** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

т

A For the 2023 calendar year, or tax year beginning and ending						
B (Check if pplicab	C Name of organization		D Employer identific	cation number	
	Addre	Best Buddies International Inc				
	Name			52-16145	76	
	Initial		Room/suite	E Telephone number		
	 returr	100 GF 2nd GH GH 2200		305-374-2		
	termi ated			G Gross receipts \$	49,840,075.	
	Amer returr	ded Miami ET 33131		H(a) Is this a group re	eturn	
	Appli tion	F Name and address of principal officer. All Choiry Diff I Ver		for subordinates	? Yes X No	
	pendi	^{ng} same as C above		H(b) Are all subordinates in	cluded? Yes No	
1 1	Tax-ex	empt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) (or 🗌 527	If "No," attach a	list. See instructions	
_	Nebsi			H(c) Group exemption		
		f organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other	L Year (of formation: 1989 N	State of legal domicile: DC	
Pa	art I	Summary				
Ð	1	Briefly describe the organization's mission or most significant activities: Best				
Activities & Governance		nonprofit 501(c)(3) organization dedicate				
erné	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass		
Ň	3				25	
ی م	4	Number of independent voting members of the governing body (Part VI, line 1b)		22		
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		506		
iti	6	Total number of volunteers (estimate if necessary)			106210	
Acti	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.	
				Prior Year	Current Year	
e	8	Contributions and grants (Part VIII, line 1h)		34,375,404.	44,169,567.	
/eni	9	Program service revenue (Part VIII, line 2g)		670,043.	825,526.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		348,826.	910,981.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,579,425.	-5,086,183.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		33,814,848. 198,667.	40,819,891.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		198,007.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		21,948,473.	26,695,441.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	<u>21,940,473</u> . 0.	20,095,441.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 5,399,06	5.6	0.	0.	
Ä		5 1 (() , () , (,) , (9,961,699.	13,028,786.	
_	"	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		32,108,839.	39,724,227.	
		Revenue less expenses. Subtract line 18 from line 12		1,706,009.	1,095,664.	
- 2	19			ginning of Current Year	End of Year	
sts o	20	Total assets (Part X, line 16)		37,490,914.	40,663,748.	
Asse	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		5,100,624.	5,058,917.	
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		32,390,290.	35,604,831.	
Pa	art II				50,001,001	
Und	er pen	alties of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	nts, 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	Signature of officer		Date							
	Lori Penaloza, Sr. Vice Preside	nt, Finance								
	Print/Type preparer's name Preparer's	signature Date	Check PTIN							
Paid		D. Anseth, CP08/12	/24 self-employed P00552219							
Preparer	Firm's name Abdo LLP		Firm's EIN 41-1397419							
Use Only	Firm's address 5201 Eden Ave, Ste 250									
	Edina, MN 55436		Phone no.952.835.9090							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

See Schedule O for Organization Mission Statement Continuation

<pre>tatement of Program Service Accomplishments leck if Schedule O contains a response or note to any line in this Part III</pre>
<pre>secribe the organization's mission: Buddies International is a nonprofit 501(c)(3) organization cated to establishing a global volunteer movement that creates rtunities for one-to-one friendships, integrated employment and ership development for people with intellectual and developmental organization undertake any significant program services during the year which were not listed on the m 990 or 990-E2? describe these new services on Schedule O. organization case conducting, or make significant changes in how it conducts, any program services, as measured by expenses. 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and if any, for each program service reported.</pre>
Buddies International is a nonprofit 501(c)(3) organization cated to establishing a global volunteer movement that creates rtunities for one-to-one friendships, integrated employment and ership development for people with intellectual and developmental organization undertake any significant program services during the year which were not listed on the m 990 or 990-E27 describe these new services on Schedule O. organization cease conducting, or make significant changes in how it conducts, any program services?
cated to establishing a global volunteer movement that creates rtunities for one-to-one friendships, integrated employment and ership development for people with intellectual and developmental organization undertake any significant program services during the year which were not listed on the m 990 or 990-EZ?
rtunities for one-to-one friendships, integrated employment and ership development for people with intellectual and developmental organization undertake any significant program services during the year which were not listed on the m 990 or 990-E2?
ership development for people with intellectual and developmental organization undertake any significant program services during the year which were not listed on the m 990 or 990-EZ?
prganization undertake any significant program services during the year which were not listed on the m 990 or 990-EZ?
m 990 or 990-EZ? describe these new services on Schedule O. organization cease conducting, or make significant changes in how it conducts, any program services? describe these changes on Schedule O. the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and if any, for each program service reported.) (Expenses \$ 24,289,108. including grants of \$) (Revenue \$ 365,229. Best Buddies International friendship programs match volunteers and without intellectual and developmental disabilities (IDD) in to-one friendship matches through five unique programs: Elementary ols, Middle Schools, High Schools, Colleges, Citizens, and ddies. Best Buddies has grown from a single college program, ted at Georgetown University in 1989, and has grown to 3,563 global ters and is active in 45 countries. Buddies School Programs: Elementary Schools, Middle Schools, High ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
describe these new services on Schedule O. organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N describe these changes on Schedule O. e the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and if any, for each program service reported.
organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N describe these changes on Schedule O. The organization's program service accomplishments for each of its three largest program services, as measured by expenses. 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and if any, for each program service reported. (Expenses 24,289,108. including grants of \$) (Revenue \$
<pre>describe these changes on Schedule O. the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and if any, for each program service reported.</pre>
<pre>be the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and if any, for each program service reported. </pre>
501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and if any, for each program service reported.) (Expenses 24,289,108. including grants of) (Revenue 3 365,229. Best Buddies International friendship programs match volunteers and without intellectual and developmental disabilities (IDD) in to-one friendship matches through five unique programs: Elementary ols, Middle Schools, High Schools, Colleges, Citizens, and ddies. Best Buddies has grown from a single college program, ted at Georgetown University in 1989, and has grown to 3,563 global ters and is active in 45 countries. Buddies School Programs: Elementary Schools, Middle Schools, High ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
if any, for each program service reported.)(Expenses \$ 24,289,108. including grants of \$) (Revenue \$ 365,229. Best Buddies International friendship programs match volunteers and without intellectual and developmental disabilities (IDD) in to-one friendship matches through five unique programs: Elementary ols, Middle Schools, High Schools, Colleges, Citizens, and ddies. Best Buddies has grown from a single college program, ted at Georgetown University in 1989, and has grown to 3,563 global ters and is active in 45 countries. Buddies School Programs: Elementary Schools, Middle Schools, High ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
<u>)(Expenses</u> 24,289,108. including grants of \$) (Revenue \$
Best Buddies International friendship programs match volunteers and without intellectual and developmental disabilities (IDD) in to-one friendship matches through five unique programs: Elementary ols, Middle Schools, High Schools, Colleges, Citizens, and ddies. Best Buddies has grown from a single college program, ted at Georgetown University in 1989, and has grown to 3,563 global ters and is active in 45 countries. Buddies School Programs: Elementary Schools, Middle Schools, High ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
and without intellectual and developmental disabilities (IDD) in to-one friendship matches through five unique programs: Elementary ols, Middle Schools, High Schools, Colleges, Citizens, and ddies. Best Buddies has grown from a single college program, ted at Georgetown University in 1989, and has grown to 3,563 global ters and is active in 45 countries. Buddies School Programs: Elementary Schools, Middle Schools, High ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
to-one friendship matches through five unique programs: Elementary ols, Middle Schools, High Schools, Colleges, Citizens, and ddies. Best Buddies has grown from a single college program, ted at Georgetown University in 1989, and has grown to 3,563 global ters and is active in 45 countries. Buddies School Programs: Elementary Schools, Middle Schools, High ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
ols, Middle Schools, High Schools, Colleges, Citizens, and ddies. Best Buddies has grown from a single college program, ted at Georgetown University in 1989, and has grown to 3,563 global ters and is active in 45 countries. Buddies School Programs: Elementary Schools, Middle Schools, High ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
ddies. Best Buddies has grown from a single college program, ted at Georgetown University in 1989, and has grown to 3,563 global ters and is active in 45 countries. Buddies School Programs: Elementary Schools, Middle Schools, High ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
ters and is active in 45 countries. Buddies School Programs: Elementary Schools, Middle Schools, High ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
Buddies School Programs: Elementary Schools, Middle Schools, High ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
ols, and Colleges ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
ugh our school-based programs, Best Buddies creates an inclusive unity for students with IDD, helping them become socially
unity for students with IDD, helping them become socially
) (Expenses \$954,307. including grants of \$) (Revenue \$409,990.
Buddies Living
Best Buddies Living program fosters an integrated experience for
le with and without IDD to become active, contributing citizens who
independently in a dynamic environment where they can learn, grow,
thrive. Best Buddies is currently operating Living residences in
following markets: Washington, D.C. (2); Miami, Florida; Los
les, California; and Atlanta, Georgia. In 2024 three new program
tions will open in Gainesville, Florida; State College,
sylvania; and New Brunswick, New Jersey.
dente anou and change immendely as next of their connection to the
dents grow and change immensely as part of their connection to the ion of Best Buddies. Living and learning with their peers is a
) (Expenses \$7,181,129. including grants of \$) (Revenue \$50,307. Buddies Jobs
Buddies Jobs matches skilled, qualified individuals with IDD with
nesses seeking enthusiastic and dedicated employees. Through the
program, Best Buddies develops partnerships with employees,
sts with the hiring process and provides ongoing support to the
avec and the employer
oyee and the employer.
ogram services (Describe on Schedule O.)
ogram services (Describe on Schedule O.) \$ including grants of \$) (Revenue \$)
ogram services (Describe on Schedule O.)

