMENTARY / LOS ANGELES UNIFIED SCHOOL DISTRICT

9. NORTH HOLLYWOOD HIGH SCHOOL (BIGS AT RIO VISTA) / LOS ANGELES UNIFIED SCHOOL DISTRICT

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS A COPY OF THE TAX RETURN

Name of the organization

Employer identification number

BIG BROTHERS BIG SISTERS OF GREATER

95-1904857

BEFORE IT IS FILED. THE AMOUNTS ARE COMPARED TO AUDITED FINANCIAL STATEMENTS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES DISCLOSE, ANNUALLY, INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST. COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS MONITORED ON A REGULAR BASIS WITH ALL MEMBERS OF THE ORGANIZATION.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD OF DIRECTORS (ALL INDEPENDENT MEMBERS) REVIEWS AVAILABLE MARKET DATA FOR COMPENSATION AND APPROVES THE COMPENSATION OF CEO AND TOP MANAGEMENT OFFICIALS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE BOARD OF DIRECTORS (ALL INDEPENDENT MEMBERS) REVIEWS AVAILABLE MARKET DATA FOR COMPENSATION AND APPROVES THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
- ▶ Attach to Form 990.
- ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

**BIG BROTHERS BIG SISTERS OF GREATER
LOS ANGELES, INC.**

Employer identification number

95-1904857

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BIG BROTHERS BIG SISTERS OF AMERICA 230 NORTH 13TH STREET 23-1365190 PHILLADELPHIA PA 19107	SAME	PA		7	N/A		X
(2) JEWISH BIG BROTHERS BIG SISTERS 6505 WISHIRE BLVD., SUITE 600 95-1691009 LOS ANGELES CA 90048	SAME	CA		7	N/A		X
(3) CATHOLIC BIG BROTHERS BIG SISTERS 1530 JAMES M. WOOD BLVD., 95-1690972 LOS ANGELES CA 90015	SAME	CA		7	N/A		X
(4) BIG BROTHERS BIG SISTERS OF ORANGE 14131 YORBA STREET, SUITE 200 95-1992702 TUSTIN CA 92780	SAME	CA		7	N/A		X
(5) BIG BROTHERS BIG SISTERS OF VENTURA 445 ROSEWOOD AVENUE SUITE Q CAMARILLO CA 93010	SAME	CA		7	N/A		X

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	BIG BROTHERS BIG SISTERS OF AMERICA	C	140,199	CASH-AGREEMENTS
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (See instructions).

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Form **4562**
Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172
2016
Attachment Sequence No. **179**

Name(s) shown on return **BIG BROTHERS BIG SISTERS OF GREATER
LOS ANGELES, INC.**

Identifying number
95-1904857

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,010,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	76,832

