

Carson City

Grants Program Application

Fiscal Year 2013-2014

An electronic version of this document is available at carson.org/cdbg

APPLICATIONS ARE DUE*:

JANUARY 18, 2013, 4:00 P.M.

PLEASE SUBMIT 9 COPIES TO:

CARSON CITY PLANNING DIVISION

108 E. PROCTOR ST. CARSON CITY, NV 89701

*The deadline established is <u>firm</u> Any proposal received <u>after</u> the deadline <u>will not</u> be considered for funding. Applications must be unstapled. See attached instructions pg 15.

| GI | RANT APPLYING FOR: (check all that apply) | Total funding requested: | | | |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|--|
| | X_ Community Development Block Grant (CDBG) | \$20,000 | | | |
| | X_ Community Support Services Grant (CSSG) | | | | |
| 1. | Agency Name:Best Buddies Nevada | | | | |
| 2. | Agency Mailing Address:500 N. Rainbow, Suite 314, I | Las Vegas, NV 89107 | | | |
| 3. | Project/Program Name:Best Buddies Nevada Carson | City Friendship Program | | | |
| | Project/Program Address/location: Best Buddies Nevada - C/O NCED MS 285 University of Nevada F Reno, NV 89557-0285 | Reno | | | |
| 5. | Agency Director: Jason Smith | × | | | |
| 6. | Board Chairperson: Mark Cordner | | | | |
| 7. | Contact person: Rachel Flanigan | | | | |
| | Phone number: 702-822-2268 E-Mail: RachelFl | | | | |
| | Fax: 702-878-8630 Website (if applied) | cable)www.bestbuddiesnevada.org | | | |
| 8. | Best Buddies International was founded in 1989. Best Buddies Nevada was established in 2008 in Southern Nevada. In Carson City? We are not currently in Carson City. | | | | |
| 9. | . What is the overall mission of your organization? | | | | |
| | The mission of Best Buddies is to establish a global volunt portunities for one-to-one friendships, integrated employme ople with intellectual and developmental disabilities (IDD). | | | | |
| 10 | . Type of funding requested (CDBG ONLY) (Check One): | | | | |
| | | ublic Facility/Improvement ousing | | | |
| | | | | | |

BRIEF PROJECT DESCRIPTION:

Please provide a short description of your project/program (not your organization).

Best Buddies Carson City will support mentoring services for youth and young adults with and without intellectual and developmental disabilities at two middle schools, and one high school in Carson City, providing inclusion opportunities to 90 students with and without disabilities.

I. PROJECT ELIGIBILITY

| City's | s goals: |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | A Safe and Secure Community |
| _X_ | _ A Healthy Community |
| X | An Active and Engaged Community |
| | A Clean and Healthy Environment |
| | A Vibrant, Diverse and Sustainable Economy |
| | A Community Rich in History, Culture and the Arts |
| | _ A Community Dedicated to Excellence in Education |
| _X_ | _ A Physically and Socially Connected Community |
| | A Community Where Information is Available to All |
| | CDBG ONLY. This project/program meets at least ONE of the HUD national tives listed below (please check all that apply) |
| ⁄~jee | or or an end of the control of the c |
| | 1. Benefits low/moderate income individuals/households |
| | 2. Addresses the prevention or elimination of slums or blight |
| X | 3. Meets a particularly urgent community development need |
| | CDBG ONLY. Check <u>all</u> statements that describe HOW this project/program sone of the National Objectives above: |
| | L/M Area Benefit: the project meets the identified needs of L/M income persons residing in an area where at least 51% of those residents are L/M income persons. The benefits of this type of activity are available to all persons in the area regardless of income. Examples: street improvements, water/sewer lines, neighborhood facilities, façade improvements in neighborhood commercial districts. |
| _X | L/M Limited Clientele: the project benefits a specific group of people (rather than all the residents in a particular area), at least 51% of whom are L/M income persons. The following groups are presumed to be L/M: abused children, elderly persons, battered spouses, homeless, handicapped, illiterate persons. Examples: construction of a senior center, public services for the homeless, meals on wheels for elderly, construction of job training facilities for the handicapped. |
| | L/M Housing: the project adds or improves permanent residential structures that will be occupied by L.M income households upon completion. Housing can be either owner or renter occupied units in either one family or multi-family structures. Rental units for L/M income persons must be occupied at affordable rents. Examples: acquisition of property for permanent housing, rehabilitation of permanent housing, conversion of non-residential structures into permanent housing. |
| | <i>L/M Jobs:</i> the project creates or retains permanent jobs, at least 51% of which are taken by L/M income persons or considered to be available to L/M income persons. <i>Examples:</i> loans to pay for the expansion of a factory, assistance to a |

| | business which has publicly announced its intention to close with resultant loss of jobs, a majority of which are held by L/M persons. | | | |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | Microenterprise Assistance: the project assists in the establishment of a microenterprise or assists persons developing a microenterprise. (A microenterprise is defined as having five or fewer employees, one or more of whom owns the business.) This activity must benefit low/moderate income persons, area or jobs as defined in previous sections. | | | |
| | Slum or Blighted Area: the project is in a designated slum/blight area and the result of this project addresses one or more of the conditions that qualified the area. | | | |
| | Spot Blight: the project will prevent or eliminate specific conditions of blight or physical decay outside a slum area. Activities are limited to clearance, historic preservation, rehabilitation of buildings, but only to the extent necessary to eliminate conditions detrimental to public health and safety. Examples: historic preservation of a public facility threatening public safety, demolition of a deteriorated, abandoned building. | | | |
| Proje | ct/Program Category (check one): | | | |
| X_ | Public Service (i.e., a new service or an increase in the level of service) | | | |
| (| Public Facilities and Improvements (i.e., homeless shelter, water and sewer facilities, flood and drainage improvements, fire protection facilities/equipment, community, senior and health centers, parking, streets, curbs, gutters and sidewalks, parks and playgrounds). | | | |
| | Acquisition of Real Property | | | |
| | Disposition of Real Property (sale, lease or donation) | | | |
| | Privately-Owned Utilities | | | |
| | Relocation Payments and Assistance to Displaced Persons | | | |
| | | | | |
| | Removal of Architectural Barriers, Handicapped Accessibility | | | |
| | Removal of Architectural Barriers, Handicapped Accessibility Housing Rehabilitation | | | |
| | | | | |
| | Housing Rehabilitation | | | |

C.

II. PROJECT DESCRIPTION

The Five-year Consolidated Plan identifies priority community development needs for Carson City (see Appendix II). The need for your proposed project will be determined by identifying how the project impacts upon the adopted Consolidated Plan Priority Needs. Greater consideration will be given to projects/programs that provide a clear description of the project/program with supporting data and methodology of how the project will meet these needs.

1. Describe the proposed project/program, including how the project/program will address the National Objective indicated (CDBG ONLY) and whether the project/program is new, ongoing, or expanded from previous years.

The Best Buddies Carson City Project meets the National Objective of: Services to Persons with Disabilities and Youth Programs. Best Buddies will work within three Carson City schools to provide social and recreational opportunities to students with IDD. These programs will address gaps in the infrastructure of Carson City schools that administrators and faculty cannot easily solve. Providing opportunities for recreational activity and friendship early in the lives of students with IDD will pave the way for a smooth transition from graduation to work, post-secondary education, and community life.