Form 990 (2023)			International	Inc
Part IV Checklist	of Required	Schedules		

bIf "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?20b21Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				Yes	No
2 Is the organization engage in direct political campaign activities on behalt of on isoposition to candidates for public office? If 'Yes,' camples Schedule C, Part I 3 X 3 Did the organization engage in officet political campaign activities on behalt of on isoposition to candidates for public office? If 'Yes,' camples Schedule C, Part I 4 X 4 Section 501(c)(a) organization. Did the organization angage in lobbying activities, on have a section 501(b) election infected of the organization action 501(c)(a) Structures 2 (Part I 4 X 5 Is the organization ascience 100 (C)(a) Structures 2 (Part I 5 X 6 It the organization and the organization active at thirds or accounts 1 (Part I) (Part I 6 X 7 X the organization matrian and oncelectors of works of art, historical treasures, or other similar assetts? If "Yes, "complete Schedule D, Part II 7 X 8 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 candid containing, delt management, credit repart, or delt accountes and the organization report an amount for there should D, Part II 9 X 9 Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part II 10 X 10 Did the or	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect positical campaign activities on behalf of or in opposition to candidates for public official yrivs, "complete Schedule D, Part I 4 X 5 Section 501(k) organization. Did the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year (II + Yes, "complete Schedule C, Part II. 6 Did the organization maintain any done advect during or assemment funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to Did the organization maintain and ordia conservation essemment, including essemment to provise advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to Did the organization maintain collections of vorks of at. historical treasures, or other similar assets? If **es, * complete Schedule D, Part II. 7 Did the organization response no amount in Part X, line 21, for scrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in provide corell counseling, debt management, credit repair, or debt negotiation services? If **es, * complete Schedule D, Part IV. 10 Did the organization report an amount for insettments - other securities in Part X, line 127, If **es, * complete Schedule D, Part IV. 11 Did the organization report an amount for insettments - other securities in Part X, line 127, If **es, * complete Schedule D, Part V. 11 Did the organization report an amount for insettments - other securities in Part X, line 127, If **es, * complete Schedule D, Part V. 11 Did the organization report an amount for insettments - other securities in Part X, line 127, If **es, * complete Schedule D, Part					
a Sectors OF(c)(3) organizations. Did the organization engage in lobbying activities, or have a sectors 501(h) election in effect 4 X 5 the organization ascelina 501(h)(a) 501(b)(b) of 501(b)(b) organization that receives membership dues, assessments, or similar amounts as defined in Per-Proc. 99:197 if "yes," complete Schedule D, Part I 4 X 6 Did the organization maintain any done advised funds or any similar funds or accounts for which dones have the right to provide advise on the distribution or investment of amounts in such Unds or accounts? If "yes," complete Schedule D, Part I 6 X 7 X Did the organization maintain cellections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part I 7 X 8 Did the organization maintain cellections of works of art, historical treasures, or other similar assets? If "yes," complete Schedule D, Part I 8 X 9 Did the organization directly or through a related organization, hold assets in done-restricted endowments or in question services? 9 X 10 Did the organization engot an amount for land, buildings, and equipment in Part X, line 10? If "yes," complete Schedule D, Part V 10 X 11 If the organization export an amount for other assets in Part X, line 10? If "yes," complete Schedule D, Part V 10 X 12 Uth dre organiz	2		2	Х	
4 Section 501(c)(3) organizations. Did the organization engage in tobbying activities, or have a section 501(h) election in effect during the tax year? // 'Yes,' complete Schedule C, Part II 4 X 5 Is the organization a section 501(h) (5) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as distribution or linvestment of amounts in such funds or accounts? // *Yes,' complete Schedule D, Part II 5 X 0 Did the organization relation any doorn adviced measament, including assements to preserve open space. the environment, historic land areas, or historic attructures? // *Yes,' complete Schedule D, Part II 6 X 9 Did the organization relation or investment of amounts in such funds or accounts? // *Yes,' complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? // *Yes,' complete Schedule D, Part II 7 X 9 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowment? If 'Yes,' complete Schedule D, Part V 7 X 10 Did the organization server to any of the following questions is 'Yes,' than complete Schedule D, Part V, IVI, VII, VII, VII, VII, VII, VII,	3				
during the tax year? If Yes, * complete Schedule C, Part II 4 X 5 is the organization a sectors 10(4), 501			3		<u> </u>
5 Is the organization a sector 501(c)(6) 001(c)(6) or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-192 if "Yes," complete Schedule C, Part II 5 X. Did the organization markina any doner advess funds or any similar lunds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 8 X. Did the organization marking in tool a conservatin, including easements to preserve open space. the environment, historic land areas, or historic at treasures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X. 9 Did the organization marking up to thool a conservatin, including easements to preserve open space. 7 X. 9 Did the organization and areas, or historic at treasures, or other similar asset? If "Yes," complete Schedule D, Part II 7 X. 9 Did the organization services? 7 X. 10 Did the organization services? 9 X. 10 Did the organization service any of the following questions is "Yes," then complete Schedule D, Part VI. 10 X. 10 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 15? If "Yes," complete Schedule D, Part VI. 11	4				
similar amounts as defined in Rev. Proc. 88-137 // Yes, * complete Schedule C, Part II 5 X 6 Did the organization maintain any donor advised funds or any similar funds or accounts? // If Yes, * complete Schedule D, Part I 6 X 7 Did the organization receive of hold a conservation easement, including easements to preserve open space. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar aassts? // frves,* complete Schedule D, Part II 7 X 9 Did the organization report an amount in Part X, line 17, for escrow or custodial account liabity, serve as a custodian for amounts in table in Part X; or provide credit consaling, debt management, credit repair, or debt negotiation services? 7 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // if Yes,* complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? // Yes,* complete Schedule D, Part VI 11a X 10 Did the organization report an amount for investments - organizet and that amount for investments - organizet and table assets reported in Part X, line 16? // Yes,* complete Schedule D, Part XI 11a X 11a X 11b X 11b X			4	Х	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>II "Yes," complete Schedule D, Part II</i> 6 X 7 Z Z Complete Schedule D, Part II 7 X 8 Did the organization review of hold a conservation essemet, including essements to preserve open space, the environment, historic land areas, or historic structures? <i>II "Yes," complete Schedule D, Part II</i> 7 X 9 Did the organization maintain collections of works of at, historical treasures, or other similar assets? <i>II "Yes," complete Schedule D, Part II</i> 8 X 9 Did the organization, finder X, or provide credit counseling, debt management, receilt repart, or debt negotiation services? 9 X 9 Did the organization, finder X, or provide credit counseling, debt management, receilt repart, or debt negotiation revices? 9 X 10 Did the organization report an amount for law set reports or any of the following questions is "Yes," then complete Schedule D, Part XI 10 X 11 If the organization report an amount for investments - order securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>It "Yes," complete Schedule D, Part X</i> 11a X 12 Did the organization report an amount for other asset in Part	5				
provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II 6 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? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 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, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not investments curved trepair, or debt negotiation services? 9 X 10 Did the organization report an amount for investments - for an vest in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 X 11 It he organization report an amount for investments - organization report an amount for investments - program related In Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11a X 12 Did the organization report an amount for investments - program related In Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIIII 11b X 12 Did the organization neotor anount for investments - pro			5		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? // "ke," complete Schedule D, Part II 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? // "kes," complete Schedule D, Part II 8 X 9 Did the organization animation collections of works of art, historical treasures, or other similar asset? // "kes," complete Schedule D, Part IV 8 X 9 Did the organization animation (and the Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts on tisse or hor organization animation, and organization animation or any of the following questions is "Yes," then complete Schedule D, Part V, VII, VIII, N, or X, as applicable. 9 X 9 Did the organization report an amount for livestments - other securities in Part X, line 10? Hr 'Yes, "complete Schedule D, Part X 10 X 11 Did the organization report an amount for other assets in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? Hr 'Yes, "complete Schedule D, Part X 11 X 11 Did the organization report an amount for other assets in Part X, line 12; Hr 'Yes, "complete Schedule D, Part X 11 X 12 Did the organization assore toary for the samount for oth	6				37
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 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 cusnesling, debt management, credit repair, or debt negotiation services? 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 9 X 10 Id the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167. If Yes, "complete Schedule D, Part VI 11a X 11a X 11b X 11b X 11b 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 167. If Yes, "complete Schedule D, Part VIII 11b X 11c X 11d X 11d X 11d X 11d X 11d X 11a X 11c X 11d X 11c X 11d X 11d X 11a X 11d X 11d			6		
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization organization, and the 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII 11a X 11 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part XIII 11b X 11 Did the organization report an amount for threas sets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X 11a X 11 Did the organization osport an amount for threas sets in Part X, line 12, thi is 5% or more of its total assets reported in Part X, line 167 if "Yes," complete Schedule D, Part X 11t X 11 Did the organization osport an amount for threas sets in Pa	7				
Schedule D, Part III 8 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 on listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 9 Did the organization, directly or through a related organization, hold assets in donorrestricted endowments 9 X 10 Did the organization directly or through a related organization, hold assets in donorrestricted endowments 10 X 11 the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 10 X 11 Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI 11 11 X 11 Did the organization report an amount for investments - program related final hast to Signar metals of the Part X, line 16? If "Yes," complete Schedule D, Part VI 11 11 X 11 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11 X 11 Did the organization separate or consolidated financial statements for the tax year? 11 X 11 X	_		7		
9 Did the organization report an amount in Part X, line 21, for escrew 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? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>II</i> "Yes," complete Schedule D, Part V 10 X 11 If the organization's answerts? <i>II</i> "Yes," complete Schedule D, Part V 11 X 11 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>II</i> "Yes," complete Schedule D, Part VII 11 X 13 X 11 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>II</i> "Yes," complete Schedule D, Part VIII 11 X 14 X Did the organization report an amount for other assets in Part X, line 25? <i>II</i> "Yes," complete Schedule D, Part X 11 X 11 Did the organization neport an amount for other labilities in Part X, line 25? <i>II</i> "Yes," complete Schedule D, Part X 11 X 11 Did the organization included in consolidated financial statements for the tax year? <i>II</i> "Yes," complete Schedule D, Part X 11 X	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? y X if the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X if the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 10 X if the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X if the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11e X if the organization report an amount for investments - organs related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11e X if the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X if bid the organization seport an amount for other lashlifties in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X if bid the organization stabult for uncertain tax postions under FIN 48 (NSC TA0)? If "Yes," complete Schedule D, Part X 11e X if bid the organization aschod described in social statements for the tax year? <td>_</td> <td></td> <td>8</td> <td></td> <td></td>	_		8		
if "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V 11 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 X 12 Did the organization report an amount for investments - orber securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 13 Did the organization report an amount for orber assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 X 14 Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11 X 15 Did the organization is apparte, independent audited financial statements for the tax year? If "Yes," and it the organization asperate, independent audited financial statements for the tax year? If "Yes," complete Schedule P, Part X 16 the organization in activation asperica exiting to partica anticular in other stasparts ore tham \$10,000 form grantmaking, rundraising,	9				
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. 111 X 2 Did the organization report an amount for land, buildings, and equipment in Part X, line 12? If "Yes," complete Schedule D, Part VI 111 X 2 Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 111 X 2 Did the organization report an amount for other assets in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 111 X 4 Did the organization separate, independent audited financial statements for the tax year induces a controle that addresses the organization a separate, independent audited financial statements for the tax year? 111 X 2 Did the organization asset reported in Part X, line 3, more than \$5,000 of grants or other assistance to or for organization aschale described in secton 1700(VI)(VI)(VI) 111 X 2 Did the organization aschale statements for the tax year? 111 X 2 Did the organization and AVII					
or in quasi-endowments? # 'Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, K, or X, as applicable. 111 X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 111 X b Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VII 111 X c Did the organization report an amount for investments - other securities in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 111 X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 111 X e Did the organization report an amount for other labilities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 111 X 111 X 112 X 111 X 112 X 112 X 112 X 113 Is the organization separate, independent audited financial statements for the tax year? 111 X 120 Uth organization as achoid eschedule d, independent audited financial statements for the tax year? 111 X			9		
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VI, OX, as applicable. a) a) Did the organization report an amount for land, buildings, and equipment in Part X, line 12? <i>H</i> *Yes, * <i>complete Schedule D, Part VI</i> 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> *Yes, * <i>complete Schedule D, Part VII</i> 11b 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>H</i> *Yes, * <i>complete Schedule D, Part VII</i> 11c X d) Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>H</i> *Yes, * <i>complete Schedule D, Part X</i> 11c X d) Did the organization's separate or consolidated financial statements for the tax year? 11t X 12a Did the organization islability for uncertain tax positions under FIN 48 (ASC 7407) <i>H</i> *Yes, * <i>complete Schedule D</i> , <i>Part X</i> 11t X 12a Did the organization aschool described in section 170(b)(1/k/lii)? <i>H</i> *Yes, * <i>complete Schedule D</i> , <i>Part X</i> 11t X 12a Did the organization aschool described in section 170(b)(1/k/lii)? <i>H</i> *Yes, * <i>complete Schedule D</i> , <i>P</i>	10				
as applicable. a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X b) Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b X 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? If "Yes," complete Schedule D, Part VII 11c X d) Did the organization report an amount for other lasbitities in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X e) Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X e) Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X 11a X 11e X 11e X 11b X 11e X 11e X 11c X 11e X 11e X 12a X 11e X 11e X 12a X 11e X 11e			10		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 111 X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 111 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? If "Yes," complete Schedule D, Part VII 111 X c Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 111 X e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is separate, independent audited financial statements for the tax year? 111 X 120 Did the organization aschared "No" to line 12a, then completing Schedule D, Part X and XI is optional 112 X 131 X X 114 X 142 Did the organization aschore a top(IV)(V/Wi)? "Yes," complete Schedule E 114 X 132 X 114 X X 114 X 143 Did the organization aschore a top(IV)(V/Wi)? "Yes," complete Schedule E	11				
Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? //r *Yes," complete Schedule D, Part VII 11b 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? //r *Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? //r *Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other assets in Part X, line 25? //r *Yes," complete Schedule D, Part X 11t X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization included in consolidated, independent audited financial statements for the tax year? 11f X 12a Did the organization a school described in section 170(b)(1)(A)(ii)? //r *Yes," complete Schedule E 12a X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? //r *Yes," complete Schedule E 13a X 14a X Did the organization maintain an office, employees or ogenets outside of the United States? 14a X 15 <td></td> <td></td> <td></td> <td></td> <td></td>					
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% //r "yes," complete Schedule D, Part VII 11b 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% //r "yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16% //r "yes," complete Schedule D, Part X 11c X d Did the organization report an amount for other liabilities in Part X, line 25% //r "yes," complete Schedule D, Part X 11d X f Did the organization obtain separate, independent audited financial statements for the tax year? 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? 11f X 12a Did the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional 11z X 13 St St St organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional 11z X 14a Did the organization and the organization answered "No" to line 12a, then completing Schedule D, Part X and XII is optional 11z	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b 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? If "Yes," complete Schedule D, Part VII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X 11c X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11d X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 11t X 12a Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization answered "No" to line 12a, then completing Schedule E 11a X 14a Did the organization and office, employees, or agents outside of the United States? 14a X 15 Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization report and Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individual? If "Yes," complete Schedule F, Parts II and IV 14b X			<u>11a</u>	X	<u> </u>
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? /f "Yes," complete Schedule D, Part IVII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part IX 11c X e Did the organization report an amount for other assets in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? 11f X 12a Did the organization ashool described in consolidated, independent audited financial statements for the tax year? 11f X 13 Is the organization ashool described in section 170(b)(1)(A)(ii)? f "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or other assistance to or for any foreign organization report more than \$15,000 of orgores income and contributions on Part IX, column (A), l	b				
assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part VIII 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? /f "Yes," complete Schedule D, Part X 11d X e Did the organization report an amount for other assets in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X 11f X 12a Did the organization included in consolidated, independent audited financial statements for the tax year? /f "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization maintain an office, employees, or agents outside of the United States? 14b X 14b X 11d X 11d X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garants or other assistance to or for any foreign organization report an Part IX, eolumn (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, P			11b		
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization bialnity for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11e X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional 11e X 13 Is the organization naintain an office, employees, or agents outside of the United States? 14a X 14 Did the organization report on Part IX, column (A), line 3, more than \$10,000 forgants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report a total of more than \$15,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 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? If "Yes," complete Schedule F, Parts II and IV 16 X <td>С</td> <td></td> <td></td> <td></td> <td></td>	С				
Part X, line 16? /f "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? /f "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization biability for uncertain tax positions under FIN 48 (ASC 740)? /f "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? // f"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12a X 13 Is the organization maintain an office, employees, or agents outside of the United States? 14a X 14 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II			<u>11c</u>		<u> </u>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's isability for uncertain tax positions under FIN 48 (ASC 740?) If "Yes," complete Schedule D, Part X 11f X 12a Did the organization subain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X (and XII) 11e X 13 Is the organization achoe discribed in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization report on Part IX, column (A), line 3, more than \$10,000 form grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14a X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report nor Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 6, Part II 16 X 17 Did the	d			v	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete Schedule D, Parts XI and XII</i> 12a X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 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</i> "Yes," complete Schedule <i>F</i> , Parts II and IV 14b X 17 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</i> "Yes," complete Schedule <i>F</i> , Parts II and IV 16 X 18 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</i> "Yes," complete Schedule <i>F</i> , Parts II and IV 16 X 17 Did the organization report more than \$15,000 of grass income fro	_				
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 111 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 111 X 12a Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization aschool described in section 170(b(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization naintain an office, employees, or agents outside of the United States? 14a X 15 Did the organization report activities outside the United States, or aggregate foreign investments valued at \$100,000 14b 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? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report more than \$15,000 of grass income from gaming activi			11e	~	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 12a X 12b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and	т				v
Schedule D, Parts XI and XII 12a X b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructi	10-		111		
b Was the organization included in consolidated, independent audited financial statements for the tax year? 1 b Was the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for reign reganization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 18 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines a tor and 8a? If "Yes," complete Schedule G, Part II 18 X <tr< th=""><td>12a</td><td></td><td>10-</td><td>v</td><td></td></tr<>	12a		10-	v	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 18 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I. See instructions 17 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a	L		12a	л	
 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	D		104		v
14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14a 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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts II and IV 15 X 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 20b Did the organization operate one or more hospital facilities? organization attach a copy of its audited financial statements to this return? 20b 20a X	40				
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</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15 X 16 Did the organization report a Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 18 X 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X 20a X 20b 20a X 20a X 20b 20a X 20b 20a X					
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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 any or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a X 20a X 20a X 20b 20a 20a 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 19 X			148		
or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a X 19 X 20a X 20a X 20a X 20a X 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 19 X	U				
 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 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</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 17 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>19</i> X 20a Did the organization report more than \$5,000 of grants or other assistance to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 			14h		x
foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 otal of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 17 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 19 Did the organization report more than \$15,000 of grants or other assistance to any domestic organization or 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a X 19 Z 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b 20b <	15				
 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</i> "Yes," <i>complete Schedule F, Parts III and IV</i> 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	15		15		x
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 10	16		-15		
 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</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions 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</i> "Yes," <i>complete Schedule G, Part II</i> 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 	10		16		x
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 X 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 17 X	17				_ <u></u>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 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	.,		17		x
1c and 8a? If "Yes," complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 10 10	18		<u> </u>		<u> </u>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," 19 X 20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 1			18	х	
complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0 0	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII line 9a? # Voc #			<u> </u>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 0 0			19		x
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 20b	20a				
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>	21		x