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	76,832
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
9	EQUIPMENT	1/01/85	5,606			5,606	8 MO S/L	5,606	0
10	OFFICE FURNITURE	1/01/86	3,266			3,266	8 MO S/L	3,266	0
11	OFFICE FURNITURE	1/01/87	1,139			1,139	8 MO S/L	1,139	0
12	OFFICE FURNITURE	1/01/88	704			704	5 MO S/L	704	0
13	FURNITURE&FIXTURES	1/01/89	14,200			14,200	5 MO S/L	14,200	0
14	FURNITURE&FIXTURES	1/01/90	15,077			15,077	5 MO S/L	15,077	0
15	OFFICE FURNITURE&FIXTURES	1/01/91	19,002			19,002	5 MO S/L	19,002	0
16	FURN/FIX BBGLA	1/01/92	15,281			15,281	5 MO S/L	15,281	0
17	FURN/FIX BBGLA	1/01/93	8,027			8,027	5 MO S/L	8,027	0
18	FURN/ FIX BBGLA	1/01/94	8,056			8,056	5 MO S/L	8,056	0
20	FURN/FIX BBGLA	1/01/95	800			800	5 MO S/L	800	0
21	FURN/FIX BBGLA	1/01/95	941			941	5 MO S/L	941	0
22	FURN/FIX BBGLA	1/01/95	600			600	5 MO S/L	600	0
23	FURN/FIX BBGLA	1/01/96	4,242			4,242	5 MO S/L	4,242	0
24	FURN/FIX BBGLA	1/01/97	668			668	3 MO S/L	668	0
25	EQUIPMENT	1/01/97	734			734	3 MO S/L	734	0
26	EQUIPMENT	1/01/97	875			875	3 MO S/L	875	0
27	FURNITURE&FIXTURES	1/01/98	36,075			36,075	5 MO S/L	36,075	0
28	EQUIPMENT	1/01/99	7,412			7,412	3 MO S/L	7,412	0
29	EQUIPMENT	1/01/01	2,215			2,215	5 MO S/L	2,215	0
30	FURNITURE&FIXTURES	1/01/02	950			950	5 MO S/L	950	0
32	EQUIPMENT	1/01/04	1,299			1,299	5 MO S/L	1,299	0
33	EQUIPMENT	1/01/04	1,334			1,334	5 MO S/L	1,334	0
36	FINGER PRINTING MACHINE	6/30/11	18,248			18,248	5 MO S/L	16,423	1,825
37	4 LAPTOPS & 4 MONITERS	9/30/11	14,106			14,106	5 MO S/L	11,990	2,116
38	2 LAPTOPS & 2 MONITERS	4/11/12	3,542			3,542	5 MO S/L	2,627	708
39	22 DESKTOPS-MONITERS, 14 LAPTOPS	12/31/12	41,847			41,847	5 MO S/L	25,108	8,369
40	2 LAPTOPS	5/12/14	7,753			7,753	5 MO S/L	2,520	1,551
41	SERVER	5/12/14	831			831	5 MO S/L	270	166
42	3 COMPUTERS	7/10/14	4,624			4,624	5 MO S/L	1,349	925
43	MONITERS, KEYBOARDS&MOUSE, TC	2/18/15	21,726			21,726	5 MO S/L	3,621	4,345
44	FURNITURE	3/01/15	114,382			114,382	7 MO S/L	13,617	16,340
45	LED MONITER	9/08/15	979			979	5 MO S/L	57	196
46	COMPUTER	10/09/15	4,298			4,298	5 MO S/L	179	860
47	KEYBOARD&MOUSE	11/11/05	899			899	5 MO S/L	22	180
48	DRAWER UNIT & CLOCK	12/23/15	2,429			2,429	7 MO S/L	14	347
49	LED MONITER	3/20/15	440			440	5 MO S/L	70	88
50	PHONE SYSTEM	3/20/15	25,786			25,786	5 MO S/L	4,083	5,157
51	MS 365	3/20/15	12,476			12,476	5 MO S/L	1,975	2,495
52	F&F FLB	1/01/91	7,584			7,584	5 MO S/L	7,584	0
53	F&F FLB	1/01/94	2,003			2,003	5 MO S/L	2,003	0
54	F&F CULVER CITY-INCLUDES CARPET	1/01/89	22,890			22,890	5 MO S/L	22,890	0
55	F&F CULVER CITY	1/01/93	2,358			2,358	5 MO S/L	2,358	0
56	F&F CULVER CITY	1/01/95	564			564	5 MO S/L	564	0
57	F&F CULVER CITY	1/01/94	1,924			1,924	5 MO S/L	1,924	0
58	F&F CULVER CITY	1/01/99	817			817	5 MO S/L	817	0
59	F&F CULVER CITY	1/01/00	136			136	5 MO S/L	136	0
60	F&F CULVER CITY	1/01/10	6,008			6,008	5 MO S/L	6,008	0
61	MONITORS	12/15/11	10,881			10,881	5 MO S/L	8,886	1,995
62	BANQUET CHAIRS	1/24/12	5,258			5,258	7 MO S/L	3,004	751
63	CARPET	6/14/12	14,428			14,428	7 MO S/L	7,214	2,061
64	CAMERAS, DVR SCREENS	10/17/12	5,983			5,983	5 MO S/L	3,790	1,197
65	MONITORS&INSTALLATION	9/11/13	1,360			1,360	5 MO S/L	623	272
66	LCD MONITOR	5/15/14	857			857	5 MO S/L	278	172
67	3 COMPUTERS	9/10/14	4,263			4,263	5 MO S/L	1,102	852
68	3 MONITORS	9/10/14	751			751	5 MO S/L	194	150
69	BLINDS	9/22/14	9,800			9,800	7 MO S/L	1,808	1,400
70	RESTROOM REMODELING	10/01/14	10,312			10,312	15 MO S/L	859	687
71	2 TV MONITORS	5/01/15	488			488	5 MO S/L	65	98
72	ICE MACHINE	8/28/15	3,894			3,894	5 MO S/L	260	779
73	ATM MACHINE	9/04/15	2,499			2,499	5 MO S/L	146	500
74	2 EVAPORATIVE COOLERS	9/07/15	905			905	5 MO S/L	53	181
75	SNACK SHOP EQUIPMENT	11/23/15	5,400			5,400	5 MO S/L	135	1,080
76	L/H CULVER CITY	1/01/89	32,820			32,820	5 MO S/L	32,820	0
77	L/H CULVER CITY	1/01/90	5,470			5,470	5 MO S/L	5,470	0
78	L/H CULVER CITY	1/01/95	2,290			2,290	5 MO S/L	2,290	0
79	L/H CULVER CITY	1/01/95	4,351			4,351	5 MO S/L	4,351	0
80	CARPET	1/01/98	2,233			2,233	5 MO S/L	2,233	0

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
81	L/H GOODWILL	3/01/15	281,585			281,585	15 MO S/L	23,465	18,772
82	FURNITURE&FIXTURES	1/01/93	19,234			19,234	5 MO S/L	19,234	0
83	FURNITURE& FIXTURE	11/01/16	5,999			5,999	5 MO S/L	0	200
84	FURNITURE& FIXTURE	12/20/16	2,080			2,080	5 MO S/L	0	17
Total Other Depreciation			<u>900,294</u>			<u>900,294</u>		<u>394,992</u>	<u>76,832</u>
Total ACRS and Other Depreciation			<u>900,294</u>			<u>900,294</u>		<u>394,992</u>	<u>76,832</u>
Grand Totals			900,294			900,294		394,992	76,832
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>900,294</u>			<u>900,294</u>		<u>394,992</u>	<u>76,832</u>