Best Buddies Nevada currently has 18 middle school and high school chapters in Southern Nevada. Given ever-increasing demands for Best Buddies programs in Northern Nevada, a college chapter was established at the University of Nevada in 2012 and funding has been allocated to open an office in Reno for further expansion in Northern Nevada's middle and high schools in the spring of 2013. This funding would assist in establishing these programs in Northern Nevada.

2. If the proposed project/program already exists, please describe your success rates in providing services to low- to moderate-income persons:

While we do not measure success rates specifically by participant income, we do serve a number of schools with high rates of economically disadvantaged students. Del Sol High School is one of our newest chapters, and 44 percent of its students are classified as economically disadvantaged. This school, like others, was selected for our programs on the basis of strong support from faculty and school administrators.

3. Describe who will benefit from the proposed project/program.

While efforts have been made over the past decade for academic inclusion for children with IDD, the real gaps exist in the hallways, at lunch time, at the track meet or the dance, at the science club or debate club. Best Buddies is adept at addressing these types of issues. For example, a peer buddy could establish a lunch bunch where students with and without disabilities all meet at an informal gathering where there is a level of structured comfort; students get to know one another, and they get to have fun. Without programs like Best Buddies, the majority of youth with IDD lack opportunities to participate in social activities with their typical peers.

Best Buddies programs and the friendships facilitated by them have the potential to create significant system changes and improvements. Best Buddies Middle Schools and High Schools have set standards for other clubs on campus, becoming the progenitor of other programs. Once club participants learn and acknowledge the true abilities that people with IDD possess, they often begin to recruit and integrate students from the special education classes into other clubs besides Best Buddies.

Best Buddies is also training students with and without IDD to become activists, to advocate for themselves and other young people with disabilities. They will take these skills with them throughout their lives to inspire people with and without IDD and to support the integration movement for all people with disabilities. The continued expansion of the Best Buddies program will make this happen.

| 4. | population you will be serving with your project/program: | | | | |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--|--|--|
| | Abused Children Battered Spouses Migrant Farm Workers | Illiterate Persons Homeless Persons Elderly X Severely Disabled A Other (Please explain) | | | |
| 5. | For CDBG ONLY. If your project/program will not be serving one of the above limited clientele categories, explain how you will document client income and how you will document that at least 51% of your clientele will be low-to-moderate income: | | | | |
| | 2 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 6. | How will the funds be used on to | his project/program? | | | |
| admi | | ate the necessary relationships with Carson City Selvisors to launch our chapters and establish our pro | | | |

7. Describe how your organization plans to reduce the need for grant funding in the future:

This grant would help cover the cost of new Northern Nevada supervisory staff, which will be charged with selecting chapter leadership and the monitoring of our one-to-one friendships. Staff

will ensure that each chapter meets its goals and achieves its fullest capacity to foster an

In 2008 we entered southern Nevada thanks to a grant from the U.S. Department of Education. Three years later we had the support of seven foundations and an annual gala, therefore no longer relying on government funds. We plan to replicate this success in Northern Nevada by building a robust local advisory board while forging greater relationships with gaming, local foundations and the business community. Already, we have earned the support of the Marshall R. Matley Foundation, part of which we can leverage to help support our Carson City initiative.

inclusive environment in each school.

8. Could your organization use less than the amount of funds requested for the proposed project/program? Please explain.

Best Buddies Nevada would be grateful for any amount of funding as we strive to make our initial imprint on Northern Nevada. We are seeking to hire two staff members who will build support and start chapters at Carson City schools. Any amount will go directly into our programs and toward our goal of ending social isolation for people with IDD. Amounts closer to \$20,000 will mean that even more young people with disabilities will experience the gift of friendship for the first time in their lives.

9. Are there other agencies or organizations that provide the same service as your organization? If so, how do you coordinate your services with that organization?

Best Buddies is the only organization in Nevada focused exclusively on improving the social lives of people with IDD. Deprived of Best Buddies, many youths with disabilities would lack something very valuable taken for granted by most people: friendship. Without the warm relationships cultivated by Best Buddies, many individuals with disabilities will remain stunted in their interpersonal development, lacking the social skills necessary to gain employment or further their education. With that being said, we have always maintained and nurtured great relationships with other organizations assisting people with disabilities. Our programs would cease to exist without the embrace of local school districts. Other mission-related non-profits like Opportunity Village in Southern Nevada (which is more employment focused) consistently refer their clients to us and we refer ours to them. In Northern Nevada, we have already fostered an excellent relationship with the Nevada Center for Excellence in Disabilities, where we have an AmeriCorps VISTA employee working for our cause.

| 10. | What is the geographic target area that will be served by this project/program? | | | | | | |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| | X Target Area (specify geographic area) Carson City | | | | | | |
| | OR | | | | | | |
| | Community-wide | | | | | | |
| For P | For Public Improvement (construction) Projects only | | | | | | |
| 1. | Is the proposed project part of a larger project or is it a stand-alone project? (If part of a larger project, please describe the entire project.) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2. | Can this project be done in different phases? Yes No If YES, explain. | | | | | | |
| | | | | | | | |

| 3. | Have CDBG or CSSG funds been used for an earlier phase? Yes No |
|------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4. | Who currently holds title to the property involved? |
| 5. | With whom will title be vested upon completion? |
| 6. | Do any rights-of-way, easements or other access rights need to be acquired? Yes No N/A |
| 7., | If the project requires water rights or well permits, have they been acquired? Yes No N/A |
| Fo | r CDBG Economic Development projects only: |
| 1. | Identify the proposed employers that will be assisted with this project; (b) describe how they will comply with the requirement that at least 51% of the permanent full-time jobs created are either held by or made available to LMI persons; and (c) explain how they will document the jobs created and the income levels of the persons hired. |
| | 8 |
| | |
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| | |
| | |
| F۵ | r CDBG Housing Projects please indicate: |
| T. O | The number of homes to be rehabilitated: |
| | The number of persons to be benefited: |
| | |

III. PROJECT MEASUREMENT

Carson City has implemented a <u>Performance and Outcome Measurement</u> System into the application and grant/project administration process. When completing this section, keep in mind that *outputs* are specific descriptions of what your project is intended to accomplish (such as serve a total of 20 clients) and *outcomes* are the benefits or changes that result from the program (such as how well the service met the client needs).

1. What are the projected outputs, or total number of people served, from this program/project?

With Carson City's support, we plan to serve 90 economically and socially disadvantaged youth within the two middle schools and one high school. This project will impact over 900 parents, teachers, friends, and community members within the Carson City School District.

2. Of the total number of people in Question 1, how many of these are low-to-moderate income (LMI)? How many are Carson City residents?

Twenty-five percent of children in Carson City Schools are at or below the poverty level, and we anticipate serving an even greater ratio within Best Buddies, as a majority of families who have children with disabilities are low-income.

3. What is the projected <u>outcome</u> of this program/project? (How will the outputs benefit the total number of people in Question 1?)

