

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return

☐ Amended return

☐ Application pending

**Please
use IRS
label or
print or
type. See
Specific
Instruc-
tions.**

C Name of organization BEST BUDDIES INTERNATIONAL INC	
Number and street (or P O box if mail is not delivered to street address) 100 SE 2ND STREET No 2200	Room/suite
City or town, state or country, and ZIP + 4 MIAMI, FL 33131	

D Employer identification number

52-1614576

E Telephone number

(305) 374-2233

F Accounting method ☐ Cash ☒ Accrual
☐ Other (specify) ☐

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: [HTTPWWW.BESTBUDDIES.ORG](http://WWW.BESTBUDDIES.ORG)

Organization type (check only one) ☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 16,287,446

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number

M Check ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received					
	a	Contributions to donor advised funds	1a				
	b	Direct public support (not included on line 1a)	1b		5,148,334		
	c	Indirect public support (not included on line 1a)	1c		58,123		
	d	Government contributions (grants) (not included on line 1a)	1d		6,093,765		
	e	Total (add lines 1a through 1d) (cash \$ <u>11,300,222</u> noncash \$ _____)			1e	11,300,222	
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .			2		
	3	Membership dues and assessments			3		
	4	Interest on savings and temporary cash investments			4		
	5	Dividends and interest from securities			5	53,647	
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Net rental income or (loss) subtract line 6b from line 6a			6c		
	7	Other investment income (describe ►)			7		
	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
			681,756	8a			
	b	Less cost or other basis and sales expenses	670,845	8b			
	c	Gain or (loss) (attach schedule)	10,911	8c			
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	10,911	
	9	Special events and activities (attach schedule) If any amount is from gaming , check here ► <input type="checkbox"/>					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b) <input checked="" type="checkbox"/>	9a		4,251,821		
	b	Less direct expenses other than fundraising expenses	9b		4,251,821		
	c	Net income or (loss) from special events Subtract line 9b from line 9a			9c		
		10a	Gross sales of inventory, less returns and allowances	10a			
b		Less cost of goods sold	10b				
c		Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c		
	11	Other revenue (from Part VII, line 103)			11		
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	11,364,780	
Expenses	13	Program services (from line 44, column (B))			13	9,805,430	
	14	Management and general (from line 44, column (C))			14	559,254	
	15	Fundraising (from line 44, column (D))			15	899,276	
	16	Payments to affiliates (attach schedule)			16		
	17	Total expenses Add lines 16 and 44, column (A)			17	11,263,960	
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	100,820	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	4,267,129	
	20	Other changes in net assets or fund balances (attach explanation) <input checked="" type="checkbox"/>			20	-67,496	
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	4,300,453	

Part II

Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) <input type="checkbox"/> (cash \$ 1,338 _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,338		
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V - A (attach schedule) <input type="checkbox"/>	25a	676,725	435,379	59,931
b	Compensation of former officers, directors, key employees etc. listed in Part V - B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	4,998,855	4,592,917	184,798
27	Pension plan contributions not included on lines 25a, b and c	27			
28	Employee benefits not included on lines 25a - 27	28	613,063	576,888	7,403
29	Payroll taxes	29	393,602	357,431	13,309
30	Professional fundraising fees	30			
31	Accounting fees	31	35,600		35,600
32	Legal fees	32	13,867		13,867
33	Supplies	33	118,669	108,184	2,555
34	Telephone	34	207,292	185,796	3,058
35	Postage and shipping	35	96,843	87,255	2,029
36	Occupancy	36	555,782	514,285	12,237
37	Equipment rental and maintenance	37			
38	Printing and publications	38	76,947	61,060	1,414
39	Travel	39	821,369	540,312	37,938
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule) <input type="checkbox"/>	42	72,476	51,349	
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	11,263,960	9,805,430	559,254