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CA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
Other Depreciation:								
9	EQUIPMENT	1/01/85	5,606	5,606	5,606	0	0	0
10	OFFICE FURNITURE	1/01/86	3,266	3,266	3,266	0	0	0
11	OFFICE FURNITURE	1/01/87	1,139	1,139	1,139	0	0	0
12	OFFICE FURNITURE	1/01/88	704	704	704	0	0	0
13	FURNITURE&FIXTURES	1/01/89	14,200	14,200	14,200	0	0	0
14	FURNITURE&FIXTURES	1/01/90	15,077	15,077	15,077	0	0	0
15	OFFICE FURNITURE&FIXTURES	1/01/91	19,002	19,002	19,002	0	0	0
16	FURN/FIX BBGLA	1/01/92	15,281	15,281	15,281	0	0	0
17	FURN/FIX BBGLA	1/01/93	8,027	8,027	8,027	0	0	0
18	FURN/ FIX BBGLA	1/01/94	8,056	8,056	8,056	0	0	0
20	FURN/FIX BBGLA	1/01/95	800	800	800	0	0	0
21	FURN/FIX BBGLA	1/01/95	941	941	941	0	0	0
22	FURN/FIX BBGLA	1/01/95	600	600	600	0	0	0
23	FURN/FIX BBGLA	1/01/96	4,242	4,242	4,242	0	0	0
24	FURN/FIX BBGLA	1/01/97	668	668	668	0	0	0
25	EQUIPMENT	1/01/97	734	734	734	0	0	0
26	EQUIPMENT	1/01/97	875	875	875	0	0	0
27	FURNITURE&FIXTURES	1/01/98	36,075	36,075	36,075	0	0	0
28	EQUIPMENT	1/01/99	7,412	7,412	7,412	0	0	0
29	EQUIPMENT	1/01/01	2,215	2,215	2,215	0	0	0
30	FURNITURE&FIXTURES	1/01/02	950	950	950	0	0	0
32	EQUIPMENT	1/01/04	1,299	1,299	1,299	0	0	0
33	EQUIPMENT	1/01/04	1,334	1,334	1,334	0	0	0
36	FINGER PRINTING MACHINE	6/30/11	18,248	18,248	16,423	1,825	1,825	0
37	4 LAPTOPS & 4 MONITERS	9/30/11	14,106	14,106	11,990	2,116	2,116	0
38	2 LAPTOPS & 2 MONITERS	4/11/12	3,542	3,542	2,627	708	708	0
39	22 DESKTOPS-MONITERS, 14 LAPTOPS	12/31/12	41,847	41,847	25,108	8,369	8,369	0
40	2 LAPTOPS	5/12/14	7,753	7,753	2,520	1,551	1,551	0
41	SERVER	5/12/14	831	831	270	166	166	0
42	3 COMPUTERS	7/10/14	4,624	4,624	1,349	925	925	0
43	MONITERS, KEYBOARDS&MOUSE, TC	2/18/15	21,726	21,726	3,621	4,345	4,345	0
44	FURNITURE	3/01/15	114,382	114,382	13,617	16,340	16,340	0
45	LED MONITER	9/08/15	979	979	57	196	196	0
46	COMPUTER	10/09/15	4,298	4,298	179	860	860	0
47	KEYBOARD&MOUSE	11/11/05	899	899	22	180	180	0
48	DRAWER UNIT & CLOCK	12/23/15	2,429	2,429	14	347	347	0
49	LED MONITER	3/20/15	440	440	70	88	88	0
50	PHONE SYSTEM	3/20/15	25,786	25,786	4,083	5,157	5,157	0
51	MS 365	3/20/15	12,476	12,476	1,975	2,495	2,495	0
52	F&F FLB	1/01/91	7,584	7,584	7,584	0	0	0
53	F&F FLB	1/01/94	2,003	2,003	2,003	0	0	0
54	F&F CULVER CITY-INCLUDES CARPET	1/01/89	22,890	22,890	22,890	0	0	0
55	F&F CULVER CITY	1/01/93	2,358	2,358	2,358	0	0	0
56	F&F CULVER CITY	1/01/95	564	564	564	0	0	0
57	F&F CULVER CITY	1/01/94	1,924	1,924	1,924	0	0	0
58	F&F CULVER CITY	1/01/99	817	817	817	0	0	0
59	F&F CULVER CITY	1/01/00	136	136	136	0	0	0
60	F&F CULVER CITY	1/01/10	6,008	6,008	6,008	0	0	0
61	MONITORS	12/15/11	10,881	10,881	8,886	1,995	1,995	0
62	BANQUET CHAIRS	1/24/12	5,258	5,258	3,004	751	751	0
63	CARPET	6/14/12	14,428	14,428	7,214	2,061	2,061	0
64	CAMERAS, DVR SCREENS	10/17/12	5,983	5,983	3,790	1,197	1,197	0
65	MONITORS&INSTALLATION	9/11/13	1,360	1,360	623	272	272	0
66	LCD MONITOR	5/15/14	857	857	278	172	172	0
67	3 COMPUTERS	9/10/14	4,263	4,263	1,102	852	852	0
68	3 MONITORS	9/10/14	751	751	194	150	150	0
69	BLINDS	9/22/14	9,800	9,800	1,808	1,400	1,400	0
70	RESTROOM REMODELING	10/01/14	10,312	10,312	859	687	687	0
71	2 TV MONITORS	5/01/15	488	488	65	98	98	0
72	ICE MACHINE	8/28/15	3,894	3,894	260	779	779	0
73	ATM MACHINE	9/04/15	2,499	2,499	146	500	500	0
74	2 EVAPORATIVE COOLERS	9/07/15	905	905	53	181	181	0
75	SNACK SHOP EQUIPMENT	11/23/15	5,400	5,400	135	1,080	1,080	0
76	L/H CULVER CITY	1/01/89	32,820	32,820	32,820	0	0	0
77	L/H CULVER CITY	1/01/90	5,470	5,470	5,470	0	0	0
78	L/H CULVER CITY	1/01/95	2,290	2,290	2,290	0	0	0
79	L/H CULVER CITY	1/01/95	4,351	4,351	4,351	0	0	0
80	CARPET	1/01/98	2,233	2,233	2,233	0	0	0