Our programs have consistently demonstrated success by creating an atmosphere where differences are celebrated and people with disabilities are embraced as equals. This is especially important in light of the teen bullying crisis, where people with disabilities suffer disproportionately (Martlew & Hodson, 1991; Mishna, 2003; Nabuzoka & Smith, 1993; Thompson, Whitney, & Smith, 1994). In fact, 83 percent of children and young adults with intellectual and developmental disabilities have been bullied (Reiter and Lapidot-Leftler 2007). However, our programs are proven to help. According to a 2005 Yale University study: "Best Buddy relationships appear to offer unique benefits to the psychological adjustment of adolescents with [intellectual and developmental disabilities]. The frequency of contact adolescents with disabilities had with their non-disabled peers was associated with lower frequencies of peer victimization, better adaptive behavior, high levels of self-esteem, fewer psychological symptoms and increased socialization." Meanwhile, our students without disabilities discover a greater appreciation for life and other people while embarking on what often becomes a lifelong friendship. Through hands-on diversity education, Best Buddies Nevada trains the student leaders of today who are committed to inclusion and will not hesitate to hire our buddies tomorrow.

4. What procedures will be put into effect to create, compile and maintain data to track performance measurement for this program/project?

We will use the following tools to evaluate the effectiveness of this project: Friendship Update – A form where student leaders will log the progress of the Buddy Pairs, including contacts and one-to-one activities, friendship successes and concerns. Mid- and end-year

reports - These detail the chapter activities, number of matches and goals for the upcoming semester. **Hardman Survey** — Questionnaire developed by Michael Hardman, Ph.D., Dean of the College of Education at the University of Utah. Participants will fill out a comprehensive survey, rating each aspect of their friendship on a five-point scale. This survey is the largest of its kind in the world.

IV. PROJECT BUDGET

Complete the Budget Summary chart. More detailed budgets may be attached in support of the proposal. Identify sources of leveraged funding for the activity. Include the status of these funds (i.e. cash on hand, grants received, planned fund-raising, etc.) Attach copies of funding commitment letters or other evidence of funding support.

| Project/Program Title: Best Buddies Carson City Inclusion Initiative | | Funds | | Leveraged | | Total Funds | |
|-------------------------------------------------------------------------|-----|-------------|----|-------------|----|-------------|--|
| Project/Program Expenses FY 2013-14 | | Requested | | Funds | | 100011 0001 | |
| Salaries and Benefits | \$ | 16,470.00 | \$ | 11,253.00 | \$ | 27,723.00 | |
| Rent and Utilities | \$ | *** | \$ | 1,300.00 | \$ | 1,300.00 | |
| Mortgage | \$ | # :1 | \$ | := | \$ | | |
| Equipment | | | \$ | 1,200.00 | \$ | 1,200.00 | |
| Equipment Maintenance & Repair | | | \$ | 480.00 | \$ | 480.00 | |
| Office Supplies | | | \$ | 223.00 | \$ | 223.00 | |
| Operating Supplies | ā — | | \$ | 105.00 | \$ | 105.00 | |
| Postage and Shipping | 4 | | \$ | 100.00 | \$ | 100.00 | |
| Printing and Publications | | | \$ | 105.00 | \$ | 105.00 | |
| Advertising and Promotion | | | \$ | - | | | |
| Subscriptions and Dues | | | \$ | 17 <u>4</u> | | | |
| Liability/Other Insurance | | | \$ | \\ <u>@</u> | | | |
| Professional Fees | | | \$ | T# | | | |
| Other project costs: (Specify Below) | | | \$ | (4 | | | |
| Leadership Conference | \$ | 530.00 | \$ | 220.00 | \$ | 750.00 | |
| Volunteer Recruitment & Training | \$ | 35 0 | \$ | 300.00 | \$ | 300.00 | |
| Travel | \$ | 2 0 | \$ | 300.00 | \$ | 300.00 | |
| Agency Support & Training Fee* | \$ | 3,000.00 | \$ | 2,751.00 | \$ | 5,751.00 | |
| (includes HR, staff training, accounting support, etc.) | | | \$ | <u></u> | | _ | |
| TOTALS | \$ | 20,000.00 | \$ | 18,337.00 | \$ | 38,337.00 | |

V. PROJECT ADMINISTRATION

- A. Provide the <u>names</u>, <u>phone numbers and e-mails</u> of the following people. (There may be more than one person responsible in each category. If the specific individual is not known, please give a job title):
 - 1. The person to whom all questions regarding the application should be directed:

Development Coordinator Dave Clark, 702-822-2268, DavidClark@bestbuddies.org

2. The person directly responsible for on-site supervision of the project/program, such as a project manager:

Deputy Director of Operations Rachel Flanigan, 702-822-2268, RachelFlanigan@bestbuddies.org

3. The person responsible for the financial management of the project/program, including preparation, review and approval of reimbursement requests:

Deputy Director of Operations Rachel Flanigan, 702-822-2268, RachelFlanigan@bestbuddies.org

4. Please list the name, address, phone number and e-mail of the person responsible for preparing the quarterly reports and tracking the performance on this program/project.

Development Coordinator Dave Clark, 702-822-2268, DavidClark@bestbuddies.org

VI. AGENCY INFORMATION

1. Proof of non-profit status for private agencies (governmental entities and schools are exempt):

| Date of incorporation | January 19, 1989 |
|---------------------------|------------------|
| Date of IRS certification | March 1989 |
| Tax exempt number | 52-1614576 |

2. DUNS Number: 620686766

For information on DUNS, go to: http://www.ccr.gov/pdfs/DUNSGuideGovVendors.pdf

- 3. Attach the following to each copy of the Proposal for Funding:
 - a. IRS Tax Exempt "501(c)(3)" letter.
 - b. Proof of incorporation from Secretary of State (CERTIFICATE ONLY)
 - c. Current organization chart with names of staff members. Staff members may not serve as a Board Member of the agency they work for.
 - d. List of current Board of Directors and terms of office. If a member of your Board of Directors is in a position to obtain a financial benefit or interest from your proposed project, you may be ineligible for CDBG funds (See 24 CFR 570.611).
 - e. For all 501(c)(3) non-profit organizations: a copy of the organization's most recently submitted Federal Tax Return (Form 990 or 990EX). Governmental bodies and schools are exempt from this requirement.
- 4. Required Certification (see instructions):

Applicant certifies that to the best of his/her knowledge, all information submitted as part of this application is true. Applicant will comply with all grant and contract requirements if funding is approved.

| Signature of Authorized Official | Date 1/10/12 |
|---------------------------------------------|----------------|
| Anthony K. Shriver, Chairman | (305) 374-2233 |
| Typed Name and Title of Authorized Official | Phone Number |
| | |

| | / |
|-----------------------------------------------|----------------|
| Signature of President of Board of Directors | Date 1/11/13 |
| Anthony K. Shriver, Chairman | (305) 374-2233 |
| Typed Name of President of Board of Directors | Phone Number |

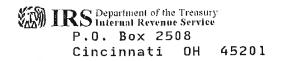
APPENDIX I

INDEX OF ATTACHMENTS

Required Attachments: The required attachments as described on Page 2 are listed below. Please list and reference any additional attachments you are providing with your application. Do not include attachments unless they are needed to understand the project.

