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Form **990**

Department of the Treasury
Internal Revenue Service

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.*

OMB No. 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 7/1/2014 , and ending 6/30/2015

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 Central NM, Inc.

Doing business as:

Number and street (or P.O. box if mail is not delivered to street address): 2500 Louisiana Blvd. NE

Room/suite: 200

City or town: Albuquerque

State: NM

ZIP code: 87110

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

D Employer identification number: 85-0271207

E Telephone number: (505) 837-9223

G Gross receipts $: 1,806,310

F Name and address of principal officer: Angela Reed Padilla 2500 Louisiana Blvd NE, Suite 200, Albuquerque, N

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.BBBS-CNM.ORG

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1973

M State of legal domicile: NM

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: To provide children facing adversity with strong and enduring, professionally supported one-to-one relationships that change their lives for the better, forever.	
	2	Check this box ► ☐ 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)	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	13
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	52
	6	Total number of volunteers (estimate if necessary)	1,400
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
	b	Net unrelated business taxable income from Form 990-T, line 34	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,029,299	1,648,863
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,374	1,409
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	115,071	112,769
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,158,744	1,763,041
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,406,188	1,338,822
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 165,718		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	588,317	428,393
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,994,505	1,767,215
	19	Revenue less expenses. Subtract line 18 from line 12	-835,761	-4,174

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	719,443	628,704
	21	Total liabilities (Part X, line 26)	453,724	367,159
	22	Net assets or fund balances. Subtract line 21 from line 20	265,719	261,545

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: Angela Reed Padilla — Date: 11-12-15

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Kharyn Cover	Kharyn Cover	11/11/2015		P01469709

Firm's name ► Kharyn L Cover CPA PC — Firm's EIN ► 85-0474715

Firm's address ► 9636 Villa Del Rey NE, Albuquerque, NM 87111 — Phone no. 505-797-0995

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

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990** (2014)

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