CA Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	CA Prior	CA Current	Federal Current	Difference Fed - CA
81	L/H GOODWILL	3/01/15	281,585	281,585	23,465	18,772	18,772	0
82	FURNITURE&FIXTURES	1/01/93	19,234	19,234	19,234	0	0	0
83	FURNITURE& FIXTURE	11/01/16	5,999	5,999	0	200	200	0
84	FURNITURE& FIXTURE	12/20/16	2,080	2,080	0	0	17	17
Total Other Depreciation			<u>900,294</u>	<u>900,294</u>	<u>394,992</u>	<u>76,815</u>	<u>76,832</u>	<u>17</u>
Total ACRS and Other Depreciation			<u>900,294</u>	<u>900,294</u>	<u>394,992</u>	<u>76,815</u>	<u>76,832</u>	<u>17</u>
Grand Totals			900,294	900,294	394,992	76,815	76,832	17
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>900,294</u>	<u>900,294</u>	<u>394,992</u>	<u>76,815</u>	<u>76,832</u>	<u>17</u>

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Depreciation Adjustment Report

All Business Activities

AMT
Adjustments/
Preferences

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>
-------------	-------------	--------------	--------------------	------------	------------

There are no assets that meet the criteria of this report

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Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
9	EQUIPMENT	1/01/85	5,606	0	0
10	OFFICE FURNITURE	1/01/86	3,266	0	0
11	OFFICE FURNITURE	1/01/87	1,139	0	0
12	OFFICE FURNITURE	1/01/88	704	0	0
13	FURNITURE&FIXTURES	1/01/89	14,200	0	0
14	FURNITURE&FIXTURES	1/01/90	15,077	0	0
15	OFFICE FURNITURE&FIXTURES	1/01/91	19,002	0	0
16	FURN/FIX BBGLA	1/01/92	15,281	0	0
17	FURN/FIX BBGLA	1/01/93	8,027	0	0
18	FURN/ FIX BBGLA	1/01/94	8,056	0	0
20	FURN/FIX BBGLA	1/01/95	800	0	0
21	FURN/FIX BBGLA	1/01/95	941	0	0
22	FURN/FIX BBGLA	1/01/95	600	0	0
23	FURN/FIX BBGLA	1/01/96	4,242	0	0
24	FURN/FIX BBGLA	1/01/97	668	0	0
25	EQUIPMENT	1/01/97	734	0	0
26	EQUIPMENT	1/01/97	875	0	0
27	FURNITURE&FIXTURES	1/01/98	36,075	0	0
28	EQUIPMENT	1/01/99	7,412	0	0
29	EQUIPMENT	1/01/01	2,215	0	0
30	FURNITURE&FIXTURES	1/01/02	950	0	0
32	EQUIPMENT	1/01/04	1,299	0	0
33	EQUIPMENT	1/01/04	1,334	0	0
36	FINGER PRINTING MACHINE	6/30/11	18,248	0	0
37	4 LAPTOPS & 4 MONITERS	9/30/11	14,106	0	0
38	2 LAPTOPS & 2 MONITERS	4/11/12	3,542	207	0
39	22 DESKTOPS-MONITERS, 14 LAPTOPS-MC	12/31/12	41,847	8,370	0
40	2 LAPTOPS	5/12/14	7,753	1,550	0
41	SERVER	5/12/14	831	166	0
42	3 COMPUTERS	7/10/14	4,624	925	0
43	MONITERS, KEYBOARDS&MOUSE, TOPLC	2/18/15	21,726	4,345	0
44	FURNITURE	3/01/15	114,382	16,341	0
45	LED MONITER	9/08/15	979	196	0
46	COMPUTER	10/09/15	4,298	859	0
47	KEYBOARD&MOUSE	11/11/05	899	180	0
48	DRAWER UNIT & CLOCK	12/23/15	2,429	347	0
49	LED MONITER	3/20/15	440	88	0
50	PHONE SYSTEM	3/20/15	25,786	5,157	0
51	MS 365	3/20/15	12,476	2,495	0
52	F&F FLB	1/01/91	7,584	0	0
53	F&F FLB	1/01/94	2,003	0	0
54	F&F CULVER CITY-INCLUDES CARPET \$10	1/01/89	22,890	0	0
55	F&F CULVER CITY	1/01/93	2,358	0	0
56	F&F CULVER CITY	1/01/95	564	0	0
57	F&F CULVER CITY	1/01/94	1,924	0	0
58	F&F CULVER CITY	1/01/99	817	0	0
59	F&F CULVER CITY	1/01/00	136	0	0
60	F&F CULVER CITY	1/01/10	6,008	0	0
61	MONITORS	12/15/11	10,881	0	0
62	BANQUET CHAIRS	1/24/12	5,258	751	0
63	CARPET	6/14/12	14,428	2,061	0
64	CAMERAS, DVR SCREENS	10/17/12	5,983	996	0
65	MONITORS&INSTALLATION	9/11/13	1,360	272	0
66	LCD MONITOR	5/15/14	857	171	0
67	3 COMPUTERS	9/10/14	4,263	853	0
68	3 MONITORS	9/10/14	751	150	0
69	BLINDS	9/22/14	9,800	1,400	0
70	RESTROOM REMODELING	10/01/14	10,312	688	0
71	2 TV MONITORS	5/01/15	488	97	0
72	ICE MACHINE	8/28/15	3,894	779	0
73	ATM MACHINE	9/04/15	2,499	500	0
74	2 EVAPORATIVE COOLERS	9/07/15	905	181	0
75	SNACK SHOP EQUIPMENT	11/23/15	5,400	1,080	0
76	L/H CULVER CITY	1/01/89	32,820	0	0
77	L/H CULVER CITY	1/01/90	5,470	0	0
78	L/H CULVER CITY	1/01/95	2,290	0	0
79	L/H CULVER CITY	1/01/95	4,351	0	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
80	CARPET	1/01/98	2,233	0	0
81	L/H GOODWILL	3/01/15	281,585	18,773	0
82	FURNITURE&FIXTURES	1/01/93	19,234	0	0
83	FURNITURE& FIXTURE	11/01/16	5,999	1,200	0
84	FURNITURE& FIXTURE	12/20/16	2,080	416	0
	Total Other Depreciation		<u>900,294</u>	<u>71,594</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>900,294</u>	<u>71,594</u>	<u>0</u>
	Grand Totals		<u>900,294</u>	<u>71,594</u>	<u>0</u>