332003 12-21-23

4 2023.04010 BEST BUDDIES INTERNATIONA 40482__1

Form	990	(2023)
FUIII	330	(2020)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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</i> "Yes," <i>complete</i>			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		77	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	V	
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a125Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c	х	
33200	12-21-23			(2023)
55200		. 5111		_0_0/

11050812 759492 40482

5 2023.04010 BEST BUDDIES INTERNATIONA 40482_1

Form	990 (2023) Best Buddies International Inc		52-1614	576	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	506			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ο		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	nt)?	4a		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 A	ccoun	its (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	ction?		5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons o	r gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	:t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fc	orm 88	99 as required?	7g		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		1			
а	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:		1			
	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				
	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.					
а				13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		<u> </u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			_	000	
332005	12-21-23			Form	990	(2023)

11050812 759492 40482

6 2023.04010 BEST BUDDIES INTERNATIONA 40482_1

Form 990	(2023)
----------	--------

332006 12-21-23

Best Buddies International Inc

52-1614576 Page 6

X

Form **990** (2023)

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

Check if Schedule Q contains a response or note to any line in this Part VI	Section A Governing Body and Management	
	Check if Schedule O contains a response or note to any line in this Part VI	

Sec	tion A. Governing body and Management					
		ı			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	25			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	•	22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	iny other			
	officer, director, trustee, or key employee?			2	X	
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
				3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 9		s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	tockhol	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	/es," de	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger			40		v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	lization	Ś	101		
Sac	exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filed <u>CA, IL, NJ, NY, M</u>	M	א מאא אא	D۵	тN	דדיד
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and					
10		iu 990		orny)	avalla	JIE
	for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain)					
10			,	finen		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	n IIIICT O	miniterest policy, and	mano	iai	
20	statements available to the public during the tax year.	ke en-	Irocorda			
20	State the name, address, and telephone number of the person who possesses the organization's boot The Organization $-305-374-2233$	JN2 9110	TECOLUS			
	100 SE 2nd St Ste 2200, Miami, FL 33131					
	bo boo					

			7				~ /	
11050812	759492	40482	2023.04010	BEST	BUDDIES	INTERNATIONA	40482_	_1

See Schedule O for full list of states

Best Buddies International Inc

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.
List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

- List all of the organization of complete the heaves and the base of the heaves of the organization of the organization of the heaves and the second of the heaves of theaves of the he

• 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	Position (do not check more than one				ne	Reportable	Reportable	Estimated	
	hours per	box	box, unless person is both an			s both	n an	compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	t con	_	1099-NEC)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	(ey en	Highest compensated employee	Former			organizations
(1) Anthony K. Shriver	40.00	_	_		-		-			
Chairman		х		x				600,000.	0.	64,403.
(2) David Quilleon	40.00									
Senior VP - Global Mission						X		174,807.	Ο.	33,619.
(3) Mark Lewis	40.00									
Senior VP Dev., Mark., & I						X		175,828.	0.	13,234.
(4) Lori Penaloza	40.00									
Senior VP - Finance & Oper					Х			159,679.	0.	12,018.
(5) Michael Collins	40.00									
VP Operations						X		154,798.	0.	11,651.
(6) Julie Torres	40.00									
VP HR & Operations						X		127,672.	0.	23,023.
(7) Lisa Derx	40.00									
VP Government Operations						X		128,970.	0.	17,703.
(8) Alexander Hernandez-Dessauer	40.00									
Director		Х						6,690.	0.	0.
(9) Gerard A. Klingman, CFP	3.00									
Treasurer		Х		Х				0.	0.	0.
(10) Robert Friedman	7.00									
Secretary		Х		Х				0.	0.	0.
(11) Aaron Gershenberg	3.00									
Director		Х						0.	0.	0.
(12) Bernie Yuman	1.00									
Director		Х						0.	0.	0.
(13) Brad Blank	3.00									
Director		Х						0.	0.	0.
(14) Carl Lewis	1.00									
Director		Х						0.	0.	0.
(15) Chris Lindstrom	1.00									
Director		Х						0.	0.	0.
(16) Eunice K. Shriver II	1.00									
Director		Х						0.	0.	0.
(17) Evan Hainey	1.00									
Director		Х						0.	0.	0.
332007 12-21-23										Form 990 (2023)

332007 12-21-23

Form **990** (2023)