| Attachment Number | Attachment Description | Application Page / Section Referenced | Attachment Included (✓) |
|----------------------|---------------------------------------------------------------------------------------------|------------------------------------------|----------------------------|
| 1 | IRS Tax Exempt 501(c)(3) letter | Page 15 | X |
| 2 | Proof of incorporation from Secretary of State (Certificate Only) | Page 16 | X |
| 3 | Current Organization Chart with Names of Staff Members | Page 17 | X |
| 4 | Current Board of Directors and Terms of Office | Page 18 | X |
| 5 | 2012 Budget Projections and Actuals | Pages 19-20 | X |
| 6 | 501(c)(3) non-profits: Copy of the Most Recent Federal Tax Return (Form 990 or 990EX) | Pages 21-25 | X |
| 7 | Pictures of Best Buddies' Programs | Pages 26-28 | X |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |

Table 2B: Priority Community Development Needs



In reply refer to: 0248163494 May 29, 2009 LTR 4168C E0 52-1614576 000000 00 000 00016693

BODC: TE

BEST BUDDIES INTERNATIONAL INC 100 SE 2ND ST STE 2200 MIAMI FL 33131



007004

Employer Identification Number: 52-1614576
Person to Contact: Mr. Gruesser
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of May 19, 2009, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in March 1989, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

Michele M. Sullivar

Michele M. Sullivan, Oper. Mgr. Accounts Management Operations I SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

BEST BUDDIES INTERNATIONAL, INC.

Nevada Business Identification # NV20081102062

Expiration Date: August 31, 2013

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

This license shall be considered valid until the expiration date listed above unless suspended or revoked in accordance with Title 7 of Nevada Revised Statutes.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 29, 2012

ROSS MILLER Secretary of State

This document is not transferable and is not issued in lieu of any locally-required business license, permit or registration.

Please Post in a Conspicuous Location

You may verify this Nevada State Business License online at www.nvsos.gov under the Nevada Business Search.



Best Buddies Nevada Organizational Chart

<u>Jason Smith</u> — State Director — Best Buddies Nevada Director Jason Smith grew up in a household where philanthropy and volunteerism were a way of life. Having a brother with Down syndrome provided the catalyst to the career choices he made. Jason is the former executive director of Variety Children's Charities and was recruited by Anthony Kennedy Shriver to open and lead Best Buddies Nevada. Jason received a Best Buddies award for spearheading the largest donation in the history of Best Buddies International. Jason directs a staff of five as well as a large cadre of eager volunteers and hundreds of Buddy Pairs. As state director, Jason is responsible for identifying and cultivating individual donors, corporations and foundations, connecting their interests with the needs of Best Buddies Nevada. He also develops and implements strategies to oversee the state office, and expand into Northern Nevada while ensuring the success of all of Nevada's programs.

Rachel Flanigan — Deputy Director of Operations (reports to state director) - Rachel is a former teacher at Del Sol High School, who brings her passion for education to Best Buddies' programs. Already, she has set Best Buddies' International records for her monitoring of Best Buddies' friendships. As deputy director of operations, she is responsible for facilitating open communication between all staff, implementing strategic plans and certifying that Best Buddies meets its programmatic and fundraising targets. She will help ensure that the new Carson City programs (should we be lucky enough to receive the grant) maintain the highest standards, and boast an optimum number of committed friendships.

<u>Dave Clark</u> (Southern Nevada focused) – Development Coordinator (reports to deputy director of operations) – Dave is a former reporter, who sought to further immerse himself in bettering the community. He is responsible for helping oversee events, cultivating new donors and fundraising. He has also elevated Best Buddies' communications and grant writing, and has quickly become well-versed in event planning.

<u>Margarita Hughes-Edwards</u> – Citizens Program Manager (Southern Nevada focused - reporters to deputy director of operations) – With a background in educational outreach at Nevada Child Seekers, Margarita is well-attuned to the non-profit world. She is responsible for creating friendships among adult members of the community, and cultivating relationships in the corporate world through these friendships.

<u>Sarah Ziemba</u> – Schools program manager (Southern Nevada focused - reporters to deputy director of operations) – Sarah has brought a background in family studies and social work to her role in managing the 15 Southern Nevada chapters. She is responsible for growing each school chapter, launching new chapters and fostering relationships with school administrators that allow Best Buddies to thrive.

New Hire Program Manager Carson City Schools – (Northern Nevada focused - reports to deputy director of operations) - This position would be created if Best Buddies is fortunate enough to receive the Carson City grant. This individual would devote their energy to launching four new Carson City chapters by establishing great relationships with each school's special education advisors and administration. This person would also be tasked with finding and grooming outstanding student chapter leaders at each school as well as other schools in Northern Nevada. In addition, this individual would foster adult friendships within the disability community.

<u>New Hire Development Coordinator Nothern Nevada</u> – (reports to deputy director of operations) - This person would be responsible for launching new fundraising events, cultivating relationships with local foundations and securing broad support among the corporate and philanthropic community of Northern Nevada.

Best Buddies Nevada Advisory Board Member Contact List

| Name | Position/Committee | Affiliation | Term |
|--------------------|------------------------|------------------------------|------|
| Yvette Belisle | PR/Media | FOX5 | 1st |
| Dan'l Cook | Development Excellence | IATSE Local 720 | 1st |
| Jeremy Cooper | Treasurer | Cooper Coons | 1st |
| Mark Cordner | Chairman | Mark Cordner & Associates | 2nd |
| Andrea Dempsey | Development Excellence | American Casino | 1st |
| Denise Kessler | Development Excellence | MGM Resorts Itl. | 1st |
| Caitlin McAllister | Buddy Ambassador | | 1st |
| Hugh McAllister | Development Excellence | Battle Space Flight Services | 1st |
| Jim McGinnis | Development Excellence | Chapelle de l'amour | 2nd |
| Cliff Miller | Development Excellence | MJ Christensen Diamonds | 1st |
| Kim Mundson | Development Excellence | ARC Paper | 1st |
| Phil Patent | Development Excellence | Lev Restaurant Group | 2nd |
| Julie Robinson | Development Excellence | Undercover Productions | 1st |



| | n- | Total Budget | Total Actual | Projections |
|----------------------|----------------------------|----------------|-----------------|----------------|
| REVENUE | | | | |
| Unrestricted Revenue | | | | |
| Contributions | | | | |
| | Corporate Donations | \$30,500.00 | \$22,591.77 | \$30,500.00 |
| | Individual Donations | \$106,300.00 | \$4,623.00 | \$50,000.00 |
| | Contributions Total | \$136,800.00 | \$27,214,77 | |
| Grants | | | | |
| | Foundation Grants | \$202,000.00 | \$234,357.50 | \$234,357.50 |
| | Grants Total | \$202,000.00 | \$234,357.50 | |
| Special Events | _ | | | |
| | State Fund Raisers | \$164,300.00 | \$178,500.00 \$ | 198,022.00 |
| | Special Events Total | \$164,300.00 | \$178,500.00 | |
| Other Revenue | | | | |
| | Chapter Dues | \$5,400.00 | \$4,808.00 | \$4,908.00 |
| | Total Other Revenue | \$5,400.00 | \$4,808.00 | |
| | Unrestricted Revenue Total | \$508,500.00 | \$444,880.27 | |
| Restricted Revenue | | | | |
| | Foundation Grants | \$23,285.00 | \$38,306.00 | \$50,806.00 |
| | Total Restricted Revenue | \$23,285.00 | \$38,306.00 | |
| | TOTAL REVENUE | \$531,785.00 | \$483,186.27 | \$568,593.50 |
| EXPENSES | | | | |
| Personnel | | | | |
| | Salaries | (\$232,500.46) | (\$196,603.07) | |
| | Fica Tax | (\$17,786.28) | (\$14,670,62) | |
| | Medical Insurance | (\$23,160.00) | (\$13,888.63) | |
| | Fringe Benefits | (\$4,050.00) | (\$2,060.31) | |
| | Retirement Plan 401K | (\$4,962.50) | (\$281.28) | |
| | Workers Comp. | (\$1,046.25) | (\$592.34) | |
| | Personnel Total | (\$283,505.49) | (\$228,096.25) | (\$283,505.49) |
| Program Expenses | | | | |
| | Agency Support & Training | (\$79,767.75) | (\$60,753.94) | (\$85,289.03) |
| | Delivery | (\$180.00) | (\$148.21) | (\$180.00) |
| ₩. | Equipment | (\$6,920.25) | (\$6,219,24) | (\$6,920.25) |