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Asset	Description	Date In Service	Cost	CA
Other Depreciation:				
9	EQUIPMENT	1/01/85	5,606	0
10	OFFICE FURNITURE	1/01/86	3,266	0
11	OFFICE FURNITURE	1/01/87	1,139	0
12	OFFICE FURNITURE	1/01/88	704	0
13	FURNITURE&FIXTURES	1/01/89	14,200	0
14	FURNITURE&FIXTURES	1/01/90	15,077	0
15	OFFICE FURNITURE&FIXTURES	1/01/91	19,002	0
16	FURN/FIX BBGLA	1/01/92	15,281	0
17	FURN/FIX BBGLA	1/01/93	8,027	0
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20	FURN/FIX BBGLA	1/01/95	800	0
21	FURN/FIX BBGLA	1/01/95	941	0
22	FURN/FIX BBGLA	1/01/95	600	0
23	FURN/FIX BBGLA	1/01/96	4,242	0
24	FURN/FIX BBGLA	1/01/97	668	0
25	EQUIPMENT	1/01/97	734	0
26	EQUIPMENT	1/01/97	875	0
27	FURNITURE&FIXTURES	1/01/98	36,075	0
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32	EQUIPMENT	1/01/04	1,299	0
33	EQUIPMENT	1/01/04	1,334	0
36	FINGER PRINTING MACHINE	6/30/11	18,248	0
37	4 LAPTOPS & 4 MONITERS	9/30/11	14,106	0
38	2 LAPTOPS & 2 MONITERS	4/11/12	3,542	207
39	22 DESKTOPS-MONITERS, 14 LAPTOPS-MC	12/31/12	41,847	8,370
40	2 LAPTOPS	5/12/14	7,753	1,550
41	SERVER	5/12/14	831	166
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50	PHONE SYSTEM	3/20/15	25,786	5,157
51	MS 365	3/20/15	12,476	2,495
52	F&F FLB	1/01/91	7,584	0
53	F&F FLB	1/01/94	2,003	0
54	F&F CULVER CITY-INCLUDES CARPET \$10	1/01/89	22,890	0
55	F&F CULVER CITY	1/01/93	2,358	0
56	F&F CULVER CITY	1/01/95	564	0
57	F&F CULVER CITY	1/01/94	1,924	0
58	F&F CULVER CITY	1/01/99	817	0
59	F&F CULVER CITY	1/01/00	136	0
60	F&F CULVER CITY	1/01/10	6,008	0
61	MONITORS	12/15/11	10,881	0
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75	SNACK SHOP EQUIPMENT	11/23/15	5,400	1,080
76	L/H CULVER CITY	1/01/89	32,820	0
77	L/H CULVER CITY	1/01/90	5,470	0
78	L/H CULVER CITY	1/01/95	2,290	0
79	L/H CULVER CITY	1/01/95	4,351	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>CA</u>
80	CARPET	1/01/98	2,233	0
81	L/H GOODWILL	3/01/15	281,585	18,773
82	FURNITURE&FIXTURES	1/01/93	19,234	0
83	FURNITURE& FIXTURE	11/01/16	5,999	1,200
84	FURNITURE& FIXTURE	12/20/16	2,080	416
Total Other Depreciation			<u>900,294</u>	<u>71,594</u>
Total ACRS and Other Depreciation			<u>900,294</u>	<u>71,594</u>
Grand Totals			<u>900,294</u>	<u>71,594</u>

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**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2016**

For calendar year 2016, or tax year beginning , and ending

Name

**BIG BROTHERS BIG SISTERS OF GREATER
LOS ANGELES, INC.**

Employer Identification Number

95-1904857

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>OTHER</u> (event type)	 (event type)	 (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	213,165			213,165
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	213,165			213,165
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages	35,626			35,626
	8 Entertainment				
	9 Other expenses	60,421			60,421

Federal Statements**Taxable Interest on Investments**

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST ON RESTRICTED FUNDS	\$ 408		14			
TOTAL	\$ 408					

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
DAVIDSON	\$ 12,729		14			
TOTAL	\$ 12,729					

Tax-Exempt Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	InState Muni (\$ or %)
D.A. DAVIDSON & CO #70690664	\$ 17,932		14	CA		100.000%
LESS: BOND PREMIUM	-255		14	CA		100.000%
OTHER	356		14			
TOTAL	\$ 18,033					

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PROFESSIONAL SERVICES	\$ 79,434	\$ 60,449	\$ 7,991	\$ 10,994
TOTAL	<u>\$ 79,434</u>	<u>\$ 60,449</u>	<u>\$ 7,991</u>	<u>\$ 10,994</u>

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

<u>Description</u>	<u>Amount</u>
AVT CHARGES	\$ 1,665
OTHER DIRECT EXPENSES	<u>95,779</u>
TOTAL	<u>\$ 97,444</u>

DRAFT

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

<u>Description</u>	<u>Amount</u>
OTHER DIRECT EXPENSES	\$ 33,522
TOTAL	\$ 33,522

DRAFT

Federal Statements

OTHER

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
OTHER DIRECT EXPENSES	\$ 60,421
TOTAL	<u>\$ 60,421</u>

DRAFT

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

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ 395,848
TOTAL	\$ 395,848

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Federal Statements

PULL TABS

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ 859,826
TOTAL	\$ 859,826

DRAFT

Federal Statements**OTHER GAMING****Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
DIRECT EXPENSES	\$ 5,137
TOTAL	\$ 5,137

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Filing Instructions

Big Brothers Big Sisters of Greater LOS ANGELES, INC.