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ☒ **Yes** ☐ **No**


If "Yes," enter **(i)** the aggregate amount of these joint costs \$ _____, **(ii)** the amount allocated to Program services \$ _____, **(iii)** the amount allocated to Management and general \$ _____, and **(iv)** the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ TO PROVIDE SUPPORT TO CHARTERED CHAPTERS AND PROGRAM PARTICIPANTS, ALLOWING OPPORTUNITIES FOR SOCIALIZATION AND SUPPORTED EMPLOYMENT FOR STUDENTS AND PERSONS WITH INTELLECTUAL DISABILITIES		Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a BEST BUDDIES INTERNATIONAL INC PROVIDES SUPPORT TO CHARTERED CHAPTERS, SCHOOL CAMPUSES AND PEOPLE WORLDWIDE. THESE CHAPTERS PROVIDE ONE-TO-ONE FRIENDSHIPS FOR STUDENTS AND PERSONS WITH INTELLECTUAL DISABILITIES		
(Grants and allocations \$ 1,338)	If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	9,311,093
b BEST BUDDIES INTERNATIONAL INC PROVIDES AN INTEGRATED EMPLOYMENT PROGRAM WHICH IS A PROGRAM EXPANDING MONIES TO SECURE COMPETITIVE PAYING JOBS FOR PERSONS WITH INTELLECTUAL DISABILITIES		
(Grants and allocations \$)	If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	494,337
c		
(Grants and allocations \$)	If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d		
(Grants and allocations \$)	If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		9,805,430

Part IV **Balance Sheets** *(See the instructions.)*

Note: <i>Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.</i>			(A) Beginning of year		(B) End of year		
Assets	45	Cash—non-interest-bearing		754,718	45	1,049,839	
	46	Savings and temporary cash investments		717,621	46	948,866	
	47a	Accounts receivable	47a	427,576			
	b	Less allowance for doubtful accounts	47b		1,092,627	47c	427,576
	48a	Pledges receivable	48a	2,663,872			
	b	Less allowance for doubtful accounts	48b		2,468,244	48c	2,663,872
	49	Grants receivable			49		
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		157,820	53	232,557	
	54a	Investments—publicly-traded securities . <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a		
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
	55a	Investments—land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b		55c		
56	Investments—other (attach schedule)			56			
57a	Land, buildings, and equipment basis	57a	476,107				
b	Less accumulated depreciation (attach schedule)	57b	367,211	178,767	57c 	108,896	
58	Other assets, including program-related investments (describe <input type="checkbox"/> _____)			58			
59	Total assets (must equal line 74) Add lines 45 through 58		5,369,797	59	5,431,606		
Liabilities	60	Accounts payable and accrued expenses		249,560	60	423,821	
	61	Grants payable			61		
	62	Deferred revenue		853,108	62	707,332	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe <input type="checkbox"/> _____)			65		
	66	Total liabilities Add lines 60 through 65		1,102,668	66	1,131,153	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		4,267,129	67	4,300,453	
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		4,267,129	73	4,300,453	
	74	Total liabilities and net assets / fund balances Add lines 66 and 73		5,369,797	74	5,431,606	

a	Total revenue, gains, and other support per audited financial statements			a	15,645,642
b	Amounts included on line a but not on Part I, line 12				
1	Net unrealized gains on investments	b1	29,041		
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify) _____	b4	4,251,821		
	Add lines b1 through b4			b	4,280,862
c	Subtract line b from line a			c	11,364,780
d	Amounts included on Part I, line 12, but not on line a				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) _____	d2			
	Add lines d1 and d2			d	4,280,862
e	Total revenue (Part I, line 12) Add lines c and d			e	11,364,780

a	Total expenses and losses per audited financial statements		a	15,515,781
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4	4,251,821	
	Add lines b1 through b4		b	4,251,821
c	Subtract line b from line a		c	11,263,960
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	11,263,960

[illegible]

Part V-A		Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	35			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b	Yes		
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" .	75c	Yes		
	If "Yes," attach a statement that includes the information described in the instructions				
d	Does the organization have a written conflict of interest policy?	75d	Yes		

Part V-B

Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI		Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76			No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	Yes		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a			No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b			
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79			No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc , to any other exempt or nonexempt organization?	80a	Yes		
b	If "Yes," enter the name of the organization ▶ <u>BEST BUDDIES SUPPORTING CORPORATION</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt				
81a	Enter direct or indirect political expenditures (See line 81 instructions) <u>81a</u>				
b	Did the organization file Form 1120-POL for this year?	81b			No

Part VIOther Information (continued)

YesNo

82a

Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?

82a

No

b

If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)

82b

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

c

Dues assessments, and similar amounts from members

85c

d

Section 162(e) lobbying and political expenditures

85d

e

Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices

85e

f

Taxable amount of lobbying and political expenditures (line 85d less 85e)

85f

g

Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?

85g

h

If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?

85h

86

501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12

86a

b

Gross receipts, included on line 12, for public use of club facilities

86b

87

501(c)(12) orgs. Enter a Gross income from members or shareholders

87a

b

Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

87b

88a

At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.

88a

No

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI.

88b

No

89a

501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: 0, section 4912: 0, section 4955: 0

89b

No

c

501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.