| | Evaluations | (\$64.48) | \$0.00 | (\$64.48) |
|-----------------------|-------------------------------------------|----------------|----------------|------------------------|
| | Fixed Assets | \$0.00 | (\$173.81) | (\$173.81) |
| | Government Fees | (\$225.00) | (\$225.00) | (\$225.00) |
| | High School Training Day | (\$400.00) | \$0.00 | (\$400,00) |
| | Leadership Conference | (\$14,100.00) | (\$3,014.90) | (\$14,100.00) |
| | Memberships | (\$1,444.00) | (\$72.00) | (\$1,444.00) |
| | Office Rent | (\$10,800.00) | (\$10,800.00) | (\$10,800.00) |
| | Online Materials - BBO | (\$602.54) | (\$602.54) | (\$602.54) |
| | Postage | (\$1,400.00) | (\$209.76) | (\$1,400.00) |
| | Printing | (\$800.00) | \$0.00 | (\$800.00) |
| | Public Awareness | (\$650.00) | (\$216.07) | (\$650.00) |
| | Staff Recruitment | (\$400.00) | (\$67.00) | (\$400.00) |
| | Staff Training | (\$5,637.50) | (\$3,553.26) | (\$5,637.50) |
| | Stewardship | (\$1,600.00) | \$0.00 | (\$1,600.00) |
| | Supplies | (\$800.00) | (\$1,104.76) | (\$800.00) |
| | Telecommunication | (\$7,752.00) | (\$5,672.77) | (\$7,752.00) |
| | Travel | (\$7,000.00) | (\$5,534.64) | (\$7,000.00) |
| | Utilities | (\$1,800.00) | (\$1,475.11) | (\$1,800.00) |
| | | (\$1,200.00) | (\$1,473.11) | (\$1,200.00) |
| | Volunteer Management | (\$1,200.00) | (\$133.00) | (#1,200,00) |
| Managament E | Total Program Expenses | (\$143,343.32) | (477,7/0.01) | |
| Management Expenses | Advisor: Board | (\$1,600.00) | \$0.00 | (\$1,600.00) |
| | Advisory Board | (\$1,000.00) | (\$25.20) | (\$1,000.00) |
| | Equipment Miss Operating | (\$400.00) | \$0.00 | (\$400.00) |
| | Misc. Operating | , | (\$1,494.95) | (\$1,962.50) |
| ű | Staff Training Total Management Expanses | (\$1,962.50) | | (\$1,702,30) |
| Fund Daiging Evenness | Total Management Expenses | (\$4,084.75) | (\$1,520,15) | |
| Fund Raising Expenses | State Fund Raising Events | (\$36,500.00) | (\$10,532.08) | (\$36,500.00) |
| | Delivery | (\$400.00) | (\$25.37) | (\$400.00) |
| | · | (\$1,858.50) | (\$1,332.82) | (\$1,858.50) |
| | Equipment Fixed Assets | \$0.00 | (\$1,332.82) | (\$57.94) |
| | Fixed Assets | (\$400.00) | \$0.00 | (\$400.00) |
| | Marketing Membershing | ` ` ` | (\$1,800.00) | (\$2,394.00) |
| | Memberships | (\$2,394.00) | (\$1,800.00) | (\$2,394.00) |
| | Office Rent | (\$3,600.00) | (\$3,600.00) | (\$3,600.00) |
| | Postage | (\$150,00) | 540 | ` . |
| | Printing | (\$300.00) | \$4.00 | (\$300.00) (\$4.00) |
| | Prior-Year Expense | \$0.00 | \$0.00 | (\$4.00) |
| | Staff Recruitment | (\$300.00) | \$0.00 | - ' |
| | Staff Training | (\$2,450.00) | (\$1,180.52) | (\$2,450.00) |
| | Stewardship | (\$1,600.00) | (\$1,102.40) | (\$1,600.00) |
| | Supplies | (\$800.00) | (\$328.17) | (\$800.00) |
| | Telecommunication | (\$3,504.00) | (\$1,951.24) | (\$3,504.00) |
| | Travel | (\$6,560.00) | (\$1,448.03) | (\$6,560.00) |
| | Utilities | (\$600,00) | (\$483.33) | (\$600.00) |
| | Total Fund Raising Expenses | (\$61,416.50) | (\$23,907.82) | (0.100 - 0 - 0 - 0 - 0 |
| | Total Expenses | (\$492,550.26) | (\$353,502.23) | (\$498,307.29) |
| | NET SURPLUS/(DEFICIT) | \$39,234.74 | \$129,684.04 | \$70,286.22 |