Annual Registration Renewal Fee Report to Attorney General of California

Taxable Year Ended December 31, 2016

- Date Due:** November 15, 2017
- Remittance:** Your Form RRF-1 for the tax year ended 12/31/16 shows a balance due of \$150. Include a check payable to the Attorney General's Registry of Charitable Trusts in the amount of \$150. Write "E.I.N. 95-1904857, RRF-1 Balance Due for the year ended 12/31/16" on the check.
- Mail To:** Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
- Signature:** The return should be signed and dated by an officer representing the organization.
- Other:** A copy of the federal return should be attached and sent with the registration renewal.

California Statements

Statement 1 - Form RRF-1, Part B, Line 7 - Raffle for Charitable Purposes

Description

OPPORTUNITY TICKET - HELD 10/21/2016

DRAFT

TAXABLE YEAR **2016** California Exempt Organization Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy) , and ending (mm/dd/yyyy)

Corporation/Organization name **BIG BROTHERS BIG SISTERS OF GREATER LOS ANGELES, INC.** California corporation number **0304426**

Additional information. See instructions. FEIN **95-1904857**

Street address (suite or room) **3150 N. SAN FERNANDO RD., SUITE C** PMB no.

City **LOS ANGELES** State **CA** Zip code **90065**

Foreign country name Foreign province/state/county Foreign postal code

A First Return B Amended Return C IRC Section 4947(a)(1) trust D Final Information Return? E Check accounting method: (1) Cash (2) Accrual (3) Other F Federal return filed? G Is this a group filing? H Is this organization in a group exemption I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. M Is the organization a Limited Liability Company? N Did the organization file Form 100 or Form 109 to report taxable income? O Is the organization under audit by the IRS or has the IRS audited in a prior year? P Is federal Form 1023/1024 pending? Date filed with IRS

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-17). Total balance due is 10,000.

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer Title Date Telephone 213-213-2400

Paid Preparer's Use Only Preparer's signature Date 06/08/2017 Check if self-employed PTIN P00362128 Firm's name WALTERS & SKLYAR LLP 21700 OXNARD ST STE 800 WOODLAND HILLS, CA 91367-7500 FEIN 47-5677171 Telephone 818-975-2040

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

**BIG BROTHERS BIG SISTERS OF GREATER
95-1904857**

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1		00	
	2	Interest	●	2	408	00	
	3	Dividends	●	3	30,762	00	
	4	Gross rents	●	4		00	
	5	Gross royalties	●	5		00	
	6	Gross amount received from sale of assets (See Instructions)	●	6	154,012	00	
	7	Other income. Attach schedule	●	7	10,055,768	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	10,240,950	00	
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	248,166	00	
	10	Disbursements to or for members	●	10		00	
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11	193,635	00	
	12	Other salaries and wages	●	12	1,976,819	00	
	Expenses and Disbursements	13	Interest	●	13		00
		14	Taxes	●	14		00
		15	Rents	●	15	401,672	00
		16	Depreciation and depletion (See instructions)	●	16	86,218	00
		17	Other Expenses and Disbursements. Attach schedule.	●	17	9,366,200	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	12,272,710	00

Schedule L Balance Sheet

	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		1,303,624	●	1,439,065
2 Net accounts receivable		518,346	●	580,689
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock STMT 6		1,740,481	●	1,765,797
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets	892,148		899,493	
b Less accumulated depreciation	(394,993)	497,155	(480,477)	419,016
11 Land			●	
12 Other assets. Attach schedule. STMT 7		209,218	●	246,404
13 Total assets		4,268,824		4,450,971
Liabilities and net worth				
14 Accounts payable		487,509	●	540,409
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule			●	
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		3,781,315	●	3,910,562
22 Total liabilities and net worth		4,268,824		4,450,971

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books	●	129,247	7	Income recorded on books this year not included in this return. Attach schedule	●	-51,067
2	Federal income tax	●		8	Deductions in this return not charged against book income this year. Attach schedule	●	
3	Excess of capital losses over capital gains	●		9	Total. Add line 7 and line 8		-51,067
4	Income not recorded on books this year. Attach schedule	●		10	Net income per return. Subtract line 9 from line 6		180,314
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●					
6	Total. Add line 1 through line 5		129,247				

Schedule of Contributors

2016

▶ **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.**

Name of the organization BIG BROTHERS BIG SISTERS OF GREATER LOS ANGELES, INC.	Employer identification number 95-1904857
---	--

Organization type (check one):

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

BIG BROTHERS BIG SISTERS OF GREATER

Employer identification number

95-1904857

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	A&E TELEVISION NETWORKS TOTAL 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ADRIANA BALABAN 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 53,850	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CALIFORNIA COMMUNITY FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 91,177	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CIT BANK, N.A. 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COMCAST CORPORATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 120,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ECMC FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 149,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BIG BROTHERS BIG SISTERS OF GREATER