89c

No

d

Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: 0

89d

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

90a

List the states with which a copy of this return is filed: CA

90b

185

91a

The books are in care of: BEST BUDDIES INTERNATIONAL INC Telephone no: (305) 374-2233

100 SE 2ND STREET SUITE 2200

Located at: MIAMI, FL ZIP + 4: 33131

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

91b

No

If "Yes," enter the name of the foreign country:

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Form 990 (2006)

Part VI Other Information <i>(continued)</i>		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	No
If "Yes," enter the name of the foreign country ▶ _____			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ▶		┐	
and enter the amount of tax-exempt interest received or accrued during the tax year ▶		92	

Part VII

Analysis of Income-Producing Activities *(See the instructions.)*

Note: Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities			14	53,647	
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	non debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory			18	10,911	
101	Net income or (loss) from special events . .					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a _____					
b	_____					
c	_____					
d	_____					
e	_____					
104	Subtotal (add columns (B), (D), and (E)) . . .				64,558	
105	Total (add line 104, columns (B), (D), and (E)) ▶					64,558

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII

Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	

Part IX

Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X

Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	Yes	Yes	No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	Yes	Yes	No
NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).				

Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

Please Sign Here

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





Signature of officer

LISA M PLANTE VICE PRESIDENT, ADMINISTRATION

Type or print name and title

2007-07-17

Date

Paid Preparer's Use Only	Preparer's signature  Jay Abdo	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4  ABDO EICK & MEYERS LLP 5201 EDEN AVENUE SUITE 370 MINNEAPOLIS, MN 55436			EIN 
				Phone no.  (952) 835-9090

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
BEST BUDDIES INTERNATIONAL INC

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information—(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2006

Employer identification number

52-1614576

Part I

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SUSAN D GARVEY	STATE DIRECTOR 40 00	91,446	15,546	0
100 SOUTHEAST 2ND STREET SUITE 220 MIAMI, FL 33131				
MARK LEWIS	RIDE DIRECTOR 40 00	82,335	13,997	0
100 SOUTHEAST 2ND STREET SUITE 220 MIAMI, FL 33131				
EILEEN MURPHY	STATE DIRECTOR 40 00	72,306	12,292	0
100 SOUTHEAST 2ND STREET SUITE 220 MIAMI, FL 33131				
LESLIE GORDON	STATE DIRECTOR 40 00	71,384	12,135	0
100 SOUTHEAST 2ND STREET SUITE 220 MIAMI, FL 33131				
WILLIAM SYKES	LOGISTICS DIRECTOR 40 00	68,784	11,693	0
100 SOUTHEAST 2ND STREET SUITE 220 MIAMI, FL 33131				
Total number of other employees paid over \$50,000	11			

Part II-A

Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶		

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
AMERICAN EXPRESS	TRAVEL EQUIPMENT SPECIAL EVENT SERVICES ETC	1,172,391
2965 WEST CORPORATE LAKES BLVD WESTON, FL 33331		
UNITED HEALTHCARE INSURANCE COMPANY	HEALTH INSURANCE PROVIDER	789,274
135 S LASALLE DEPT 4763 CHICAGO, IL 60674		
INDIANA UNIVERSITY	VENUE FOR 2006 LEADERSHIP CONFERENCE	267,297
110 ONE CITY CENTRE BLOOMINGTON, IN 47404		
BLUE CAPITAL US EAST COAST REAL ESTATE LP	RENT FOR HEADQUARTER OFFICES	244,455
PO BOX 409562 ATLANTA, GA 30384		
DATA SUPPLIES INC	MERCHANDISE AND PRINTED MATERIALS	227,897
PO BOX 102413 ATLANTA, GA 30368		
Total number of other contractors receiving over \$50,000 for other services ▶	19	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____(Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1		No
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) 📎			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		No
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		No
d	Enter the total number of donor advised funds owned at the end of the tax year ▶0			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶0			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶0			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶0			

Part IV

Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- 5

☐

A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6

☐

A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7

☐

A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8

☐

A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9

☐

A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶
- 10

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b

☐

A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12

☐

An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13

☐

An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)					
(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total ▶					

- 14
- ☐
- An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A

Support Schedule

(Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.


Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.


Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	8,957,282	8,847,598	6,932,928	6,644,031	31,381,839
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	3,145,903	2,776,717	1,923,851	1,644,941	9,491,412
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	33,797	21,795	21,204	27,944	104,740
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets			210		210
23 Total of lines 15 through 22	12,136,982	11,646,110	8,878,193	8,316,916	40,978,201
24 Line 23 minus line 17	8,991,079	8,869,393	6,954,342	6,671,975	31,486,789
25 Enter 1% of line 23	121,370	116,461	88,782	83,169	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	629,736
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	32,042
c Total support for section 509(a)(1) test Enter line 24, column (e)				26c	31,486,789
d Add Amounts from column (e) for lines 18 104,740 19 0 22 26 b 32,042				26d	136,992
e Public support (line 26c minus line 26d total)				26e	31,349,797
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	9956 49 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year (2005) (2004) (2003) (2002)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year (2005) (2004) (2003) (2002)					
c Add Amounts from column (e) for lines 15 16 17 20 21				27c	
d Add Line 27a total and line 27 b total				27d	
e Public support (line 27c total minus line 27d total)				27e	
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)	27f				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32	Does the organization maintain the following	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to	33a		
a	Students' rights or privileges?	33b		
b	Admissions policies?	33c		
c	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	33g		
g	Athletic programs?	33h		
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		


Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

Check  **a** ☐ if the organization belongs to an affiliated group

Check  **b** ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

Exempt Organizations (See page 13 of the instructions.)

501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- (i) Cash
- (ii) Other assets

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

[illegible]

described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?



Yes

☒

No

b If "Yes," complete the following schedule

[illegible]

Form

4562

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2006

Attachment Sequence No 67

Name(s) shown on return BEST BUDDIES INTERNATIONAL INC	Business or activity to which this form relates Form 990 Page 2	Identifying number 52-1614576
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Part I Election to Expense Certain Property Under Section 179

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

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 108,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	\$ 430,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2007 Add lines 9 and 10, less line 12 .▶	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2006	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here▶		

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	72,476
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution:See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						Yes No			24b If "Yes," is the evidence written?			Yes No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost				
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25								
26 Property used more than 50% in a qualified business use														
		%												
		%												
		%												
27 Property used 50% or less in a qualified business use														
		%				S/L -								
		%				S/L -								
		%				S/L -								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28								
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29						

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions)					
43 Amortization of costs that began before your 2006 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

TY 2006 Cash Grants Paid Schedule

Name: BEST BUDDIES INTERNATIONAL INC

EIN: 52-1614576

Class of Activity	Recipient's name	Address	Amount	Relationship
	VARIOUS CHAPTER GRANTS	100 SE SECOND STREET STE 2200 MIAMI, FL 33131	1,338	CHAPTERS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Compensation

Schedule

Name: BEST BUDDIES INTERNATIONAL INC

EIN: 52-1614576

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
ANTHONY K SHRIVER	BEST BUDDIES SUPPORTING CORPORATION INC	52-1772267	RELATED ORGANIZATIONS	125,578	33,756		COMPENSATION FOR SERVICES

TY 2006 Gain/Loss from Sale of Public Securities Schedule**Name:** BEST BUDDIES INTERNATIONAL INC**EIN:** 52-1614576**Gross Sales Price:** 681,756**Basis:** 670,845**Sales Expenses:** 0**Total (net):** 10,911

TY 2006 Land etc. Schedule

Name: BEST BUDDIES INTERNATIONAL INC

EIN: 52-1614576

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
COMPUTERS	460,645	355,292	105,353
FURNITURE AND EQUIPMENT	15,462	11,919	3,543

TY 2006 Officer Compensation Schedule

Name: BEST BUDDIES INTERNATIONAL INC

EIN: 52-1614576

RONALD BOOK

	Compensation	EE Benefit Plans	Expense Acct
Program Services	30,000		
Mgmt & General			
Fundraising			

MICHAEL HARDMAN PHD

	Compensation	EE Benefit Plans	Expense Acct
Program Services	2,500		
Mgmt & General			
Fundraising			

ALEXANDER HERNANDEZ-DESSAUER

	Compensation	EE Benefit Plans	Expense Acct
Program Services		2,819	
Mgmt & General		2,094	
Fundraising		1,409	

ANTHONY K SHRIVER

	Compensation	EE Benefit Plans	Expense Acct
Program Services	64,185	17,253	
Mgmt & General	10,697	2,876	
Fundraising	32,092	8,626	

TIFFANY CANNAVA

	Compensation	EE Benefit Plans	Expense Acct
Program Services	36,440	10,209	
Mgmt & General			
Fundraising			

JOHN CARLIN

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General			
Fundraising	110,154		

LISA M DERX

	Compensation	EE Benefit Plans	Expense Acct
Program Services	68,857	18,545	
Mgmt & General			
Fundraising	22,952	6,182	

LISA M PLANTE

	Compensation	EE Benefit Plans	Expense Acct
Program Services	34,847	9,418	
Mgmt & General	34,846	9,418	
Fundraising			