	Form 990 (2023) Best Buddies International Inc 52-161										
Par			oloy	ees,			ghes	st C		. ,	
	(A)	(B)				C) sitior	.		(D)	(E)	(F)
	Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable	Estimated
		week	box, unless person i officer and a directo					compensation from	compensation from related	amount of other	
		(list any	ctor						the	organizations	compensation
		hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
		related	stee o	rustee			pensa		(W-2/1099-MISC/	1099-NEC)	organization
		organizations below	ual tru	ional t		ployee	t com		1099-NEC)		and related
		line)	In dividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18)	James W. Lintott	3.00		<u> </u>	0	×	<u> </u>	Ľ.			
Dire	ctor		x						0.	0.	0.
(19)	Jamie Hintlian	1.00									
Dire	ctor		Х						0.	0.	0.
(20)	Mark DeVincentis	1.00									
Dire	ctor		Х						0.	0.	0.
	Michelle Kligman	2.00									_
Dire			Х						0.	0.	0.
	Olivia Culpo	1.00								0	0
Dire		1.00	Х				-		0.	0.	0.
(23) Dire	Todd Glaser	1.00	х						0.	0.	0.
	Ralph Winter	1.00					\vdash		0.	0.	0.
Dire	-	1.00	х						0.	0.	0.
	Steve Hearst	2.00									
Dire	ctor		x						0.	0.	0.
(26)	Thomas Quick	1.00									
Dire	ctor		Х						0.	0.	0.
1b	Subtotal								1,528,444.	0.	175,651.
С	Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
	Total (add lines 1b and 1c)								1,528,444.	0.	175,651.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	io re	eceived more than \$100,	000 of reportable	6
	compensation from the organization										Yes No
3	Did the organization list any former officer.	director truste	ee k	ev e	mn	love	e or	hia	hest compensated emp	ovee on	
Ū	line 1a? If "Yes," complete Schedule J for s	,		,		,	,	0		5	з Х
4	For any individual listed on line 1a, is the su										
	and related organizations greater than \$150										4 X
5	Did any person listed on line 1a receive or a										
	rendered to the organization? If "Yes," con	plete Schedule	e J fo	or sı	ich ,	pers	ion .				5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest co	•	•							· ·	tion from
	the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin I		ear.	(0)
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	(C) compensation
			140		-						
2	Total number of independent contractors (i	ncludina but na	ot lin	niter	d to	thos	se lis	ted	above) who received mo	ore than	
-	\$100,000 of compensation from the organi	-				()		e.e,e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.		
	See Part VII, Section		in	ua	ti	on	s	he	ets		Form 990 (2023)

332008 12-21-23

	uddies Int								52-161	4576
		nplo	yee			lighe	est (Compensated Employe	. ,	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable compensation from related	Estimated
	hours per	(C	heck T	all t	that	app I	iy)	compensation from		amount of other
	week					ee		the	organizations	compensatio
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	or dire				ted er		(W-2/1099-MISC)		organizatior
	related	istee (truste		e	pensa				and related
	organizations below	ual tru	ional		ploye	t com				organization
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
27) Tom Sullivan	1.00		-		×		ш			
Director	1.00	x						0.	0.	(
28) Tamsen Fadal	1.00							0.	0.	
Director	1.00	x						0.	0.	(
29) Joshua Felder	1.00									
Director		x						0.	0.	(
30) William V. Powers	1.00	† <u></u>								
Director		х						0.	0.	(
31) Garett Tomasek	1.00									
Director		Х						0.	0.	
		-								
		-								
		-								
		┨								
		-								
		-	-							
		-								
		+	-							
		1								
		1	1	1		L				

332201 04-01-23

		/111								
			Check if Schedule O conta	ins a resp	onse	or note to any line	e in this Part VIII (A)	(B)	(C)	
							(م) Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
							10tal 10vondo	function revenue	business revenue	from tax under
										sections 512 - 514
nts	1		Federated campaigns							
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues							
Am (Fundraising events			20,152,198.				
lar İar			Related organizations							
s, j			Government grants (contributio			14,361,170.				
er ci		f	All other contributions, gifts, grants							
-ibu			similar amounts not included above			9,656,199.				
ti pe		g	Noncash contributions included in lines 1a	a-1f 1g	\$	479,488.				
<u>ų p</u>		h	Total. Add lines 1a-1f				44,169,567.			
						Business Code				
ce	2	а	Buddy Living			900099	409,990.	409,990.		
Program Service Revenue		b	Conference Dues			900099	365,229.	365,229.		
ی S ا		С	Chapter Dues			900099	50,307.	50,307.		
ran Sev		d								
go		е								
Δ.		f	All other program service reven	iue						
			Total. Add lines 2a-2f				825,526.			
	3		Investment income (including c							
							281,595.			281,595.
	4		Income from investment of tax-	•	•					
	5		Royalties							
				(i) Re	ai	(ii) Personal				
	6		Gross rents 6a							
			Less: rental expenses 6b							
			Rental income or (loss) 6c							
	_		Net rental income or (loss)	(i) Coord						
	7	а	Gross amount from sales of	(i) Secu		(ii) Other				
			assets other than inventory 7a	/92	,914.					
		b	Less: cost or other basis	160	E 2 0					
Revenue			and sales expenses		,528.					
eve			Gain or (loss)		,386.		629,386.			620.286
er B	_		Net gain or (loss)			1	029,300.			629,386.
Othe	8	а	Gross income from fundraising even							
0			including \$ 20,152,							
			contributions reported on line 1	-		2 221 020				
			Part IV, line 18							
					·		-5,305,208.			-5305208.
	_		Net income or (loss) from fundr	0			5,305,200.			5505200.
	9	а	Gross income from gaming act							
			Part IV, line 19							
			Less: direct expenses							
	10		Net income or (loss) from gamin	•	es	1				
	10	а	Gross sales of inventory, less re			423,645.				
		L	and allowances							
			Less: cost of goods sold			219,020.	204,025.			204,025.
		C	Net income or (loss) from sales	or invent	οιγ	Business Code	201,023.			201,025.
sn	44	~	Miscellaneous Revenue			900099	15,000.			15,000.
leo Ue						500055	15,000.			13,000.
llar.		b								
Miscellaneous Revenue		C d	All other revenues							
Σ			All other revenue			L	15,000.			
	40		Total. Add lines 11a-11d				40,819,891.	825,526.	0.	-4175202.
33200	<u>12</u>		Total revenue. See instructions				10,010,001.	1 025,520.	ı ⁰ .	Form 990 (2023)

Best Buddies International Inc

332009 12-21-23

Form 990 (2023)

52-1614576 Page 9

Best Buddies International Inc Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 836,101. 484,491. 152,289. 199,321. trustees, and key employees 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 22,213,662. 18,648,379. 549,565. 3,015,718. Other salaries and wages 7 8 Pension plan accruals and contributions (include 226,454. 184,251. 8,644. 33,559. section 401(k) and 403(b) employer contributions) 1,771,243. 1,545,952. 55,652. 169,639. Other employee benefits 9 647,981. 1,378,954. 47,438. 221,589. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 90. 90. b Legal 75,239. 75,239. Accounting С 123,794. 123,794. Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 195,279. 478,344. 231,565. 51,500. column (A), amount, list line 11g expenses on Sch 0.) 264,066. 264,066. Advertising and promotion 12 675,143. 497,164. 4,211. 173,768. 13 Office expenses Information technology 14 15 Royalties 22,125. 2,233,251. 2,068,640. 142,486. 16 Occupancy 1,488,286. 814,852. 673,434. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,387,702. 1,387,702. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 12,504. 12,504. Depreciation, depletion, and amortization 22 252,967. 234,285. 18,682. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 3,361,338. 3,361,255. Public Awareness and Vo 83. а 1,107,030. 152,531. Staff Training & Recrui 896,080. 58,419. h 646,577. 65,854. 203,736. 511,844. 68,879. Equipment С d Miscellaneous 489,121. 62,742. 222,643. 16,376. 407,108. 433,334. 9,850. e All other expenses 39,724,227. 32,424,544. 1,900,617. 5,399,066. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

332010 12-21-23

11050812 759492 40482

if following SOP 98-2 (ASC 958-720)

12 2023.04010 BEST BUDDIES INTERNATIONA 40482 1

Form 990 (2023)

11050812 759492 40482

Best Buddies International Inc

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

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,560,627.	1	2,248,157.
	2	Savings and temporary cash investments	4,752,418.	2	2,689,890.
	3	Pledges and grants receivable, net	5,227,475.	3	7,752,625.
	4	Accounts receivable, net	59,382.	4	47,412.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	58,359.	8	58,361.
As	9	Prepaid expenses and deferred charges	523,258.	9	838,526.
	10a	Land, buildings, and equipment: cost or other			
	b	basis. Complete Part VI of Schedule D10a1,760,746.Less: accumulated depreciation10b567,754.	1,167,973.	10c	1,192,992.
	11	Investments - publicly traded securities	1,167,973. 19,507,969.	11	1,192,992. 22,352,482.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	-66,160.	13	37,375.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,699,613.	15	3,445,928.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	37,490,914.	16	40,663,748.
	17	Accounts payable and accrued expenses	781,778.	17	785,588.
	18	Grants payable		18	
	19	Deferred revenue	606,706.	19	706,376.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Se	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	4.6 500
	24	Unsecured notes and loans payable to unrelated third parties		24	16,533.
	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	<u>3,712,140.</u> 5,100,624.	25	3,550,420.
	26	Total liabilities. Add lines 17 through 25	5,100,624.	26	5,058,917.
ş		Organizations that follow FASB ASC 958, check here			
JCe		and complete lines 27, 28, 32, and 33.	26 064 520		27 052 207
alar	27	Net assets without donor restrictions	<u>26,964,539.</u> 5,425,751.	27	27,852,207. 7,752,624.
dB	28	Net assets with donor restrictions	5,425,751.	28	1,152,024.
'n		Organizations that do not follow FASB ASC 958, check here			
Net Assets or Fund Balances	00	and complete lines 29 through 33.		00	
sts e	29 20	Capital stock or trust principal, or current funds		29	
SSE	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∋t A	31	Retained earnings, endowment, accumulated income, or other funds	30 300 000	31	35 604 921
ž	32	Total net assets or fund balances	32,390,290. 37,490,914.	32	35,604,831. 40,663,748.
	33	Total liabilities and net assets/fund balances	57,430,314.	33	40,003,740.

52-1614576 Page 11

Form 990 (2023)

Part X Balance Sheet

	<u>1990 (2023)</u> Best Buddies International Inc	52-1	<u>1614576</u>	Pa	_{ge} 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,81	9,8	<u>91.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,72	4,2	<u>27.</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,09				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	32,39				
5	Net unrealized gains (losses) on investments	5	2,11	8,8	77.		
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	35,60	4,8	31.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			x		
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X			

Form **990** (2023)

SCHEDULE A	1
------------	---

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2023
Open to Public Inspection

Т

Name of the	organization
-------------	--------------

Name	e of t	he organization						Employer	identification number				
				nternational					2-1614576				
Par	tl	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The o	rgani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)							
1 [A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).						
2 [A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)								
3 [A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).						
4 [A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A))(iii). Enter	the hospital's name,				
		city, and state:											
5 [An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6 [A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7 [An organization that norma	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general j	oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the r	name, city	, and state of	the college	e or				
		university:											
10	X	An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its	s support f	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne functio	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section &	509(a)(3). (Check the box on				
		lines 12a through 12d that	describes the type of	supporting organizatior	n and com	olete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted org	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	es of the su	upporting				
		organization. You must c	complete Part IV, Se	ctions A and B.									
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	ed organization	n(s), by hav	ving				
		control or management o			ame persoi	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus	-										
С		Type III functionally inte						ly integrate	ed with,				
		its supported organization		-									
d		Type III non-functionally						-					
		that is not functionally int			-		-	an attentiv	/eness				
		requirement (see instructi	,	•									
е		Check this box if the orga					Type I, Type	II, Type III					
		functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0				[]				
		r the number of supported c ride the following informatior	• • • • • • • • • • • • • • • • • • • •	d organization(a)									
<u> </u>		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other				
	•	organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	structions)	support (see instructions)				
				above (see instructions))	163	NO							
Total													

	A (Form 990)	2023
Part II	Suppor	t Scl

Best Buddies International Inc

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
-	Public support. Subtract line 5 from line 4. ction B. Total Support						
		(-) 0010	(1-) 0000	(-) 0001	(4) 0000	(-) 0000	(f) Tatal
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	Gross income from interest,						
8	,						
	dividends, payments received on						
	securities loans, rents, royalties,						
•	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,		 one)			12	
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax			
10	organization, check this box and stop						
Se	ction C. Computation of Publi	ic Support Per	rcentage				
	Public support percentage for 2023 (I			column (f))		14	%
	Public support percentage from 2022					15	%
	33 1/3% support test - 2023. If the o					nore, check this bo	x and
	stop here. The organization qualifies						
k	33 1/3% support test - 2022. If the o	organization did ne	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop h	ere. Explain in Par	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported of	organization		
k	10% -facts-and-circumstances test	2022. If the org	ganization did not	check a box on lin	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	ck this box and	stop here. Explain	in Part VI how the	
	organization meets the facts-and-circl	umstances test. Tl	he organization qu	alifies as a publicl	y supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s
						Schedule A	(Form 990) 2023

Best Buddies International Inc 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 gualify under the tests listed below, please complete Part II.)