Employer identification number

95-1904857

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	ENTERTAINMENT INDUSTRY FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FOX NETWORKS GROUP, INC. 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 80,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE BROAD FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	THE CONFIDENCE FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THE HOLLYWOOD REPORTER 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 65,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	THE RALPH M. PARSONS FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BIG BROTHERS BIG SISTERS OF GREATER

Employer identification number

95-1904857

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
13	THE ROSE HILLS FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	UNION BANK FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 48,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	VICKI MARTIN 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 77,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	WELLS FARGO FOUNDATION 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	WILLIAM BINGLEY 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	WINDSONG TRUST 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BIG BROTHERS BIG SISTERS OF GREATER

Employer identification number

95-1904857

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
19	BIG BROTHERS BIG SISTERS OF AMERICA 3150 N. SAN FERNANDO RD., SUITE C LOS ANGELES CA 90065	\$ 135,970	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

California Statements

Statement 1 - Form 199, Part II, Line 6 - Gross Amount Received from Sale of Assets

<u>Description</u>	<u>How Received</u>	<u>Whom Sold To</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Gross Proceeds</u>	<u>Cost & Expense</u>	<u>Depr</u>	<u>Net Basis</u>
DAVIDSON #70690664								
	PURCHASE		1/01/10	12/31/16	\$ 50,000	\$ 41,417	\$	\$ 41,417
DAVIDSON #70600721								
	PURCHASE		1/01/10	12/31/16	67,912	11,035		11,035
DAVIDSON #70600721								
	PURCHASE		1/01/10	12/31/16	35,822	35,822		35,822
DAVIDSON #70610795								
					278			
TOTAL					<u>\$ 154,012</u>	<u>\$ 88,274</u>	<u>\$ 0</u>	<u>\$ 88,274</u>

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Statement 2 - Form 199, Part II, Line 7 - Other Income

<u>Description</u>	<u>Amount</u>
GALA	\$ 648,340
GOLF	371,618
OTHER	213,165
BINGO	2,738,707
PULL TABS	5,948,775
OTHER GAMING	124,653
MISCELLANEOUS INCOME	10,510
TOTAL	<u>\$ 10,055,768</u>

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California Statements

Statement 3 - Form 199, Part II, Line 9 - Contributions, Gifts, Grants, and Similar Amounts

PSA	Class	Name	Address	City	State	Zip		
Relationship	Status	Purpose	Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
1		SCHOLARSHIPS	248,166					

Statement 4 - Form 199, Part II, Line 11 - Officer Compensation

Name	Address			Title	Avg Hrs	Compensation Amount
City	State	Zip				
LAURA LIZER	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	CHAIR	1.00	
BROCK MOSELEY	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	VICE CHAIR	1.00	
JUDGE MICHAEL CARTER	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	SECRETARY	1.00	
RICK UNSER	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TREASURER	1.00	
JOSHUA ABRAHAMS	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
REBECCA CAMPBELL	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
MEGAN COLLIGAN	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
MIKE DALY	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
WILLIAM DAVIS	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
ROY DISNEY	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
JOAO DOS SANTOS	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
MIKE DOWLING	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
SHELLI HILL	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	

California Statements

Statement 4 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
HOLLY JACOBS	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
ERIN LAVELLE	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
SABIN LOMAC	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
NICOLE LOREY	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
MARIA MARILL	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
LANCE MARKOWITZ	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
HILARY ESTEY MCMCLOUGHLIN	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
MARCELLUS MCRAE	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
DAVID MISCH	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
BYRON G. MOBLEY	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
EVANGELYN NATHAN	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
JEFFREY RAO	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
BYRON REED	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
JENNIFER SALKE	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
VICTOR SANCHEZ	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
NEIL SMITH	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
TIM WARD	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	

California Statements

Statement 4 - Form 199, Part II, Line 11 - Officer Compensation (continued)

Name	Address			Title	Avg Hrs	Compensation Amount
	City	State	Zip			
JONI WEYL	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	DIRECTOR	1.00	
ADRIANA BALABAN	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
LANCE ETCHEVERRY	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
ROBERT HOWARD	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
JOHN HUNTER	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
MAX JONG	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
JOHN KOBARA	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
SHERRY LANSING	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
DAMON LEE III	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
VICKI MARTIN	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
BRADLEY SHAIRSON	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
STEVE SOBOROFF	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
NANCY TAYLOR	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	TRUSTEE	1.00	
TIFFANY SIART	LOS ANGELES	CA	3150 N. SAN FERNANDO RD., SUITE C 90065	PRESIDENT/CEO	50.00	193,635
TOTAL						<u>193,635</u>

Statement 5 - Form 199, Part II, Line 17 - Other Expenses

Description	Amount
	\$
GALA	
RENT AND FACILITY COSTS	11,500
FOOD AND BEVERAGES	79,800
ENTERTAINMENT	17,165
AVT CHARGES	1,665
OTHER DIRECT EXPENSES	95,779
GOLF	
NON-CASH PRIZES	11,100
RENT AND FACILITY COSTS	100,050
FOOD AND BEVERAGES	47,678
ENTERTAINMENT	250
OTHER DIRECT EXPENSES	33,522
OTHER	
FOOD AND BEVERAGES	35,626
OTHER DIRECT EXPENSES	60,421
BINGO	
CASH PRIZES	2,634,974
DIRECT EXPENSES	395,848
PULL TABS	
CASH PRIZES	4,317,491
DIRECT EXPENSES	859,826
OTHER GAMING	
CASH PRIZES	7,926
DIRECT EXPENSES	5,137
EMPLOYEE BENEFITS	229,772
PAYROLL TAXES	173,453
PROFESSIONAL SERVICES	79,434
PROGRAM SERVICE AND EVENT	133,066
NATIONAL AND REGIONAL	34,717
TOTAL	<u>\$ 9,366,200</u>

