## **Public Inspection Copy**

Form **990** 

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For t	he 2023 caler	ndar year, or tax year b	eginning	, 2023,	and endir	ıg		<del></del> ,	20
В	Check	if applicable:	С					D Employ	er identi	ification number
	A	ddress change	Businesses En	ding Slavery 8	Trafficking	ı		45-5	5046	786
	$\prod_{N}$	ame change	1201 1st Ave	S #321		,		E Telepho	ne numl	per
	Пıп	itial return	Seattle, WA 9	8134				206	905	-6843
	$\mathbf{H}$	nal return/terminated								
	$\mathbf{H}$	mended return						<b>G</b> Gross re	ceints	\$ 1,367,296.
			F Name and address of pr	incipal officer: ゼニュュナ	- Foot		H(a) Is this	a group return		<del></del>
	Ш′,	opilication ponding	Same As C Abo	KIISLE	n root		H(b) Are all	subordinates ' attach a list.	included	
	Tav	exempt status:	X 501(c)(3) 501(c		io.) 4947(a)(1) or	527	If "No,"	' attach a list.	See ins	tructions.
J J		<u> </u>			10.) 4347(a)(1) 01	J27	III Croup	avametics sur	nah a r	
K		•••	ww.bestalliance X Corporation Trust		<u> </u>			exemption nu		
	rt I	n of organization:		Association Ot	her L	Year of format	ion: ZUI.		tate of I	egal domicile: WA
Pa		Summa Priofly dosor		mission or most signit	ioant activities DEC	m - J		7		
	1		ibe the organization's							o prevent
9		IIulliaII_L.	rafficking and	<u>creates patiiw</u>	ays to empro	yment_i	ror sur	-ATAOT 8	· <b>-</b>	
Jan										
Ver	2	Check this b	ox lif the organi	zation discontinued its	onerations or disp	osed of m	 ore than 2	5% of its r	 net as	
ဝိ	3		oting members of the g						3	12
જ	4		ndependent voting men						4	10
Activities & Governance	5		r of individuals employ						5	14
Ξ	6		er of volunteers (estima						6	10
Ac	7a		ted business revenue fr						7a	0.
	b	Net unrelate	d business taxable inco	ome from Form 990-T	, Part I, line 11				7b	0.
								rior Year		Current Year
a)	8		s and grants (Part VIII,					788,3		1,192,020.
Ĭ	9	-	vice revenue (Part VIII					112,3		160,280.
Revenue	10		ncome (Part VIII, colur		•				43.	14,996.
Œ	11		ue (Part VIII, column (A					1,0		
	12		e - add lines 8 throug					901,9		1,367,296.
	13		similar amounts paid (F		•		-	57,2	96.	122,885.
	14	· ·	d to or for members (P		•					
တ္	15		ner compensation, emp	•		•		726,9	17.	949,420.
nse	16a	Professional	fundraising fees (Part	IX, column (A), line 1	1e)					
Expenses	b	Total fundra	ising expenses (Part IX	(, column (D), line 25)	17	77,514.				
ш	17	Other expen	ses (Part IX, column (A	A), lines 11a-11d, 11f-				137,2	44.	150,449.
	18	•	ses. Add lines 13-17 (m	• •	•			921,4		1,222,754.
	19	•	s expenses. Subtract li	·				<del>-</del> 19,5		144,542.
- 8 8			'					ng of Current		End of Year
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)					748,0		907,270.
Ass	21	Total liabiliti	es (Part X, line 26)					28,0		37,113.
₽₽	22	Net assets o	r fund balances. Subtra	act line 21 from line 2	0			719,9		870,157.
	rt II		re Block	act into E1 from into E			•	110,0	<u> </u>	070,137.
				is roturn, including accompa	nving schodules and state	monts and to	the best of m	v knowlodao	and holi	of it is true correct and
comp	olete. D	eclaration of prep	declare that I have examined the parer (other than officer) is base	ed on all information of which	nymg schedules and state n preparer has any knowle	dge.	the best of h	ly knowledge	and ben	er, it is true, correct, and
Sic	ın	Signature o	f officer				Date			
Sig He	re	sigr	nature on file			(	CEO			
	-		nt name and title				<i></i>			
		Print/Type	preparer's name	Preparer's signature		Date		Check X	if	PTIN
D~	i.d			signature or	n filo			self-employe	_	
Pai	ia epare	er Firm's nam	10	Signature Of	1 1116	1		son chiploye	~	
Us	e Or	If Firm's nam						Firm's E <b>I</b> N		
-3	- <del>-</del> - 1	Firms add								
Mar	, the	IRS discuss t	his return with the nren	parer shown above?	an instructions			Phone no.		X Yes No