Section A. Public Support (b) 2020 (d) 2022 Calendar year (or fiscal year beginning in) (a) 2019 (c) 2021 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 34767644.23181596.42014036.34375404.44169567.178508247 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 465,708. 434,877. 1050287. 825,526. 3550601. 774,203. 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 35541847.23647304.42448913.35425691.44995093.182058848 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 154,993. 286,570. 64,320. 429,060. 276,955. 1211898. 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 Ο. c Add lines 7a and 7b 276,955. 154,993. 286,570. 64,320. 429,060. 1211898 180846950 Public support. (Subtract line 7c from line 6.) Section B. Total Support (e) 2023 Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (f) Total 9 Amounts from line 6 35541847.23647304.42448913.35425691.44995093.182058848 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 66,395. 178,189. 315,006. 281,595. 112,175. 953,360. and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 112,175. 66,395. 178,189. 315,006. 281,595. 953,360. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on 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 5384872. 7610016. 7441727. 5387440. 3785473.29609528. assets (Explain in Part VI.) 43095749.29101139.48011974.43350713.49062161.212621736 **13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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 85.06 % Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 15 82.71 16 Public support percentage from 2022 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage .45 17 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) % .38 18 18 Investment income percentage from 2022 Schedule A, Part III, line 17 % 19a 33 1/3% support tests - 2023. 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 _____X 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 - 2022. 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 Schedule A (Form 990) 2023 332023 12-21-23

17

11050812 759492 40482

^{2023.04010} BEST BUDDIES INTERNATIONA 40482__1

Schedule A (Form 990) 2023

Best Buddies International Inc

Yes No

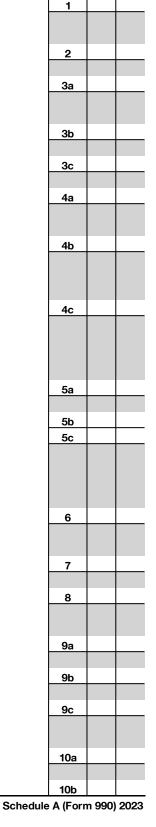
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

332024 12-21-23



18

Sche	edule A	(Form 990) 2023			International	Inc	52-16145	<u>/b Pa</u>	age 5
Pa	rt IV	Supporting Organ	izations ₍₀	continued)					
								Yes	No
11	Has t	he organization accepted	a gift or con	tribution from an	y of the following persons?				
а	A per	son who directly or indire	ctly controls,	either alone or t	ogether with persons descri	bed on lines 11b and			
	11c b	elow, the governing body	of a support	ted organization'	?		11a		
b	A fam	nily member of a person d	escribed on	line 11a above?			11b		
с	A 359	% controlled entity of a pe	rson describ	ed on line 11a or	11b above? If "Yes" to line	11a, 11b, or 11c, provide			
		r in Part VI.					11c		
Sec	tion	B. Type I Supporting	g Organiza	ations					
								Yes	No
1					ficers acting in their official of point or elect at least a ma				

	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2	Did the organization operate for the benefit of any supported organization other than the supported
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	
	or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported execution(a)	1

	boncea organ	<u>112a(1011(3)</u> .	
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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

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 (s	C	on used to satisfy the Integral Part Test during the year (see instruction	ns).
--	---	--	------

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
---	--	---	---	--

19

- 2 Activities Test. Answer lines 2a and 2b 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b 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? If "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

За

1

2

Yes No

Yes No

2023.04010 BEST BUDDIES INTERNATIONA 40482__1

Schedule A (Form 990) 2023 Best Buddies International Inc Part V | Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

All other Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year 1 Net short-term capital gain 1 2 Recoveries of prior-ver distributions 2 3 Other gross income (see instructions) 3 4 Add lines 1 through 3. 4 5 Depreciation and depleton 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of properly held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 9 9 Other expenses (see instructions) 6 1 1 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 1 1 1 Aggregate fair market value of other non-exempt-use assets 1 1 1 1 Aggregate fair market value of all non-exempt-use assets 1 1 1 2 Arearage monthy vaue of securities <	1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
Section A - Adjusted Net Income (A) Prior Year Toptional) 1 Net short term capital gain 1 2 Recovering 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 manatemance of property held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 9 Section 8 - 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 a a Average monthy value of securities 1a b b 4 Total (add lines 1, 1b, and 1c) 1d d d 6 Discount claimed for blockage or other factors (axplain in detail in Part VI): a a a 2 Acquisition indebtedness applicable to non-exempt-use		All other Type III non-functionally integrated supporting organizations mus	t complete S	Sections A through E.	-
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 properly held for production of income (see instructions) 6 7 Other expenses (see instructions) 7 8 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (A) Prior Year 9 Other expenses (see instructions) 7 (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): 1 a Average monthly value of securities 1a b Average monthly value of securities 1a c Fair market value of other non-exempt-use assets 1c c Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part W): 3 2 Acquisition indetbedness applicable to non-exempt-use assets 2 3 Subtra	Sect	ion A - Adjusted Net Income		(A) Prior Year	
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 properly 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 kar year or assets held for part of year): a Average monthly cash balances the A verage monthly cash balances the c Fair market value of other non-exempt-use assets the e Average monthly cash balances the e Average monthly cash balances the e Average monthly cash balances the d Average or other factors (avaplain in detail in Part VI): a Acquisition indebtedness applicable to non-exempt-use assets the detain Part VI): a Acquisition indebtedness applicable to non-exempt-use assets a Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	1	Net short-term capital gain	1		
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 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 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): 1a 0 a Average monthly value balances 1b 1c 1d C Fair market value of other non-exempt use assets 1c 1d d Discourt claimed for blockage or other factors (explain in detail in Part VI): 2 2 2 Acquisition indetbedness applicable to non-exempt use assets 2 2 3 Subtract line 2 from line 1d. 3 3 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 5 5 5 Minimum Asset Amount Current Year <t< td=""><td>2</td><td>Recoveries of prior-year distributions</td><td>2</td><td></td><td></td></t<>	2	Recoveries of prior-year distributions	2		
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 ta b Average monthly value of securities ta b Average monthly value of securities ta b Average monthly cash balances ta b Average monthly cash balances ta c Fair market value of other non-exempt-use assets ta b Average northly cash balances ta b Average monthly cash balances ta c C Fair market value of other non-exempt-use assets ta ta Average tas asport ta structions	3	Other gross income (see instructions)	3		
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): 1a a Average monthly value of securities 1a b Average monthly value of securities 1a 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 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 assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amoun	4	Add lines 1 through 3.	4		
collection of gross income or for management, conservation, or 6 7 Other expenses (see instructions) 6 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): 1a A Average monthly value of securities 1a	5	Depreciation and depletion	5		
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): 1a a Average monthly value of securities 1a (A) Prior Year b Average monthly value of other non-exempt-use assets 1b (C) Prior Year c Fair market value of other non-exempt-use assets 1c (C) Prior Year d Total (add lines 1a, 1b, and 1c) 1d (C) Prior Year e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 (C) Prior Year 2 Acquisition indebtedness applicable to non-exempt-use assets 2 (C) Prior Year 3 Subtract line 2 from line 1d. 3 (C) Prior Year (C) Prior Year 4 Cash deemed held for exempt-use assets (subtract line 4 from line 3) 5 (C) Prior Year (C) Prior Year 5 Net value of non-exempt-use assets (subtract line 6) 8 (C) Prior Year (C) Prio	6	Portion of operating expenses paid or incurred for production or			
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): 1a 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 (azplain in detail in Part VI): 2 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 0.015 of line 3 (for greater amount, see instructions). 4 5 Net value of non-exempt-use assets (solumn ine 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current		collection of gross income or for management, conservation, or			
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): 1a 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 0.015 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 0.035. 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 Secti		maintenance of property held for production of income (see instructions)	6		
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 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): a 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 0.015 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 0.035. 7 7 8 Minimum Asset Amount Current Year 1 Acjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4	7	Other expenses (see instructions)	7		
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): 1a 1a a Average monthly value of securities 1a 1a 1a b Average monthly value of securities 1a 1a 1a c Fair market value of other non-exempt-use assets 1c 1c 1d c Fair market value of other non-exempt-use assets 1c 1d 1d e Discount claimed for blockage or other factors 1d 1d 1d 1d c Acquisition indebtedness applicable to non-exempt-use assets 2 2 2 2 3 Subtract line 2 from line 1d. 3 3 1d 1d 1d 5 Net value of non-exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 16 1d 1d <t< td=""><td>8</td><td>Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)</td><td>8</td><td></td><td></td></t<>	8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
instructions for short tax year or assets held for part of year): 1a 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): 1d 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 0.015 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 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 2 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 4 </td <td>Sect</td> <td></td> <td></td> <td>(A) Prior Year</td> <td></td>	Sect			(A) Prior 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): 1d 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 0.015 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 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 2 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 4	1	Aggregate fair market value of all non-exempt-use assets (see			
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. 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 Cash deemed neld for exempt use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 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) 2 Enter 0.85 of line 1. 2 3 4 Enter or prior year (from Section B, line 8, column A) 4 Enter or line 2 or line 3. 4 5 6 10 2 11 2 12 13 14 		instructions for short tax year or assets held for part of year):			
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 0.015 of line 3 (for greater amount, see instructions). 4 5 6 Multiply line 5 by 0.035. 6 Minimum Asset Amount (add line 7 to line 6) 8 9 8 9 9 9 9 9 4 1 2 1 4 1 2 1 4 1 1 2 1 4 1 2 1 4 4 5 6 7 8 9 1 2 1 4 /ul>	а	Average monthly value of securities	1a		
d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 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 0.015 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 0.035. 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 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	b	Average monthly cash balances	1b		
e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 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 0.015 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 0.035. 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 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	с	Fair market value of other non-exempt-use assets	1c		
(explain in detail in Part VI): 2 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 0.015 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 0.035. 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 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	d	Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 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 0.035. 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 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	е	Discount claimed for blockage or other factors			
3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 0.015 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 0.035. 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 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 4 4 5 Income tax imposed in prior year 5 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5 5		(explain in detail in Part VI):			
4 Cash deemed held for exempt use. Enter 0.015 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 0.035. 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 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. 5	2	Acquisition indebtedness applicable to non-exempt-use assets	2		
see instructions). 4 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 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 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	3	Subtract line 2 from line 1d.	3		
5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
6 Multiply line 5 by 0.035. 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to		see instructions).	4		
7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount 8 Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 Current Year 2 Enter 0.85 of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 4 4 5 Income tax imposed in prior year 5 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 6	5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
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 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 1	6	Multiply line 5 by 0.035.	6		
Section C - Distributable Amount Current Year 1 Adjusted net income for prior year (from Section A, line 8, column A) 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 1	_7	Recoveries of prior-year distributions	7		
1Adjusted net income for prior year (from Section A, line 8, column A)12Enter 0.85 of line 1.23Minimum asset amount for prior year (from Section B, line 8, column A)34Enter greater of line 2 or line 3.45Income tax imposed in prior year56Distributable Amount. Subtract line 5 from line 4, unless subject to4	8	Minimum Asset Amount (add line 7 to line 6)	8		
2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 4 5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	Sect	ion C - Distributable Amount			Current Year
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 5	1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
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 5	2	Enter 0.85 of line 1.	2		
5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to 5	3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	4	Enter greater of line 2 or line 3.	4		
	5	Income tax imposed in prior year	5		
emergency temporary reduction (see instructions). 6	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).