DAVID M QUILLEON

	Compensation	EE Benefit Plans	Expense Acct
Program Services	95,736	25,508	
Mgmt & General			
Fundraising			

MARK J WYLIE

	Compensation	EE Benefit Plans	Expense Acct
Program Services	15,011	4,051	
Mgmt & General			
Fundraising			

TY 2006 Other Changes in Net Assets Schedule**Name:** BEST BUDDIES INTERNATIONAL INC**EIN:** 52-1614576

Description	Amount
NET APPRECIATION IN MARKET VALUE OF INVESTMENTS	29,041
MERGER WITH BEST BUDDIES JOBS INC	-96,537

TY 2006 Other Expenses Included Schedule

Name: BEST BUDDIES INTERNATIONAL INC

EIN: 52-1614576

Description	Amount
COST OF FUNDRAISER OFFSETTING REVENUE	4,251,821

TY 2006 Other Revenues Included Schedule

Name: BEST BUDDIES INTERNATIONAL INC

EIN: 52-1614576

Description	Amount
COST OF FUND RAISER DIRECTLY OFFSETTING REVENUE	4,251,821

TY 2006 Relationship Schedule**Name:** BEST BUDDIES INTERNATIONAL INC**EIN:** 52-1614576

Person Name / Business Name	Title or Role	Person Name 2 / Business Name 2	Title or Role 2	Relationship
ANTHONY K SHRIVER	CHAIRMAN	BBI BBSC	RELATED ORGANIZATIONS	SEE SUPPORTING SCHEDULE 1 SECTION A
ANTHONY K SHRIVER	CHAIRMAN	EUNICE K SHRIVER	DIRECTOR	SEE SUPPORTING SCHEDULE 1 SECTION B
ANTHONY K SHRIVER	CHAIRMAN	SHRIVER HOLDINGS LLC	INDEPENDENT CONTRACTOR	SEE SUPPORTING SCHEDULE 1 SECTION C
BOARD OF DIRECTORS	DIRECTORS	BBI BBSC	RELATED ORGANIZATIONS	SEE SUPPORTING SCHEDULE 1 SECTION D

TY 2006 Special Events Schedule**Name:** BEST BUDDIES INTERNATIONAL INC**EIN:** 52-1614576

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
HEARST CASTLE CHALLENGE	1,871,068	500,278	1,370,790	1,370,790	0
HYANNIS PORT CHALLENGE	1,656,108	591,489	1,064,619	1,064,619	0
BEST BUDDIES BALL	1,066,255	406,451	659,804	659,804	0
ALL OTHER FUNDRAISING EVENTS	1,940,308	783,700	1,156,608	1,156,608	0

TY 2006 Other Income Schedule

Name: BEST BUDDIES INTERNATIONAL INC

EIN: 52-1614576

Description	2003	2002	2001	2000	Total
MISC			210		210

TY 2006 Self Dealing Statement**Name:** BEST BUDDIES INTERNATIONAL INC**EIN:** 52-1614576

Line Number	Explanation
2c	ANTHONY K. SHRIVER IS THE OWNER OF SHRIVER HOLDINGS LLC. SHRIVER HOLDINGS LLC IS A COMPLETE AND SEPARATE FOR-PROFIT ENTITY WITH NO BUSINESS CONNECTION TO BEST BUDDIES INTERNATIONAL, INC. OR BEST BUDDIES SUPPORTING CORPORATION, INC. OTHER THAN SHARED OFFICE SPACE AND EXPENSES WHICH ARE ALLOCATED TO SHRIVER HOLDINGS LLC AND INVOICED SEPARATELY TO THEM.

Line Number	Explanation
2d	SEE FORM 990 PART V-A.



January 3, 2006

FLORIDA DEPARTMENT OF STATE

Division of Corporations

BEST BUDDIES INTERNATIONAL, INC.

100 SE 2ND STREET

SUITE 2200

MIAMI, FL 33131US

Re: Document Number P37341

The Articles of Merger for BEST BUDDIES INTERNATIONAL, INC., the surviving District of Columbia entity, were filed on December 30, 2005.

This document was electronically received and filed under FAX audit number H05000294865.

Should you have any questions regarding this matter, please feel free to telephone (850) 245-6050, the Amendment Filing Section.

Annette Ramsey

Document Specialist

Division of Corporations

Letter Number: 606A00000137

**ARTICLES OF MERGER
OF
BEST BUDDIES JOBS, INC.
a Florida Not for Profit Corporation
INTO
BEST BUDDIES INTERNATIONAL, INC.
a District of Columbia Not for Profit Corporation**

The following articles of merger are submitted in accordance with the Florida Not For Profit Corporation Act, pursuant to section 61.1105, Florida Statutes.