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

OMB No. 1545-0047

| A For the 2011 celender year, or tax year beginning Chank IV control or granization BEST BUDDIES INTERNATIONAL, INC. Daing Business As Number and stroet (or P.D. box if mail is not delivered to street addrass) Professional Control or St. 2015 STREET Professional Control or S | | | | | | | | | | to Public | | | | |
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| Demonstrate Description | | | | | | | | | Jection | | | | | |
| Doing Business As Number and street (or P.0. bot If real is not delivered to street address) Doing Business As Number and street (or P.0. bot If real is not delivered to street address) | _ | | | | year beg | minny | | | and end | iig | D Employer ide | entific | eation numb | ier |
| Number and street (or P.D. Dob if mail is not delivered to street address) 2000 305-374-2233 | | Addre Chang | BEST | | SINT | ERNATI | ONAL, | INC. | | | 52 | 2-10 | 614576 | |
| 100 SE 2ND STRET 200 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2233 305-374-2 | | ⊐Inttiai | 37 | | P.O. box if | mail is not de | livered to st | reet address) | Roon | n/suite | E Telephone nu | mber | * | |
| MIAMI FL 33.131 Hale is this a group return for a stiffliates included? Ves No I have mand address of principal officer.ANTHONY SHRIVER SAME AS C ABOVE Help Are all affiliates included? Ves No I have exempt status: X 501(c)(3) 501(c)(1) 101(seet no.) 4947(a)(1) or 527 Help Are all affiliates included? Ves No I have exempted status: X 501(c)(3) 501(c)(1) 101(seet no.) 4947(a)(1) or 527 Help Are all affiliates included? Ves No Help Are all affiliates included? No No No No No No No N | | Termh ated | 100 | SE 2ND | STREE | T | | | 220 | 0 | 111.00 | 15-: | | |
| Fileme and address of principal officer ANTHONY SHRIVER The SAME AS C ABOVE | <u> </u> | _lreturn ∏Applk | ≥- MTΣM | | | 10 ZIP + 4 | | | | | | 110 10 | | 10,037. |
| Tax-exempt status: X 50f(e)(3) \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ | _ | ⊥tion pendi | F Name at | nd address of | principal c | officer:AN' | YNOH | SHRIVER | | | for affiliates | ? | Y | |
| WWW. BESTBUDDIES ORG Hold Group exemption number Learn of organization: LX Corporation Trust Association Other Learn of torganization: LX Corporation Trust Association Other Learn of torganization: LX Corporation Trust Association Other Learn of torganization: LX Corporation Trust Association Learn of torganization Learn of the power Learn of th | _ | | | | | | | 1 1047 | | 1 502 | 1 | | | |
| Form of organization: | | | | | | | (mseri | no.) L 494/(| a)(1) or ∟ | 527 | Contraction of the Contraction o | | | |
| Buffely describe the organization's trission or most significant activities: BEST BUDDIES INTERNATIONAL IS A NONPROFIT 501 (C) (3) ORGANIZATION DEDICATED TO ESTABLISHING A GLOBAL Check this box | | | | | | | secristion | Other | | Voor | | | | |
| Briefly describe the organization's mission or most significant activities: BEST BUDDIES INTERNATIONAL IS A NONPROFIT 501(C)(3) ORGANIZATION DEDICATED TO ESTABLISHING A GLOBAL Check this box Lift the organization discontinued its operations or disposed of more than 25% of its net assets. | | Charles To 1 | | | | uat [/A | 22001611011 | outer P | · ! | Litear | of formation, 130 |) [V | State of Isya | domicie. DC |
| NONPROFIT 501(C)(3) ORGANIZATION DEDICATED TO ESTABLISHING A GLOBAL 2 Check this box ▶ L if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 77000 6 77000 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7a Total unrelated business taxable income from Form 990-T, line 34 Prior Year 15, 271, 253. 18, 609, 692. 9 Programs service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, line 1h) 11 Other revenue (Part VIII, loumn (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must aqual Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 16 Professional fundraising fees (Part IX, column (A), line 26) 17 Other expenses (Part IX, column (A), line 25) 20 Total assets (Part X, line 16) 21 Total for expenses (Part IX, column (A), line 25) 22 Not assets of fund balances. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 3 Signature Plock 18 Is Signature Block 19 Print/Type prepare's name 19 Priparer's signature 10 Daile 10 Print/Type preparer's name 10 Print/T | 2.764 | | | | tion's min | nion or mon | t plantings | t activities: BF | ST BI | таат | ES TNTERN | TAT | TONAT. | IS A |
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| Sign Here Signature of Officer Date | | | | | | | | | | | | | / knowledge a | nd belief, it is |
| Here JEN MILLER, VICE PRESIDENT, FINANCE Type or print name and title Print/Type preparer's name Paid JOHN N. ABDO, CPA Preparer's signature JOHN N. ABDO, CPA PTIN POINT PRINT POINT P | true, | corre | t, and complete. | . Declaration of g | reparer (of | her than offic | er) is based | on all information | of which p | reparer | has any knowledge. | 10. | 1.01 | |
| Here JEN MILLER, VICE PRESIDENT, FINANCE Type or print name and title Print/Type preparer's name Paid JOHN N. ABDO, CPA Preparer's signature JOHN N. ABDO, CPA PTIN POINT PRINT POINT P | | | | / | | | | | | | | 19. | HV | |
| Type or print name and little Print/Type preparer's name Print/Type preparer's name Preparer's signature JOHN N. ABDO, CPA JOHN N. ABDO, CPA JOHN N. ABDO, CPA Date Check PTIN PO0073438 | Sigr | n | 12 2 | | | | | | | | Date 1 | | A1 91 | |
| Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature JOHN N. ABDO, CPA JOHN N. ABDO, CPA Date Check PTIN P00073438 | Here | е | | | | PRESI | DENT, | FINANCE | S | | | | | |
| Paid JOHN N. ABDO, CPA JOHN N. ABDO, CPA 06/15/12 self-amployed P00073438 | | | | | ue | | | | | | late I | - | TI NEW | |
| | | | | | | 5 | | | a | 183 | TOTAL SECTION OF STREET | ck L | | 72422 |
| | | | DOHN N | ABDO, | | C JATES | | | , CPA | Ю | | | | |

Firm's name ABDO Firm's address 14985 GLAZIER AVENUE, SUITE 630 Use Only Phone no. (952) 953-2000 APPLE VALLEY, MN 55124

May the IRS discuss this return with the preparer shown above? (see instructions) 132001 01-28-12 LHA For Paperwork Reduction Act Notice, see the separate instructions. X Yes No Form 990 (2011)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|-----------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------|-----------------------------------------|-----------------------------------------|---------------------------------------------------------------|
| Contributions, Gifts, Grants and Other Similar Amounts | e f g | Fundraising events Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above Noncash contributions included in lines to | 1b 1c 9 , 1d 1d 1e 4 , s, and e 1f 4 , | 72,915. 606,604. 404,773. 525,400. 83,135. | | | | |
| <u>o</u> ë | h | Total. Add lines 1a-1f | | | 18609692. | SANDAMETER X | *L = 335 # 366 | bar-see Selection |
| | 2 a | CHAPTER DUES | | Business Code 900099 | 232,200. | 232,200. | L TANGEROOM | 最中,中国品质的 |
| vic | l Za | LEADERSHIP CONFI | ERENCE | 900099 | 23,035. | | | |
| Ser | , | E-BUDDIES PARTIC | | 812900 | 7,065. | 7,065. | | |
| am | ď | | | *** | | | | |
| Program Service Revenue | e | | | | | | | |
| ď | f | All other program service reven | nue | | | | | |
| _ | g | Total. Add lines 2a-2f | | | 262,300. | | 国制制制制制 | A STATE MEETING |
| | 3 | investment income (including of other similar amounts) | | > | 34,727. | | | 34,727. |
| | 5 | Royalties | | | | | | ł |
| | | 1074.000 | (i) Real | (ii) Personal | | i i de l'avolututi se su c | TO THE BURNEY | 以是较少 的基础 |
| | 6 a | Gross rents | W.V. | (77.5.55) | | | | |
| | | Less: rental expenses | | | | | | |
| | | Rental income or (loss) | | | | | | |
| | d | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | | | · 基础设置 自. (4) |
| | | assets other than inventory | 1,766. | | | | | |
| | b | Less: cost or other basis | 1 01 - | | | | | |
| | | and sales expenses | 1,815. -49. | | | | | |
| | | Gain or (loss) | | | -49. | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | EQUEST WORKS | -49. |
| | | Net gain or (loss) | | ······ | / Examples | Harrison I is 1989 | Fredrick actions | M Kanasana |
| ır Revenue | | including \$ 9,606,60 contributions reported ori line to Part IV, line 18 | 04 • of Ic). See a | 4267572. | | |) | |
| Other | b | Less: direct expenses | b | 6379385. | | | | Maria San San San San San San San San San Sa |
| ٦ | c | Net income or (loss) from fundr | aising events | > | -2111813. | the tiensh | | -2111813. |
| | 9 a | Gross income from gaming act | | | | | | |
| | | Part IV, line 19 | | | | | | |
| | | Less: direct expenses | | | | J . 1 . 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | EARLY STATE | ties at |
| | | Net income or (loss) from gamin | - | ········ | to describing the | 7 7 1 DELETE | 300377 3 7 7 | TO THE STREET IS |
| | 10 a | Gross sales of inventory, less re | | | | | | |
| | ١ , | and allowances Less: cost of goods sold | | | | | | Lighten |
| | | Net income or (loss) from sales | Contract Con | | A LOS TONESTOS | 97 - S 1999 | Add to the | 11000000000 S |
| | Ť | Miscellaneous Revenue | | Business Code | 20世 · 日本工業6 | (1) 100 (1) 100 (1) | ATR. C. | 1 10 00 00 00 |
| | 11 a | | | DEGITION COUL | A 34 3782 - 7 108 F 35 000 0 | A 1100 Y 1200 NE 1 | MEST STATEMENT - LANGE TO | A. T. SERVICE |
| | b | 17100 | | | | | | |
| | C | | | | | | | |
| | d | All other revenue | | | | | | |
| | e | Total. Add lines 11a-11d | ************ | > | 4.500 (0.00 | | N FA FI | |
| 1300 | 12 | Total revenue, See instructions. | | . | 16794857. | 262,300. | 0. | -2077135. |
| 13200 01-23 | 1-12 | | | | | | | Form 990 (2011) |