Statement 6 - Form 199, Schedule L, Line 7 - Investments in Stock

Description	Beginning of Year	End of Year
	\$ 1,740,481	\$ 1,765,797
TOTAL	<u>\$ 1,740,481</u>	<u>\$ 1,765,797</u>

Statement 7 - Form 199, Schedule L, Line 12 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
OTHER ASSETS	\$ 120,835	\$ 161,088
PREPAID EXPENSES	88,383	85,316
TOTAL	<u>\$ 209,218</u>	<u>\$ 246,404</u>

Statement 8 - Form 199, Schedule M-1, Line 7 - Income Recorded on Books

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS	\$ -51,067
TOTAL	<u>\$ -51,067</u>

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TAXABLE YEAR

CALIFORNIA FORM

2016 Corporation Depreciation and Amortization

3885

Attach to Form 100 or Form 100W. **FORM 199**

Corporation name BIG BROTHERS BIG SISTERS OF GREATER LOS ANGELES, INC.	California corporation number 0304426
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Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1
2 Total cost of IRC Section 179 property placed in service	2
3 Threshold cost of IRC Section 179 property before reduction in limitation	3
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7		8
9 Tentative deduction. Enter the smaller of line 5 or line 8		9
10 Carryover of disallowed deduction from prior taxable years		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5		11
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11		12
13 Carryover of disallowed deduction to 2017. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14	SEE STATEMENT 1					76,815	
15	Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)					15	76,815

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	76,815
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired (mm/dd/yyyy)	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						
20 Total. Add the amounts in column (g)						20
21 Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12						22

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information

Description	Date Acquired	Cost / Basis	Accum Depr	Method	Life / Rate	Current Depr	Add'l 1st Year
FURNITURE& FIXTURE	11/01/16	\$ 5,999	\$	S/L	5.00	\$ 200	\$
FINGER PRINTING MACHINE	6/30/11	18,248	16,423	S/L	5.00	1,825	
4 LAPTOPS & 4 MONITERS	9/30/11	14,106	11,990	S/L	5.00	2,116	
2 LAPTOPS & 2 MONITERS	4/11/12	3,542	2,627	S/L	5.00	708	
22 DESKTOPS-MONITERS, 14 LAPTOPS-MONITERS	12/31/12	41,847	25,108	S/L	5.00	8,369	
2 LAPTOPS	5/12/14	7,753	2,520	S/L	5.00	1,551	
SERVER	5/12/14	831	270	S/L	5.00	166	
3 COMPUTERS	7/10/14	4,624	1,349	S/L	5.00	925	
MONITERS, KEYBOARDS&MOUSE, TOPLOADS, LAPTOPS	2/18/15	21,726	3,621	S/L	5.00	4,345	
FURNITURE	3/01/15	114,382	13,617	S/L	7.00	16,340	
LED MONITER	9/08/15	979	57	S/L	5.00	196	
COMPUTER	10/09/15	4,298	179	S/L	5.00	860	
KEYBOARD&MOUSE	11/11/05	899	22	S/L	5.00	180	
DRAWER UNIT & CLOCK	12/23/15	2,429	14	S/L	7.00	347	
LED MONITER	3/20/15	440	70	S/L	5.00	88	
PHONE SYSTEM	3/20/15	25,786	4,083	S/L	5.00	5,157	
MS 365	3/20/15	12,476	1,975	S/L	5.00	2,495	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

<u>Description</u>	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
MONITORS	12/15/11	\$ 10,881	\$ 8,886	S/L	5.00	\$ 1,995	\$
BANQUET CHAIRS	1/24/12	5,258	3,004	S/L	7.00	751	
CARPET	6/14/12	14,428	7,214	S/L	7.00	2,061	
CAMERAS, DVR SCREENS	10/17/12	5,983	3,790	S/L	5.00	1,197	
MONITORS&INSTALLATION	9/11/13	1,360	623	S/L	5.00	272	
LCD MONITOR	5/15/14	857	278	S/L	5.00	172	
3 COMPUTERS	9/10/14	4,263	1,102	S/L	5.00	852	
3 MONITORS	9/10/14	751	194	S/L	5.00	150	
BLINDS	9/22/14	9,800	1,808	S/L	7.00	1,400	
RESTROOM REMODELING	10/01/14	10,312	859	S/L	15.00	687	
2 TV MONITORS	5/01/15	488	65	S/L	5.00	98	
ICE MACHINE	8/28/15	3,894	260	S/L	5.00	779	
ATM MACHINE	9/04/15	2,499	146	S/L	5.00	500	
2 EVAPORATIVE COOLERS	9/07/15	905	53	S/L	5.00	181	
SNACK SHOP EQUIPMENT	11/23/15	5,400	135	S/L	5.00	1,080	
L/H GOODWILL	3/01/15	281,585	23,465	S/L	15.00	18,772	

California Statements

Indirect Depreciation

Statement 1 - Form 3885, Part II, Line 14 - Depreciation Detail Information (continued)

Description

	<u>Date Acquired</u>	<u>Cost / Basis</u>	<u>Accum Depr</u>	<u>Method</u>	<u>Life / Rate</u>	<u>Current Depr</u>	<u>Add'l 1st Year</u>
TOTAL		\$ <u>639,029</u>	\$ <u>135,807</u>			\$ <u>76,815</u>	\$ <u>0</u>

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