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	NO
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or $X$ , as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		X
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
1 <b>4</b> a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		Х
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20</b> a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23		Х
<b>24</b> a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.	<b>24</b> a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<b>25</b> a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
<b>35</b> a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35</b> a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		Χ
	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	·   _
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
- A	(gambling) winnings to prize winners?	1c	X	0000

Form 990 (2023) Businesses Ending Slavery & Trafficking

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			res	NO				
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 14							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X					
<b>3</b> a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3</b> a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
<b>4</b> a	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)?	<b>4</b> a		Х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5</b> a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		Х				
<b>6</b> a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6</b> a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7</b> a		X				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		Х				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring							
	organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
'''	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders							
a h	Gross income from other sources. (Do not net amounts due or paid to other sources							
	against amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
_	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.							
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	1.4		X				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a						
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O.</i>	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that we result in the imposition of an excise tax under section 4951, 4952, or 4953?							
BAA		Form	990	2023)				
			-	,				

Form 990 (2023) Businesses Ending Slavery & Trafficking 45-5046786 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . . . . 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent..... 10 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?..... 5 Χ 5 Did the organization have members or stockholders?..... 6 Χ 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... Χ 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body?..... Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body?..... 8a Χ **b** Each committee with authority to act on behalf of the governing body?..... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates?..... 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10h 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If "No," go to line 13....... X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ to conflicts?..... 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... See. Schedule O...... X 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See Schedule . O. . . . . . . . . . . . Χ 15a 15b Χ **b** Other officers or key employees of the organization...... If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year?..... b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed WA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. |X| Upon request Own website Another's website X Other (explain on Schedule O) See Sch. O Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule 0

State the name, address, and telephone number of the person who possesses the organization's books and records.

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BEST 1201 1st Ave S

Form 990 (	2023)	Businesses	Ending	Slavery	ς.	Trafficking

45-5046786

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
<b>(A)</b> Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle:	heck ss pe	ition more rson i irecto	hand Highest compensated	an ee)	( <b>D</b> ) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-271099- MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations	
(1) Mar Brettmann	40										
Executive Dir.	0	X		Χ				115,947.	0.	1,431.	
(2) Kirsten Foot	40										
CEO	0	X		Χ				49,135.	0.	1,041.	
(3) Michael Maine	1										
Director	0	Х						0.	0.	0.	
(4) Megan Minarik	1										
Director	0	Х						0.	0.	0.	
(5) Kenneth Andrew	1										
Director	0	X						0.	0.	0.	
_(6)_Anne_Kerker	1										
Director	0	X						0.	0.	0.	
_(7)_Bob_Kakiuchi	1										
Director	0	X						0.	0.	0.	
_(8)_Darla_Vidger	1										
Director	0	X						0.	0.	0.	
_ <b>(9)</b> _Mikaela_Kiner	1										
President	0	X		Χ				0.	0.	0.	
(10) Nicolle Atchison	1										
Treasurer	0	Х		Χ				0.	0.	0.	
(11) Alex Sum	11										
Director	0	Х						0.	0.	0.	
(12) Karen Ressmeyer	11										
Secretary	0	X		Χ				0.	0.	0.	
(13)		-									
(14)											

Part VII   Section A. Officers, Directors, 110	13(003, 1	ley			C)	C3, (	anc	a riigiicst con	ipensated Emp	loyees	(continued)
<b>(A)</b> Name and title	(B) Average hours	box,	unles er an	ss pe d a d	more rson i	than o s both r/truste	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from	0.	<b>(F)</b> ted amount other
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099- MISC/1099-NEC)	relatéd organizations (W-2/1099- MISC/1099-NEC)	the or	isation from ganization related nizations
<u>(15)</u>											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b Subtotal								165,082.	0.		2,472.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)								0. 165,082.	0.		0. 2,472.
Total number of individuals (including but not limited from the organization										pensation	
											Yes No
3 Did the organization list any former officer, direction on line 1a? If "Yes," complete Schedule J for such	tor, truste <i>h individu</i>	e, ke al	ey e	mpl	oyee	e, or	high	nest compensated	l employee	. 3	X
<b>4</b> For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	er than \$1	50,00	200	If "	Yes,	" cor.	oth nple	er compensation ete Schedule J for	from	4	X
5 Did any person listed on line 1a receive or accrufor services rendered to the organization? If "Yes	e compen	satic	n fr	om	anv	unre	late	ed organization or	individual	5	X
Section B. Independent Contractors											<u> </u>
Complete this table for your five highest compen compensation from the organization. Report compen	sated indessation for	epen the c	den <sup>.</sup> alen	t coi dar	ntra year	ctors endi	tha ng v	It received more the truth or within the or	han \$100,000 of ganization's tax yea	r.	
(A) Name and business address  (B) Description of services								of services	Compe	s) nsation	
2 Total number of independent contractors (including b	out not limi	ited to	o the	ose I	isted	d abo	ve)	 who received more	than		
\$100,000 of compensation from the organization	0										