Schedule A (Form 990) 2023

332026 12-21-23

Schedule A (Form 990) 2023

Section D - Distributions

Best Buddies International Inc Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	5	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the				
-	(provide details in Part VI). See instructions.	·····		8	
9	Distributable amount for 2023 from Section C. line 6			9	
10	Line 8 amount divided by line 9 amount			10	
10		(i)	(ii)		(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	าร	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
-	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
0					
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
7	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
c	Excess from 2021				

Schedule A (Form 990) 2023

Current Year

d Excess from 2022 e Excess from 2023

Schedule A	(Form 990) 2023	Best	Buddies	Interna	tional	Inc	52-1614576 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Information. lines 1, 2, 3b, 3c, tion D, lines 2 and 6, and 8; and Part	Provide the exp 4b, 4c, 5a, 6, 9a 3; Part IV, Sect	lanations requi a, 9b, 9c, 11a, ion E, lines 1c,	red by Part II, 11b, and 11c; 2a, 2b, 3a, ar	line 10; Part II, line Part IV, Section B Id 3b; Part V, line 1	e 17a or 17b; Part III, line 12; , lines 1 and 2; Part IV, Section C, ; Part V, Section B, line 1e; Part V, additional information.
332028 12-21-2	3						Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

2023

Employer identification number

Department of the Treasury Internal Revenue Service	Attach to Go to www.irs.g
Name of the organizat	ion
	Best Buddies Interna
Organization type (ch	neck one):
Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number)
	4947(a)(1) nonexempt charita

st	Buddies	International	Inc	52-1614576

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

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

Schedule B

(Form 990)

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

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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 for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Name of organization

Employer identification number

(d)

X

52-1614576

Person

Best Buddies International Inc

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1

		\$ <u>1,000,000.</u>	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,243,706.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>1,367,147.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$ <u>1,500,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-22		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Page 2

11050812 759492 40482

2023.04010 BEST BUDDIES INTERNATIONA 40482__1

25

Part II No	ncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
453 12-26-23		Ψ	Schedule B (Form 990) (

Best Buddies International Inc

Name of organization

Employer identification number

52-1614576

Schedule B (Form 990) (2023)

11050812 759492 40482

2023.04010 BEST BUDDIES INTERNATIONA 40482__1

26

Schedule	B (Form 990) (2023)		Page 4
Name of o	organization		Employer identification number
Best Part III	from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, completing Part III, enter the total of exclusively religious.	ons to organizations described in set through (e) and the following line ent charitable, etc., contributions of \$1,000 or	52-1614576 ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year http:. For organizations r less for the year. (Enter this info. once.) \$
(a) No.	Use duplicate copies of Part III if additional s	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a	md ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
	Transferee's name, address, a		Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
323454 12-20	n-23		Schedule B (Form 990) (2023)
		0.7	

27 2023.04010 BEST BUDDIES INTERNATIONA 40482_1

11050812	759492	40482	

LHA 332041 11-06-23

Political	Campaign	and Lobbvi	ng Activities
i ontioui	oumpuign		ng Aouvidoo

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

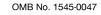
If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

•	Section 501(c)(4), (5), or (6) organizat	ions. Complete Part III.			
Nan	ne of organization			Em	ployer identification number
	Best Bu	<u>ddies Internation</u>	al Inc		52-1614576
Pa	art I-A Complete if the org	anization is exempt under	r section 501(c) o	r is a section 527 o	organization.
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures gn activities			\$
		anization is exempt under			
	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
	If the organization incurred a section				
	a Was a correction made?				Yes No
_	o If "Yes," describe in Part IV.				(-)(0)
		anization is exempt under		•	
	Enter the amount directly expended				\$
2	Enter the amount of the filing organ				
	exempt function activities				\$
3	Total exempt function expenditures		,		
	line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses, and er		, I	0	0 0
	made payments. For each organization				
	contributions received that were properties of the political action committee (PAC). If a				ate segregated fund or a
			Г	Г	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds. If none, enter -0	
					delivered to a separate
					political organization. If none, enter -0
			1	1	1

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

Schedule C (Form 990) 2023



2023 Open to Public Inspection

SCHEDULE C (Form 990)

Department of the Treasury

Internal Revenue Service

	edule C (Form 990) 2023	Best Buddie	s Internatio	onal Inc	52-1	614576 Page 2		
Pa	rt II-A Complete if the org section 501(h)).	anization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under		
	Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures). Check if the filing organization checked box A and "limited control" provisions apply.							
	Limi	ts on Lobbying Exper	•		(a) Filing organization's totals	(b) Affiliated group totals		
b c d e	Total lobbying expenditures (add li	uence a legislative bod nes 1a and 1b) es s (add lines 1c and 1d)	y (direct lobbying)		123,794. 123,794. 32,300,749. 32,424,543. 1,000,000.			
	If the amount on line 1e, column (a) on not over \$500,000, over \$500,000 but not over \$1,000 over \$1,000,000 but not over \$1,50 over \$1,500,000 but not over \$1,50 over \$1,7,000,000,	r (b) is: The lob 20% of 1 0,000, \$100,00 00,000, \$175,00	bying nontaxable amount on line 1e. 10 plus 15% of the exce 10 plus 10% of the exce 10 plus 5% of the exces	ount is: ess over \$500,000. ess over \$1,000,000.				
•	Grassroots nontaxable amount (en Subtract line 1g from line 1a. If zer Subtract line 1f from line 1c. If zer If there is an amount other than ze reporting section 4911 tax for this (Some organizations the	ter 25% of line 1f) o or less, enter -0- o or less, enter -0- ro on either line 1h or l year? 4-Year Ave nat made a section 50	ine 1i, did the organiza graging Period Under D1(h) election do not I	tion file Form 4720 Section 501(h) nave to complete all	-	Yes No		
		•	ate instructions for lin					
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		

(or fiscal year beginning in)	(4) =0=0		(0) ====	(u) ====	
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					6,000,000.
c Total lobbying expenditures	136,425.	118,373.	153,283.	123,794.	531,875.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

332042 11-06-23

Schedule C (Form 990) 2023 Best Buddies International Inc 52-16145 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5)), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3	_	
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	'No" OR (I	b) Part I	II-A, line	3, IS
	answered "Yes."				
1	Dues, assessments and similar amounts from members		. 1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	al			
	expenses for which the section 527(f) tax was paid).				
	Current year				
	Carryover from last year				
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?		. 4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE D)
------------	---

Department of the Treasury

Internal Revenue Service

(Form	990)
-------	------

Supplemental Financial Statements

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

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



Employer identification number

Name of the organization

	Best Buddies Intern		52-1614576			
Par			r Accour	Its. Complete if the		
	organization answered "Yes" on Form 990, Part IV, lin	ie 6.		·		
		(a) Donor advised funds	(b) Fun	ids and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value of grants norm (daming year)					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds			
Ŭ	are the organization's property, subject to the organization's	-		Yes No		
6	Did the organization inform all grantees, donors, and donor a					
U	for charitable purposes and not for the benefit of the donor o					
			°,	Yes No		
Par						
1	·		rt iv, inte 7.			
	Purpose(s) of conservation easements held by the organization	i de la constante de la consta	historically	important land area		
	Preservation of land for public use (for example, recrea	Preservation of a		important land area		
	Protection of natural habitat Preservation of open space		centined fil			
0		fied concernation contribution in the form of		tion accoment on the last		
2	Complete lines 2a through 2d if the organization held a qualit day of the tax year.	ned conservation contribution in the form of	a conserva	Held at the End of the Tax Year		
_			0			
	Number of conservation easements on a certified historic structure		<u>2c</u>			
d	Number of conservation easements included on line 2c acqu					
-	on a historic structure listed in the National Register			l		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the or	ganization	during the tax		
	year					
4	Number of states where property subject to conservation eas					
5	Does the organization have a written policy regarding the per					
_	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conser-	vation ease	ements during the year		
-				te du la cutto cuca		
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conservation	n easemen	ts during the year		
•						
8	Does each conservation easement reported on line 2d above					
•				Yes No		
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statement	s that desc	cribes the		
Par	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Othe	or Simila	r Assats		
1 4	Complete if the organization answered "Yes" on Form					
			halanaa ak			
Ia	If the organization elected, as permitted under FASB ASC 95	· · ·				
	of art, historical treasures, or other similar assets held for put		lerance of p	public		
	service, provide in Part XIII the text of the footnote to its finar					
d	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in further	ance of pui	DIIC SERVICE,		
	provide the following amounts relating to these items.			•		
	(i) Revenue included on Form 990, Part VIII, line 1			\$		
~				\$		
2	If the organization received or held works of art, historical tre		ain, provide	9		
	the following amounts required to be reported under FASB A			^		
	Revenue included on Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X			\$ 0.1		
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2023		
332051	09-28-23					

11050812 759492 40482

31

Sche		ddies Inter						52-16			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	[·] Othe	r Simila	r Assets	contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that	make s	ignificant	use of its			
	collection items (check all that apply).										
а	a Public exhibition d Loan or exchange program										
b	b Scholarly research e Other										
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how the	ey further th	ne organizatio	n's exer	npt purpo	ose in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	torical treas	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the c	organizatior	n answered "א	res" on	Form 990), Part IV, li	ne 9, or		
1a	Is the organization an agent, trustee, custodi	ian, or other intermed	diary for c	contributior	ns or other as	sets not	included				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
с	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance						. 1 f		_		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial accou	unt liabil	ity?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds Complete if								()5		
		(a) Current year	(b) Pi	rior year	(c) Two year	ѕ раск	(d) Inree	years back	(e) Fou	ryears	раск
1 a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
t	Administrative expenses										
g	End of year balance		. /!)) la al al a a a						
2	Provide the estimated percentage of the curr	•		, column (a)) neid as:						
a	Board designated or quasi-endowment		_%								
D	Permanent endowment	%									
С	Term endowment The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		ntion that	are hold a	ad administor	od for th					
Ja	organization by:		allon that	are neiu ai					1	Yes	No
	(i) Unrelated organizations?								3a(i)		
									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the								_ 0.0		
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990,	, Part X,	line 10.				
	Description of property	(a) Cost or c		• •	t or other	• •			(d) Boo	k value	e
		basis (investr	nent)		(other)	ae	preciatior	1	1 1 -	<u> </u>	72
	Land			1,15	2,473.				1,15	4,4	13.
	Buildings										
	Leasehold improvements			60	0 171		567 7	F 1	1	0 5	10
	Equipment			60	8,273.		567,7	54.	4	0,51	тд.
	Other								1 10	2 0	0.2
iota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X, line 10</u>	<u>ic, column</u>	<u>(B))</u>				1,19		