Form 990 (2011) BEST BUDDIES 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) but are not required to complete columns (B), (C), and (D).

| com | olete columns (B), (C), and (D). | | F | | |
|--------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------|-------------------------------------------|--------------------------------|
| | Check if Schedule O contains a respor | nse to any question in th | nis Part IX | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service experises | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | 28 | | NA PART | |
| | organizations in the United States. See Part IV, line 21 | 270,497. | 270,497. | | |
| 2 | Grants and other assistance to individuals in | ⇒ | | | |
| | the United States. See Part IV, line 22 | 8 | | | (自) 计图数量数数据 (24) |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | 40.060 | 40.000 | | |
| | United States. See Part IV, lines 15 and 16 | 12,962. | 12,962. | | S GROWELNESS |
| 4 | Benefits paid to or for members | | | | A STOCK WAS TO SELECT |
| 5 | Compensation of current officers, directors, | 055 454 | 470 550 | 20 652 | 61.060 |
| | trustees, and key employees | 255,174. | 172,559. | 20,653. | 61,962. |
| 6 | Compensation not included above, to disqualified | | 19 | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | 7 (20 020 | C 200 C14 | 256 461 | 062 064 |
| 7 | Other salaries and wages | 7,620,039. | 6,399,614. | 256,461. | 963,964. |
| 8 | Pension plan accruals and contributions (include | 00 074 | 71 753 | | 10 221 |
| | section 401(k) and section 403(b) employer contributions) | 82,074. | 71,753. | 24 701 | 10,321. |
| 9 | Other employee benefits | 683,024. | | 24,681. | 62,388. |
| 10 | Payroll taxes | 540,526. | 462,839. | 19,209. | 58,478. |
| 11 | Fees for services (non-employees): | | , and the | . 18 | _ |
| | Management | 3 750 | | 1 600 | |
| | Legal | 1,620. | | 1,620. | |
| | Accounting | 69,150. | | 69,150. | |
| d | Lobbying | 240 100 | TELEVISION SPACE (= 2) | TE TEAT A SET ON A SERVICE | 240 106 |
| 0 | Professional fundraising services. See Part IV, line 17 | 349,196. | | | 349,196. |
| f | Investment management fees | 10 067 | | 17,149. | 2,818. |
| g | Other | 19,967. | | 1/,149. | 2,749. |
| 12 | Advertising and promotion | 2,749. 805,818. | 645,750. | 54,024. | 106,044. |
| 13 | Office expenses | 10,784. | 9,215. | 783. | 786. |
| 14 | Information technology | 10,704. | 3,213. | 103. | 700. |
| 15 | Royalties | 901,284. | 765,135. | 14,727. | 121,422. |
| 16 | Occupancy | 578,241. | 356,477. | 10,759. | 211,005. |
| 17 | Travel | 370,241. | 330,477. | 10,733. | 211,003. |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 416,688. | 416,688. | | |
| 19 | Conferences, conventions, and meetings | 410,000. | 410,000. | | |
| 20 | Interest | | | · | |
| 21 | Payments to affiliates Depreciation, depletion, and amortization | 4,400. | 4,400. | | |
| 22 | Incurance | 62,906. | 52,813. | 10,093. | |
| 23 | Insurance Other expenses, Itemize expenses not covered | 02,500. | 13131 334 125 (631 1 | 74. N. 010.000 | Negative i |
| 24 | above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | PUBLIC AWARENESS | 1,809,433. | 1,809,433. | 4 24 35 35 COLORS | in N |
| a b | STAFF TRAINING & RECRUI | 250,228. | | 31,277. | 12,757. |
| 2 | BAD DEBT | 194,870. | | | 194,870. |
| ď | VOLUNTEER MANAGEMENT | 147,259. | | | |
| _ | All other expenses | 348,764. | 31,837. | 176,638. | 140,289. |
| 25 | Total functional expenses. Add lines 1 through 24e | 15,437,653. | 12,431,380. | 707,224. | 2,299,049. |
| 26 | Joint costs. Complete this line only if the organization | ,, 7, 5, 5, 1 | ii. | , | , |
| 20 | reported in column (B) joint costs from a combined | | | | |
| * | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | a . |
| | F | | | | Form 990 (2011) |

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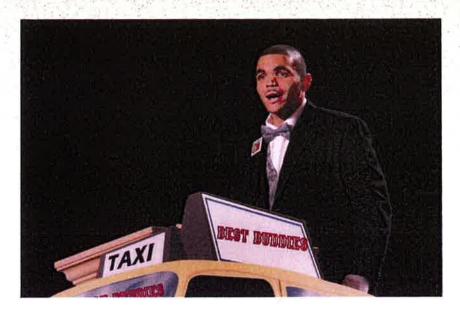
Form 990 (2011)