### Form 990 (2023) Businesses Ending Slavery & Trafficking 45-5046786 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII. **(A)** Total revenue **(B)** (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue ls, Grants, Amounts 1a Federated campaigns . . . . . . . . **b** Membership dues..... 1b c Fundraising events..... 1с Contributions, Gifts, d Related organizations..... 1d e Government grants (contributions) . . . . 1e 150,273. All other contributions, gifts, grants, and similar amounts not included above . . . 1f 1,041,747 Noncash contributions included in 1q lines 1a-1f....... h Total. Add lines 1a-1f..... 1,192,020 Business Code Program Service Revenue 611430 80,882. 2a Consulting 80,882. b Training workshops \_ \_ \_ 611430 65,595. 65,595. 13,803. 13,803 Speaking Engagements\_\_ 611430 All other program service revenue. . . . g Total. Add lines 2a-2f ..... 160,280. Investment income (including dividends, interest, and <u>14,9</u>96 other similar amounts) ..... 14,996 Income from investment of tax-exempt bond proceeds Royalties..... 5 (i) Real (ii) Personal 6a Gross rents . . . . . . . 6a **b** Less: rental expenses 6b c Rental income or (loss) 6c **d** Net rental income or (loss)..... (i) Securities (ii) Other **7a** Gross amount from sales of assets other than inventory Less: cost or other basis 7a 7b and sales expenses 7с **c** Gain or (loss)..... d Net gain or (loss)..... 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . . . . . . . . . . . 8a **b** Less: direct expenses..... 8b **c** Net income or (loss) from fundraising events . . . . . . . . 9a Gross income from gaming activities. 9a 9b **b** Less: direct expenses..... **c** Net income or (loss) from gaming activities..... **10a** Gross sales of inventory, less.... 10a returns and allowances. . . . . . . . . **b** Less: cost of goods sold.... 10ь **c** Net income or (loss) from sales of inventory..... **Business Code** Miscellaneous 11a d All other revenue .....

1,367,296

160,280

14,996

0.

12

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a re	esponse or note to any			
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	122,035.	122,035.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	850.	850.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	165,082.	123,811.	16,508.	24,763.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	649,216.	487,222.	62,452.	99,542.
-	Pension plan accruals and contributions	049,210.	401,222.	02,432.	99,342.
8	(include section 401(k) and 403(b) employer contributions)	14,816.	11,118.	1,437.	2,261.
9	Other employee benefits	50,274.	37,724.	4,875.	7,675.
10	Pavroll taxes	70,032.	52,551.	6,791.	10,690.
11	Fees for services (nonemployees):	70,032.	32,331.	0,791.	10,090.
	Management	71,100.	45,825.	13,002.	10 070
	Legal	1,270.	1,270.	13,002.	12,273.
	Accounting	2,995.	1,210.	2,995.	
	Lobbying	2,995.		2,995.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
_	(A), amount, list line 11g expenses on Schedule O.)	1,199.		1,199.	
12	Advertising and promotion	4,825.	2,378.		2,447.
13	Office expenses				
14	Information technology	27,910.	17,339.	2,982.	7,589.
15	Royalties				
16	Occupancy				
17	Travel	4,692.	3,525.	46.	1,121.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,204.		4,204.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	Rent_and_Utilities	15,408.	11,562.	1,494.	2,352.
b	Postage and Shipping	5,350.	1,174.	40.	4,136.
С		2,887.	1,352.	1,351.	184.
d		2,451.		2,451.	
e	All other expenses	6,158.	2,277.	1,400.	2,481.
25	Total functional expenses. Add lines 1 through 24e	1,222,754.	922,013.	123,227.	177,514.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)		·		