FIRST: The name and jurisdiction of the surviving corporation is Best Buddies International, Inc., a District of Columbia Not for Profit Corporation. The document number of the corporation is 890192.

SECOND: The name and jurisdiction of the merging corporation is Best Buddies Jobs, Inc., a Florida Not for Profit Corporation. The document number of the corporation is N94000001755.

THIRD: The Plan of Merger is attached.

FOURTH: The merger shall become effective on the date the Articles of Merger are filed with the Florida Department of State.

FIFTH: The plan of merger was adopted by the ^{directors}~~members~~ of the surviving corporation on the 15th day of April, 2005. The number of votes cast for the merger was sufficient for approval and the vote for the plan was signed by all the ~~members~~ ^{directors} entitled to vote in respect thereof.

SIXTH: The plan of merger was adopted by written consent of the ^{directors}~~members~~ of the merging corporation and was executed in accordance with section 617.0701, Florida Statutes.

NOW, THEREFORE, the undersigned have caused this Articles of Merger to be executed on this 13th day of December, 2005.

BEST BUDDIES INTERNATIONAL, INC.
a District of Columbia Not for Profit
corporation

By: 

Name: Anthony K Oriver

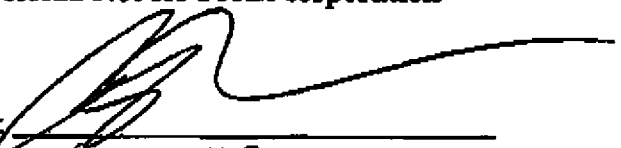
Title: Founder, Chairman and CEO

JAN. 4. 2006 12:17PM

CORPORATION SVC CO

NO. 511 P. 4
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BEST BUDDIES JOBS, INC.,
a Florida Not for Profit corporation

By: 
Name: Anthony K. Shriver
Title: Founder, Chairman & CEO

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H 05000294865 3

**PLAN AND AGREEMENT OF MERGER
OF
BEST BUDDIES JOBS, INC.
a Florida Not for Profit Corporation
INTO
BEST BUDDIES INTERNATIONAL, INC.
a District of Columbia Not for Profit Corporation**

THIS PLAN AND AGREEMENT OF MERGER ("Agreement") is entered into as of the 21st day of December, 2005 by and between Best Buddies Jobs, Inc., a Florida Not for Profit corporation (the "Merging Entity"), and Best Buddies International, Inc., a District of Columbia Not for Profit corporation (the "Surviving Entity").

WITNESSETH:

WHEREAS, the Merging Entity is a corporation duly organized and existing under the laws of the State of Florida;

WHEREAS, the Surviving Entity is a corporation duly organized and existing under the laws of the District of Columbia;

WHEREAS, the laws of the State of Florida permit a merger of a Florida Not for Profit corporation with and into a District of Columbia Not for Profit corporation;

WHEREAS, there are no members or members entitled to vote for the Merging Entity;

WHEREAS, there are no members or members entitled to vote for the Surviving Entity;

WHEREAS, the Board of Directors of the Merging Entity deem it advisable and in the best interest of the Merging Entity, that the Merging Entity merge with and into the Surviving Entity pursuant to the Florida Statutes;

WHEREAS, the Board of Directors of the Surviving Entity deem it advisable and in the best interest of the Surviving Entity, that the Merging Entity merge with and into the Surviving Entity pursuant to the District of Columbia Statutes;

WHEREAS, the Board of Directors of the Merging Entity and the Surviving Entity have approved the terms and conditions of this Agreement;

NOW, THEREFORE, in consideration of the mutual covenants, agreements, provisions, grants, warranties, and representations contained in this Agreement, and in order to consummate this transaction described above, the Merging Entity and the Surviving Entity agree as follows:

1. The Merging Entity and the Surviving Entity agree that the Merging Entity shall be merged into the Surviving Entity, as a single Not for Profit corporation, upon the terms and conditions of this Agreement, and that the Surviving Entity shall continue under the laws of the District of Columbia as the surviving corporation and they further agree as follows:

a. The purposes, the registered agent, and the address of the registered office of the Surviving Entity shall be as appears in the Articles of Incorporation of the Surviving Entity as on file with the office of the Secretary of State of the District of Columbia on the date of this Agreement. From and after the Effective Date (as defined below), and until further amended, altered, or restated as provided by law, the Articles of Incorporation separate and apart from this Agreement shall be and may be separately certified as the Articles of Incorporation of the Surviving Entity.

b. The Bylaws of the Surviving Entity in effect on the effective date, if any, shall be the Bylaws of the Surviving Entity until it shall be altered, amended, or replaced or until new Bylaws are adopted as provided therein.

c. The officers and Board of Directors of the Surviving Entity shall be the officers and Board of Directors of the Surviving Entity on the Effective Date.