Schedule D (Form 990) 2023

332052 09-28-23

		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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	, ,	(b) Book value
(1) Security Deposits			90,011.
(2) Financing Lease Right-of-	Use Net of A	mortization	75,598.
(3) Operating Lease Right-of-			15,550.
(3) Operating heade hight of	obe, mee or m		3 280 319.
(4)			3,280,319.
(4)			3,280,319.
(5)			3,280,319.
(5) (6)			3,280,319.
(5) (6) (7)			3,280,319.
(5) (6) (7) (8)			3,280,319.
(5) (6) (7) (8) (9)	((0))		
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities			3,445,928.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" (a) Description of liability			3,445,928.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability			3,445,928.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes			3 , 445 , 928 . (b) Book value
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Security deposit	on Form 990, Part IV, line		3,445,928. (b) Book value 37,497.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Security deposit (3) Financing Lease Liabilitie	on Form 990, Part IV, line		3,445,928. (b) Book value 37,497. 76,573.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Security deposit (3) Financing Lease Liabilitie (4) Operating Lease Liabilitie	on Form 990, Part IV, line		3,445,928. (b) Book value 37,497.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Security deposit (3) Financing Lease Liabilitie (4) Operating Lease Liabilitie (5)	on Form 990, Part IV, line		3,445,928. (b) Book value 37,497. 76,573.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Security deposit (3) Financing Lease Liabilitie (4) Operating Lease Liabilitie (5) (6)	on Form 990, Part IV, line		3,445,928. (b) Book value 37,497. 76,573.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Security deposit (3) Financing Lease Liabilitie (4) Operating Lease Liabilitie (5) (6) (7)	on Form 990, Part IV, line		3,445,928. (b) Book value 37,497. 76,573.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Security deposit (3) Financing Lease Liabilitie (4) Operating Lease Liabilitie (5) (6)	on Form 990, Part IV, line		3,445,928. (b) Book value 37,497. 76,573.
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities Complete if the organization answered "Yes" 1. (a) Description of liability (1) Federal income taxes (2) Security deposit (3) Financing Lease Liabilitie (4) Operating Lease Liabilitie (5) (6) (7)	on Form 990, Part IV, line		(b) Book value 37,497. 76,573.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

11050812 759492 40482

Part VII Investments - Other Securities

	dule D (Form 990) 2023 Best Buddies International				1614576	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemer Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Its wit	h Revenue per Re	eturn		
1				1	47,632	.159.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			<u> </u>		/
a	Net unrealized gains (losses) on investments	2a	2,118,877.			
b	Donated services and use of facilities		364,308.			
с	Recoveries of prior year grants			-		
d	Other (Describe in Part XIII.)		4,329,083.			
е	Add lines 2a through 2d	·		2e	6,812	,268.
3	Subtract line 2e from line 1			3	40,819	,891.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	40,819	,891.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme		th Expenses per I	Retur	n	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	44,417	,618.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities		364,308.	_		
b	Prior year adjustments			-		
С	Other losses			-		
d	Other (Describe in Part XIII.)		4,329,083.		4 600	201
е				2e	4,693	
3	Subtract line 2e from line 1			3	39,724	,227.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b			-		
b	Other (Describe in Part XIII.)	4b				0
_c	Add lines 4a and 4b			4c	20 704	227
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) t XIII Supplemental Information			5	39,724	, 441•
га						

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	XI,	Line	2d	_	Other	Adjustments:
------	-----	------	----	---	-------	--------------

Direct expense of fundraising events directly offsetting

revenue				4,109,	463.
Merchandise expenses directly offs	seting merch	andis	e sales	219,	620.
Total to Schedule D, Part XI, Line	e 2d			4,329,	083.
Part XII, Line 2d - Other Adjustme	ents:				
Direct expense of fundraising ever	nts directly	offs	etting		
revenue				4,109,	463.
Merchandise expenses directly offs	seting merch	andis	e sales	219,	620.
Total to Schedule D, Part XII, Lir	ne 2d			4,329,	083.
332054 09-28-23	34			Schedule D (Form	990) 2023
50812 759492 40482	-	BEST	BUDDIES	INTERNATIONA	404821

Part XI, Line 2d - Other Adjustments:

Direct Expense of fundraising events directly offsetting revenue- The

amount for this line is allocated from the fundraising event line item on

the audited financial statement's statement of functional expenses.

Part XII, Line 2d - Other Adjustments:

Direct Expense of fundraising events directly offsetting revenue-

The amount for this line is taken from form 990, part viii, line 8b. the

amount is equal to the fund raisers expense reported on the statements of

functional expenses of the audited financial statements less the

professional fundraising services reported on form 990, part ix, line 11e.

Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	(OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on				r 19, or if the		2023		
	C	organization entered more than \$15 Attach to Form 990 c						Open to Public		
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization										
Dart L Eundraig	Best Buddies International Inc 52-1614576									
	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.									
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes s to be			
(i) Name and addres or entity (func				Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount to (or retaine fundraise listed in co	d by) er	(vi) Amount paid to (or retained by) organization		
			Yes	No						
Total		1	I	I						
Total 3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is exempt fi	rom re	l gistration		

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

Best Buddies International Inc

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 gr	USS INCOME ON FORM 990-		÷ .	s greater than \$5,000.
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Haynnis Port	~ 1	100	(add col. (a) through
		BB Challenge		130	col. (c))
3		(event type)	(event type)	(total number)	
	Gross receipts	3,107,130.	2,053,855.	18,323,041.	23,484,026
2	2 Less: Contributions	3,072,735.	2,049,600.	15,029,864.	20,152,199
3	Gross income (line 1 minus line 2)	34,395.	4,255.	3,293,177.	3,331,827
4	Cash prizes				
	Noncash prizes				
6 7	Rent/facility costs	277,015.	89,712.	766,822.	1,133,549
ונ 7	Food and beverages	262,410.	81,805.	1,050,856.	1,395,071
- 1	B Entertainment	427,637.	0.	565,142.	992,779
9			991,810.	2,685,620.	
10					8,636,976
11					-5,305,149
art	III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
<u> </u>	Gross revenue				
3 2	2 Cash prizes				
2 2	Cash prizes Noncash prizes				
3					
3 1001 EVPolice	Noncash prizes				
3 1001 EVPolice	Noncash prizes	%	%	%	
3 A	Noncash prizes	Yes % No	Yes% □No	Yes %	
3 3 11001 2 1001	 Noncash prizes Rent/facility costs Other direct expenses 	No		No	
3 3 4 5 6 7	 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor 	No	□ No	□ No	
3 5 6 7 8	 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 	No n 5 in column (d)	<u>No</u>	<u>No</u>	
3 3 4 5 6 7 8 8	 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through 	No	<u>No</u>	□ No	
3 3 4 5 6 7 8 8 8 8	 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 	No No Trom line 1, column (d) Column (d	No No	□ No	YesN
3 3 4 5 6 7 8 8 8 8	 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming and the organization	No No Trom line 1, column (d) Column (d	No No	□ No	Yes No
3 3 4 5 6 7 8 8 8 8 8 9 10 10 10 10 10 10 10 10 10 10 10 10 10	 Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 Inter the state(s) in which the organization conduct the organization licensed to conduct gaming and the organization	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No No	□ No	

332082 09-13-23

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023	Best Buddie	s International Inc	52-1614576 Page 3
11 Does the organization c	onduct gaming activities with non	nembers?	YesNo
		ist, or a member of a partnership or other en	
			Yes No
	of gaming activity conducted in:		
		he organization's gaming/special events boo	
Name			
Address			
15a Does the organization h	ave a contract with a third party fr	om whom the organization receives gaming r	evenue? Yes No
b If "Yes." enter the amou	int of gaming revenue received by	the organization \$	and the amount
of gaming revenue retai			
c If "Yes," enter name and	d address of the third party:		
Name			
Address			
Address			
16 Gaming manager inform	nation:		
Name			
Gaming manager comp	ensation \$	_	
Description of services	orovided		
_		_	
Director/officer	Employee	Independent contractor	
17 Mandatory distributions			
•		table distributions from the gaming proceeds	to
retain the state gaming			
b Enter the amount of dis		to be distributed to other exempt organization	
	npt activities during the tax year	\$	
		xplanations required by Part I, line 2b, colum	
15D, 15C, 16, ar	nd 17b, as applicable. Also provide	e any additional information. See instructions	•
332083 09-13-23		2.2	Schedule G (Form 990) 2023
		38	

	G (Form 990)
Dort IV	Gunnla

Fartiv	Supplemental information (col	ntinued)	
			Schedule G (Form 990)

332084 04-01-23

sc	HEDULE J	Compensation Information	I	OMB No. 1	1545-004	47	
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest				2002		
	Compensated Employees				2023		
Dana	demonst of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	lic	
	rtment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nan	ne of the organizatior		Employer i			mber	
		Best Buddies International Inc	52-1	61457	6		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate 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.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
		ation and gross-up payments Health or social club dues or initiation fee					
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)				
b	-	on line 1a are checked, did the organization follow a written policy regarding payment or					
-				<u>1b</u>			
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			v		
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	Х		
~	the all a start of the last of the						
3		y, of the following the 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						
	· · ·	tion of the CEO/Executive Director, but explain in Part III.					
	X Compensation						
	·	ompensation consultant Compensation survey or study ther organizations X	ommittaa				
		ther organizations	ommillee				
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 re						
а	-	e payment or change-of-control payment?		4a		x	
b						X	
						X	
_	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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the re						
а	The organization?			5a		X	
		ation?				X	
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
	contingent on the n	et earnings of:					
а	The organization?			6a		X	
		ation?				X	
		r 6b, describe in Part III.					
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		es 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		d the organization also follow the rebuttable presumption procedure described in					
		53.4958-6(c)?		9			
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2023	

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) Anthony K. Shriver	(i)	600,000.	0.	0.	15,000.	49,403.	664,403.	0.
Chairman	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) David Quilleon	(i)	174,807.	0.	0.	4,370.	29,249.	208,426.	0.
Senior VP - Global Mission	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Mark Lewis	(i)	175,828.	0.	0.	4,396.	8,838.	189,062.	0.
Senior VP Dev., Mark., & I	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Lori Penaloza	(i)	159,679.	0.	0.	3,992.	8,026.		0.
Senior VP - Finance & Oper	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Michael Collins	(i)	154,798.	0.	0.	3,870.	7,781.	166,449.	0.
VP Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Julie Torres	(i)	127,672.	0.	0.	3,192.	19,831.	150,695.	0.
VP HR & Operations	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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.