| Pa | rt X | Balance Sheet | | | |
|-----------------------------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | *** | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 354,848. | 1 | 280,849. |
| | 2 | Savings and temporary cash investments | 2,934,661. | 2 | 3,595,669. |
| | 3 | Pledges and grants receivable, net | 1,984,547. | 3 | 2,896,602. |
| | 4 | Accounts receivable, net | 234,113. | 4 | 119,195. |
| | 5 | Receivables from current and former officers, directors, trustees, key | AND THE PARTY OF THE | | |
| | | employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| ets | 7 | Notes and loans receivable, net | | 7 | |
| Assets | 8 | Inventories for sale or use | | 8 | |
| ~4 | 9 | Prepaid expenses and deferred charges | 327,964. | 9 | 302,186. |
| | | Land, buildings, and equipment: cost or other | SAME CONTRACTOR | G15 | Loria de atragementa de |
| | | basis. Complete Part VI of Schedule D 10a 500, 107. | | | |
| | l h | Less: accumulated depreciation 10b 500,107. | 4,400. | 10c | 0. |
| | 11 | Investments - publicity traded securities | 855,540. | 11 | 866,485. |
| | 12 | Investments - other securities. See Part IV, line 11 | 57,989. | 12 | 54,927. |
| | 13 | Investments - program-related. See Part IV, line 11 | - | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | 36,993. | 15 | 43,211. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 6,791,055. | 16 | 8,159,124. |
| | 17 | Accounts payable and accrued expenses | 454,075. | 17 | 287,458. |
| | 18 | Grante navable | 14 | 18 | |
| | 19 | Grants payable | 475,695. | 19 | 674,501 |
| | 20 | Deferred revenue | - | 20 | 377.002. |
| | 1 | Tax-exempt bond liabilities | | 21 | |
| ties | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | Fire Company | 4 | HEART MARKET VICTOR TOWN |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II | | | |
| Ľ. | | | | 20 | West of the second |
| | | of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | 57,989. | 05 | 54,927. |
| | | Schedule D | 987,759. | | 1.016.886. |
| | 26 | Total liabilities. Add lines 17 through 25 | 1 (1.1.4L008)38330 | 20 | Apprendation and a |
| | | Organizations that follow SFAS 117, check here | | | |
| Š | | lines 27 through 29, and lines 33 and 34. | 5,803,296. | 27 | 7,142,238. |
| lan | 27 | Unrestricted net assets | 3,003,270. | | 1,142,250: |
| Ba | 28 | Temporarily restricted net assets | | 28 | |
| Į, | 29 | Permanently restricted net assets | 7 77 1 7 1 7 1 4 1 1 1 1 1 1 1 1 1 1 1 1 | 29 | NOW THE DESIGNATION OF THE PERSON OF THE PER |
| ű. | | Organizations that do not follow SFAS 117, check here | | | |
| S | | complete lines 30 through 34. | LIGHT OF STATE | 200 | amanda da ay w |
| set | 30 | Capital stock or trust principal, or current funds | | 30 | |
| As | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | 5 902 206 | 32 | 7 1/2 220 |
| _ | 33 | Total net assets or fund balances | 5,803,296. | 33 | 7,142,238. |
| | 34 | Total liabilities and net assets/fund balances | 6,791,055. | 34 | 8,159,124. |

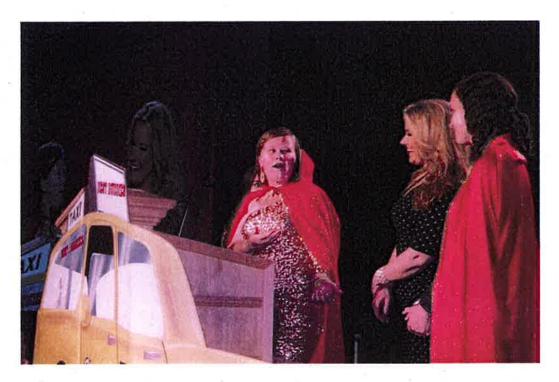
| Forn | 990 (2011) BEST BUDDIES INTERNATIONAL, INC. | 52- | 1614 | 576 | Pa | age 12 |
|------|---------------------------------------------------------------------------------------------------------------------|----------|-------|-------|-------|---------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| - | Check if Schedule O contains a response to any question in this Part XI | | | | | X |
| | v. | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | | 57. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | | 53. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | 04. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | | 96. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | | | | 62. |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 7 | ,142 | 2,2 | 38. |
| Pa | rt XIII Financial Statements and Reporting | | | | | () |
| | Check if Schedule O contains a response to any question in this Part XII | | | | | LX |
| * | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | 117 | 35 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | | | | 34 · | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | | | 2b | X | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Scho | edule O | | | Arr. | 1.30 |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue | d on a | li di | | | 3131 |
| | separate basis, consolidated basis, or both: | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | espè | - 1 | V.HV.VS |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | igle Aud | lit | | | |
| | Act and OMB Circular A-133? | | | За | X | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | | | | | |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | | 3b | X | |
| | <u> </u> | | 1 | orm 9 | 990 (| (2011) |

01-23-12

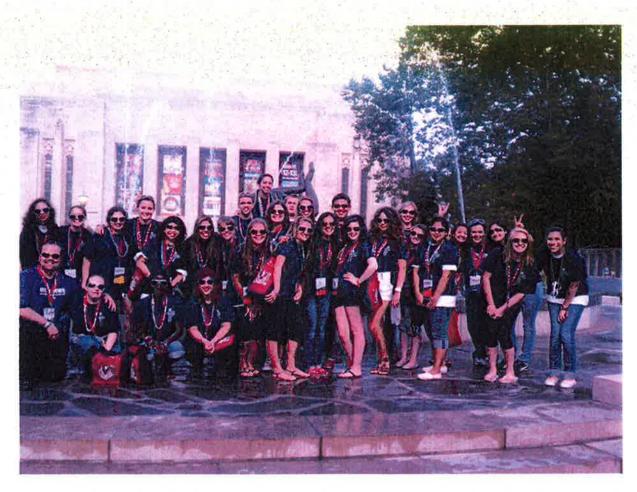
Changing the World: One Friendship at a Time



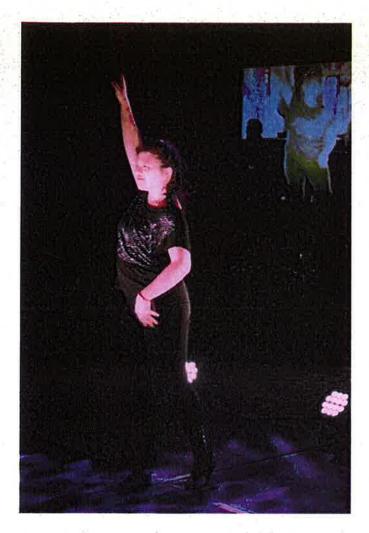
Paul Brooks gave the keynote speech at the 2012 Super Hero Ball at Caesars Palace. Paul excelled during Advanced Ambassador training at the 2012 Best Buddies International Leadership Conference in Bloomington, Ind.



Buddy Ambassador Sydney MacIntosh accepts her cape as a Super Hero Alliance inductee at the 2012 Super Hero Ball. Sydney also attended Leadership Conference and is a fixture at Best Buddies events, encouraging others to support our cause.



The 2012 Best Buddies International Leadership Conference brought a record 21 Nevada student leaders to Indiana University where they became inspired and motivated to spread our message of inclusion throughout the Southern Nevada community.



Buddy Ambassador Nikki Lee wowed the crowd at the 2012 Super Hero Ball, displaying her dazzling dancing skills.



Recent Arbor View High School Chapter President Taylor Pease co-emceed the 2012 Super Hero Ball alongside FOX5's Rachel Smith.

APPLICATION CHECKLIST

This checklist should serve as a guide for the submission of a complete application. Applications that contain all relevant information and required attachments will receive prompt review.

PLEASE INCLUDE A COPY OF THIS CHECKLIST WITH YOUR APPLICATION.

| _X | Grant Cover Sheet. |
|----|----------------------------------------------------|
| _X | Section I: Project Eligibility |
| _X | Section II: Project Description |
| _X | Section III: Project Measurement |
| _X | Section IV: CDBG Project Budget. |
| _X | Section V: Project Administration. |
| _X | Section VI: Agency Information |
| _X | Appendix I: Index of Attachments. |
| | Appendix II Consolidated Plan Priority Needs Table |