2. This Agreement was submitted to the Board of Directors of the Merging Entity and the Surviving Entity for their consent and approval, was adopted and approved in accordance with the laws of the State of Florida and the laws of the District of Columbia, and this Agreement, the appropriate Articles of Merger, and such other documents as are necessary to consummate the merger shall be signed, acknowledged, and filed pursuant to the laws of the State of Florida and District of Columbia.

3. The effective date for all purposes herein of the merger of the Merging Entity with and into the Surviving Entity shall be the date that the Surviving Entity files its Articles of Merger (the "Effective Date" of the merger).

4. On the Effective Date, the transfer books of the Merging Entity shall be closed.

5. Prior to and on the Effective Date, the Merging Entity and Surviving Entity shall take all action necessary or appropriate in order to effectuate the merger. In case at any time after the Effective Date the Surviving Entity shall determine that any further conveyance, assignment or other document or any

further action is necessary or desirable to vest in the Surviving Entity full title to all properties, assets, rights, privileges and franchises of the Merging Entity, the officers and directors of the Merging Entity shall execute and deliver all instruments and take all action the Surviving Entity may determine to be necessary or desirable in order to vest in and confirm to the Surviving Entity title to and possession of all those properties, assets, privileges and franchises, and otherwise to carry out the purposes of this Agreement.

6. On and after the Effective Date, the Surviving Entity shall succeed to and possess, without further act or deed, all of the estate, rights, privileges, powers, and franchises, both public and private, and all of the property, real, personal, and mixed, of the Merging Entity; all debts due to the Merging Entity of whatever account shall be vested in the Surviving Entity; all claims, demands, property, rights, privileges, powers, and franchises, of every other interest of either of the entities shall be effectively the property of the Surviving Entity; the title to any real estate vested by deed or otherwise vested in the Merging Entity shall not revert or be in any way impaired, by reason of the merger, but shall be vested in the Surviving Entity; all rights of creditors and all liens upon any property of either entity shall be reserved unimpaired, limited in lien to the property affected by such lien as of the effective date; all debts, liabilities, and duties of the Merging Entity shall thenceforth attach to the Surviving Entity and may be enforced against it to the same extent as if such debts, liabilities, and duties had been incurred or contracted by it.

7. The principal office of the Surviving Entity shall be 100 S.E. 2nd Avenue, Miami, FL 33131.

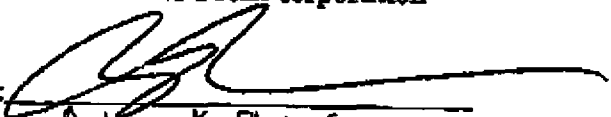
8. This Agreement embodies the entire agreement between the parties with respect to subject matter hereof. There have not been and there are no agreements, covenants, representations or warranties between the parties other than those expressly stated or expressly provided for in this Agreement.

9. This Agreement is made pursuant to and shall be construed under the laws of the State of Florida and District of Columbia. It shall inure to the benefit of and be binding upon the Merging Entity and the Surviving Entity and their respective successors and assigns; nothing in this Agreement, expressed or implied, is intended to confer upon any other person any rights or remedies upon or by reason of this Agreement.

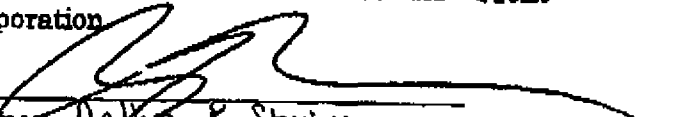
This Plan and Agreement of Merger may be executed in one or more counterparts, all of which together shall constitute the same document, and facsimile signatures shall have the same effect as original signatures.

NOW, THEREFORE, the Merging Entity and Surviving Entity have signed this Plan and Agreement of Merger on the date first written above.