Schedule J (Form 990) 2023

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Devit

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

2

Employer identification number

52-1614576

23

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

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

Name of the organization

Best Buddies International Inc

	τι	Iy	bes of Property							
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o noncash con	(d) of determini tribution arr		S
1	Δrt.	Works	of art							
2										
			cal treasures							
3			onal interests							
4			publications							
5			nd household goods							
6			ther vehicles							
7			planes							
8			property		11	470 400	G a mara i b a a		- 1	
9			Publicly traded	X	11	4/9,488.	Security	Tradin	g I	Pri
10			Closely held stock							
11			Partnership, LLC, or sts							
12			Miscellaneous							
13	Qua	lified c	onservation contribution -							
	Hist	oric str	uctures							
14	Qua	lified c	onservation contribution - Other							
15	Rea	l estate	- Residential							
16	Rea	l estate	- Commercial							
17	Rea	l estate	- Other							
18			\$							
19			tory							
20			medical supplies							
21										
22			rtifacts							
23			pecimens							
24			cal artifacts							
25	Oth)							
26	Oth)							
27	Oth		, ,							
28	Oth	```	, ,							
29			Forms 8283 received by the organiz	zation during	the tax vear for co	ontributions				
	for \	which tl	ne organization completed Form 828	83, Part V, D	onee Acknowledg	ement 29				
			5	, ,	5				Yes	No
30a	Duri	ina the	year, did the organization receive by	v contributio	n anv propertv rep	orted in Part I. lines 1 throug	h 28. that it			
			for at least 3 years from the date of t							
			poses for the entire holding period?					30a		x
b			scribe the arrangement in Part II.							
31								31		x
			rganization hire or use third parties (<u> </u>
		tributio			•			32a		x
h			scribe in Part II.							<u> </u>
33			ization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is cher	ked.			
			Part II.	e.a						

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

332142 09-11-23	Schedule M (Form 990) 2023

11050812 759492 40482

SCHEDULE	0
(Form 990)	

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



52-1614576

Form 990, Part I, Line 1, Description of Organization Mission:

Best Buddies International Inc

volunteer movement that creates opportunities for one-to-one

friendships, integrated employment and leadership development for

people with intellectual and developmental disabilities.

Form 990, Part III, Line 1, Description of Organization Mission: disabilities.

Form 990, Part III, Line 4a, Program Service Accomplishments:

integrated with their peers at every age. Through their participation,

people with IDD form meaningful connections with their peers, gain

self-confidence and self-esteem, and share interests, experiences, and

activities that enhance their educational experience.

Elementary Schools: Launched in 2022, Best Buddies Elementary Schools builds connections and community between young students with and without IDD through inclusive activities and social-emotional learning tolls that promote one-to-one friendship, acceptance, and interaction at an early age. Students participate in both one-on-one activities in their buddy pairs and in group events to allow for optimal engagement and interaction for all members.

Middle Schools: The Middle School program continues to thrive with 630 schools participating in Best Buddies with 12,561 members engaged worldwide. The Best Buddies Middle School program has maintained growth throughout the year and has positively benefitted from expansion For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023 LHA 332211 11-14-23

45

Schedule O (Form 990) 2023	Page 2
Name of the organization Best Buddies International Inc	Employer identification number 52-1614576
efforts at the elementary school level which increase the	pipeline of
volunteers moving into middle school. Supported by chapter	advisors,
every school club is led by two students one with a disab	ility and one
without a disability and all members participate in event	s and group
activities throughout the year, offering friendship pairs	onsite
support and the opportunity to socialize with other progra	m
participants.	
High Schools: Cultivating one-to-one friendships between s	tudents with
and without IDD during a time of heightened social and emo	tional
development, the High School program helps break through s	ocial

barriers at an important and challenging time in a young person's life.

Best Buddies High Schools continues as the largest school program with

1,613 chapters and 59,983 members worldwide. In this program, student

officers play a more prominent role in the planning and execution of

activities and management of members with guiding support from faculty

advisors. Leaders gain valuable skills in collaborating with their

peers and creating the opportunity for whole school engagement by

hosting events that focus on the mission.

Colleges: In 2023, Best Buddies' College program engaged 540 colleges and universities worldwide with 25,000 members actively involved. The College program model relies on partnerships with campus and community organizations who act as service providers for those with IDD. These partners provide chapters with an added layer of support and expertise as they support the involvement of members with IDD in the chapter operations and activities. As more colleges and universities offer continuing education options and programs that involve individuals with Schedule O (Form 990) 2023 332212 11-14-23 46

11050812 759492 40482

Schedule O (Form 990) 2023	Page 2
Name of the organization Best Buddies International Inc	Employer identification number 52-1614576
disabilities, partnerships with our college chapters are a	natural fit
helping to provide on-campus connections and a well-rounde	d college
experience for all students.	
Best Buddies Citizens	
The Citizens program builds one-to-one friendships between	adults with
and without IDD in corporate and civic communities. This p	rogram helps
people with IDD become part of mainstream society and crea	tes an
inclusive	
and diverse community for all. Throughout 2023, the Citize	ns program
maintained 9,500 memberships globally, with 450 community	events held
throughout the year. Online events have created another av	enue of
engagement, helping support the active participation of me	mbers who may
have limited access to transportation to attend in-person	events.
Citizens helps to strengthen ties to the community by part	nering with
businesses and corporations, providing company employees t	he
opportunity to form friendships with their peers with IDD.	
e-Buddies	
The e-Buddies program provides opportunities for participa	nts with and

without IDD to form virtual one-to-one friendships, create	connections
--	-------------

in the e-Buddies social platform, and attend social events online.

e-Buddies members take active leadership roles to help manage and

support this vibrant community's virtual events and development. They

are instrumental in creating interactive discussion posts and leading

47

peer groups. Members are engaged, connected, and excited about the

opportunities that e-Buddies offers.

332212 11-14-23

Name of the organization Best Buddies Interr	national Inc	Employer identification number 52-1614576
e-Buddies by the numbers:		
Over 1,919 members involved on o	our community platform	
Nearly 1,789 e-Buddies matches		
Over 4,738 members involved in e	e-Buddies worldwide	
By participating in e-Buddies, me	embers develop technology	literacy
skills and become more confident	communicating online. Thi	s allows our
participants to become more well-	versed in this ever-chang	ing mode of
communication and socialization,	which in turn, will help	them to be
better prepared for what the futu	re brings.	
Form 990, Part III, Line 4b, Prog	gram Service Accomplishmen	ts:
major component of this growth. B	By creating a mutually enr	iching
housing model, we have made this	journey even more meaning	ful by
creating a truly one-of-a-kind in	clusive residential exper	ience for our
Best Buddies participants.		
Form 990, Part VI, Section A, lin	ne 2:	
Eunice K. Shriver II, Director, i	s the daughter of Anthony	K. Shriver,
Chairman.		
Form 990, Part VI, Section B, lin	ne 11b:	
Prior to filing Form 990 with the	e IRS, it is reviewed by t	he senior VP,
Finance and the Audit Committee.	The Audit Committee then	presents this
information to the Board.		
332212 11-14-23	48	Schedule O (Form 990) 202
50812 759492 40482	2023.04010 BEST BUDDIES	INTERNATIONA 40482

Schedule O (Form 990) 2023

11

2__1

Page **2**

Form 990, Part VI, Section B, Line 12c:

The policy is reviewed by the Board of Directors and an annual disclosure

statement is filed annually by each board member.

Form 990, Part VI, Section B, Line 15:

The Executive Director's compensation is reviewed by the Audit Committee

and approval is subject to Board approval. Top management has an annual

review process with the Executive Director/CEO. Compensation is based on

performance, budgetary constraints, and scope of responsibility.

Form 990, Part VI, Line 17, List of States receiving copy of Form 990: CA, IL, NJ, NY, MA, MD, KS, MN, NM, PA, TN, UT, AL, AK, AZ, AR, CO, CT, DE, FL, GA, HI, ID, IN, IA KY, LA, WY, OH, ND, NC, NH, NV, NE, MT, MO, MS, MI, ME, WI, WV, WA, VA, VT, TX, SD, SC, RI, OR, OK

Form 990, Part VI, Section C, Line 19:

Best Buddies International, Inc. makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. The form 990 is also available on GuideStar.com.

Form 990, Part XII, Line 2c:

This process has not changed from the prior year.

332212 11-14-23

SCHEDULE R

(Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number

52-1614576

Department of the Treasury Internal Revenue Service

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

Name of the organization

Best Buddies International Inc

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	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
		foreign country)			ontry
Inclusion, LLC - 83-3898527	Business consulting				
100 SE 2nd Street, Suite 2200	focusing on inclusive				
Miami, FL 33131	opportunities.	Florida	27,312.	5,118.	Anthony K. Shriver

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	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2023

52-1614576 Page 2

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.

									1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	l or Percentage ^{ing} ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10
	-										
	-										
	1										
	1										
	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	(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	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
]								

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

Y	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
11		
1m		
1n		
10		
1p		
1q		
1r		
1s		
⊥	<u>1s </u>	<u>1s </u>

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
<u>(4)</u>				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2023 Best Buddies International Inc

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)	(b)	(c)	(d)	6	2)	(f)	(g)	1)	n)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne 501(i org	all rs sec.	Share of			opor-	Code V-UBI	Genera	l or P	ercentage
of entity	, , , , , , , , , , , , , , , , , , ,	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(ora	c)(3) s.?	total	end-of-year	Dispr tior alloca	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing r? C	ownership
		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	10	

Schedule R (Form 990) 2023

Part VII	Supplemental	Information
	ouppionionitai	mormation

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

Schedule R (Form 990) 2023

332165 09-28-23

2023 DEPRECIATION AND AMORTIZATION REPORT

For

Form 99	orm 990 Page 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	Equipment	12/31/20	SL	5.00		16	85,104.				85,104.	74,604.		10,500.	85,104.
2	Vehicles	12/31/20	SL	5.00		16	61,522.				61,522.	31,503.		12,304.	43,807.
3	Computers	12/31/20	SL	3.00		16	461,647.				461,647.	461,647.		0.	461,647.
4	Land	12/31/20	NC	.000	НУ		.,152,473.				1,152,473.			0.	
	* Total 990 Page 10 Depr						.,760,746.				1,760,746.	567,754.		22,804.	590,558.

328111 04-01-23

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

must use Form 7004 to request an extension of time to	filo incomo tov rotu		po, nemo	s, and tracto	
must use Form 7004 to request an extension of time to	The income tax retur	IIS.			
Part I - Identification	athan film and instru		Taura		
Type or Name of exempt organization, employer, or	other mer, see mstr	uctions.	Taxpayer	r identification n	
Print Best Buddies Internati	onal Inc			52-1614	576
File by the due date for filing your 100 SE 2nd St Ste 2200		tions.			
return. See instructions. City, town or post office, state, and ZIP coor Miami, FL 33131		ress, see instructions.			
Enter the Return Code for the return that this application	n is for (file a separa	te application for each return)			01
Application Is For		Application Is For			Return
	Code	Application is i of			Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)			09
	03				10
Form 4720 (individual)		Form 5227			
Form 990-PF	04	Form 6069			11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 990-T (trust other than above)	06	Form 5330 (individual)			13
Form 990-T (corporation)	07	Form 5330 (other than individual)			14
Form 1041-A • After you enter your Return Code, complete either Pa	08				
 Telephone No. <u>305-374-2233</u> If the organization does not have an office or place of the organization of the	ation St Ste 220(of business in the Un four-digit Group Exe) – Miami, FL 3313 Fax No ited States, check this box mption Number (GEN)	. If this is fo	r the whole grou	up, check this
box If it is for part of the group, check this bo					
 I request an automatic 6-month extension of time the organization named above. The extension is f Calendar year 20 23 or 	or the organization's	s return for:			return for
tax year beginning	, 20	, and ending		·	, 20
2 If the tax year entered in line 1 is for less than 12 Change in accounting period	months, check rease	on: Initial return] Final retur	'n	
3a If this application is for Forms 990-PF, 990-T, 472	0, or 6069, enter the	e tentative tax, less			-
any nonrefundable credits. See instructions.			<u>3a</u>	\$	0.
b If this application is for Forms 990-PF, 990-T, 472			01-	¢	0.
estimated tax payments made. Include any prior			3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Inclu- using EFTPS (Electronic Federal Tax Payment Sy	• • •		3c	\$	0.
		лю.	1 30	्य हरू २०००	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.