BEST BUDDIES JOBS, INC.,
A Florida Not for Profit corporation

By: 
Name: Anthony K. Shriver
Title: Chief Executive Officer

BEST BUDDIES INTERNATIONAL, INC.,
a District of Columbia Not for Profit corporation

By: 
Name: Anthony K. Shriver
Title: Chief Executive Officer

* 2884606_v1

Additional Data

Software ID:
Software Version:
EIN: 52-1614576
Name: BEST BUDDIES INTERNATIONAL INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a INSURANCE	43a	97,652	88,671	8,981	
b PUBLIC AWARENESS	43b	299,031	299,031		
c MEMBERSHIPS	43c	18,383	8,711	539	9,133
d BOARD	43d	44,289		44,289	
e VOLUNTEER MANAGEMENT	43e	156,184	156,184		
f MISCELLANEOUS	43f	86,115	4,424	35,055	46,636
g EQUIPMENT	43g	285,982	256,037	5,741	24,204
h STAFF TRAINING & RECRUITMENT	43h	193,790	172,089	15,022	6,679
i BAD DEBT	43i	2,250			2,250
j MARKETING	43j	11,139			11,139
k NEWSLETTER	43k	57,009	57,009		
l INTEGRATED EMPLOYMENT PROGRAM	43l	498,222	494,337	745	3,140
m LEADERSHIP CONFERENCE	43m	756,743	756,743		
n CREDIT CARD USAGE & PROCESSING FEES	43n	74,743		74,743	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
BRAD BLANK 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 2 00	0	0	0
RONALD BOOK 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 3 00	30,000	0	0
RICHARD BOOTH 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 2 00	0	0	0
DAVID CARUSO 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 2 00	0	0	0
TERRENCE R DOLAN PHD 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 1 00	0	0	0
ARTURO ELIAS AYUB 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 2 00	0	0	0
ROBERT J FREIDMAN 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	SECRETARY 5 00	0	0	0
ARIJ GASUINASEN 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 2 00	0	0	0
MICHAEL HARDMAN PHD 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 2 00	2,500	0	0
JOHNETTE HARTNETT EDD 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
ALEXANDER HERNANDEZ-DESSAUER 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI,FL 33131	DIRECTOR 40 00	0	6,322	0
RICHARD KAY 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI,FL 33131	DIRECTOR 1 00	0	0	0
GERARD A KLINGMAN CFP 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI,FL 33131	TREASURER 2 00	0	0	0
TED LEONSIS 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI,FL 33131	DIRECTOR 3 00	0	0	0
CARL LEWIS 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI,FL 33131	DIRECTOR 1 00	0	0	0
JAMES LINTOTT 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI,FL 33131	DIRECTOR 1 00	0	0	0
CHRISTY LYNCH 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI,FL 33131	DIRECTOR 4 00	0	0	0
KATIE MEADE 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI,FL 33131	DIRECTOR 2 00	0	0	0
HONORABLE MARK MONTIGNY 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI,FL 33131	DIRECTOR 2 00	0	0	0
NANCY ODELL 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI,FL 33131	DIRECTOR 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RANDY PERKINS 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 3 00	0	0	0
TATIANA PLATT 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 1 00	0	0	0
THOMAS QUICK 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 1 00	0	0	0
BRETT RATNER 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 0 50	0	0	0
HONORABLE PETE SESSIONS 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 0 50	0	0	0
ANTHONY K SHRIVER 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	CHAIRMAN 40 00	106,974	28,755	0
EUNICE K SHRIVER 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 10 00	0	0	0
BECCA CASON THRASH 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 2 00	0	0	0
RICHARD ZIEGELASCH 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	DIRECTOR 3 00	0	0	0
TIFFANY CANNAVA 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	VP PRGM EXP & SPEC PRJCTS 40 00	36,440	10,209	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JOHN CARLIN 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	SPEC ASST TO CHAIRMAN 40 00	110,154	0	0
LISA M DERX 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	VP LEGREG AFFRS & EBUDDIE 40 00	91,809	24,727	0
JOHN R FRY 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	VP MRKTG & FRIENDSHIP RIDES 40 00	69,186	14,135	0
MICHAEL MARCUS 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	VP CORPORATE SPONSORSHIPS 40 00	65,487	13,379	0
LISA M PLANTE 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	VP ADMINISTRATION 40 00	69,693	18,836	0
DAVID M QUILLEON 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	VP PROGRAMS & STATE DEVELOP 40 00	95,736	25,508	0
SCOTT M TRACY 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	VP SPECIAL EVENTS 40 00	29,229	5,972	0
NATALIE VAN ERON 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	VP DEVELOPMENT- MAJOR GIFTS 40 00	63,368	12,946	0
MARK J WYLIE 100 SOUTHEAST 2ND STREET SUITE 2200 MIAMI, FL 33131	VP TALENT RELATIONS 40 00	50,035	13,503	0