		Check if Schedule O contains a response or note to	any line in this Part X	<u></u>	<u></u>	
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		290,344.	1	23,500.
	2	Savings and temporary cash investments		365,948.	2	705,481.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		86,113.	4	168,978.
	5	Loans and other receivables from any current or form	er officer, director,			
		Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe	contributor, or 35%		-	
			-		5	
	6	Loans and other receivables from other disqualified p			6	
	_	section 4958(f)(1)), and persons described in section	` ' ' ' ' '		6	
<b>(A</b>	7	Notes and loans receivable, net	<u> </u>		7	
ë	8	Inventories for sale or use		8		
Assets	9	Prepaid expenses and deferred charges			9	
1		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11.	<b>□</b>		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		5,599.	15	9,311.
	16	Total assets. Add lines 1 through 15 (must equal line		748,004.	16	907,270.
	17	Accounts payable and accrued expenses		4,260.	17	6,295.
	18	Grants payable	L.		18	
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability. Complete Part I			21	
Liabilities	22	Loans and other payables to any current or former of key employee, creator or founder, substantial contribu- controlled entity or family member of any of these pe	ficer, director, trustee, utor, or 35%		22	
$\Box$	23	Secured mortgages and notes payable to unrelated the	<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third	· ·		24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com		23,829.		30,818.
	26	<b>Total liabilities.</b> Add lines 17 through 25	<u> </u>	28,089.	26	37,113.
es		Organizations that follow FASB ASC 958, check here				,
anc	27	and complete lines 27, 28, 32, and 33.  Net assets without donor restrictions		F04 600	27	740 040
ब्र	27	Net assets with donor restrictions	<u> </u>	594,600.	27	748,049.
H	28			125,315.	28	122,108.
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck nere			
ō	29	Capital stock or trust principal, or current funds	<u> </u>		29	
é	30	Paid-in or capital surplus, or land, building, or equipment	_		30	
458	31	Retained earnings, endowment, accumulated income,			31	
et	32	Total net assets or fund balances	<u> </u>	719,915.	32	870,157.
	33	Total liabilities and net assets/fund balances		748,004.	33	907,270.
BA.	Δ		TEEA0111L 08/23/23			Form <b>990</b> (2023)

Pai	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI.								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,30	67,2	296.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,22						
3	Revenue less expenses. Subtract line 2 from line 1	3	1.	44,5	542.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7.	19,5	915.				
5	Net unrealized gains (losses) on investments	5		5,7	700.				
6	6 Donated services and use of facilities								
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))								
Par	t XII Financial Statements and Reporting				157.				
	Check if Schedule O contains a response or note to any line in this Part XII								
	Chook in Consocial Consocial and a response of fiscally line in this flat Air.			Yes					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			103	110				
-			-						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Χ					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both.	ed on a							
	X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa								
	basis, consolidated basis, or both.								
	Separate basis Consolidated basis Both consolidated and separate basis								
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	,	2c		X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
<b>3</b> a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Guidance, 2 C.F.R. Part 200, Subpart F?	Uniform	<b>3</b> a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dit							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
BAA	TEEA0112L 08/23/23		Form	990	(2023)				

## **SCHEDULE A** (Form 990)

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2023

Open to Public Inspection

Name o	of the organization					Employer identific	ation number			
Bus	inesses Ending Slaver	ry & Trafficki	.ng			45-504678	36			
Part							ctions.			
The o	rganization is not a private found	lation because it is: (	For lines 1 through 12,	check o	nly one	box.)				
1	A church, convention of church	es, or association of ch	nurches described in <b>sec</b>	tion 17 <mark>0</mark> (	b)(1)(A)(	(i) <b>.</b>				
2	A school described in <b>section</b>	n <b>170(b)(1)(A)(ii).</b> (Att	ach Schedule E (Form	990).)						
3	A hospital or a cooperative h	ospital service organ	ization described in <b>se</b>	ction 170	)(b)(1)( <i>A</i>	۸)(iii) <b>.</b>				
4	A medical research organiza	tion operated in conju	unction with a hospital	describe	d in <b>sec</b>	ction 170(b)(1)(A)(iii). E	Enter the hospital's			
	name, city, and state:									
5	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ge or university owned	or oper	ated by	a governmental unit d	escribed in			
6	A federal, state, or local government	ernment or governme	ental unit described in s	section 1	<b>70(b)(</b> 1)	)(A)(v).				
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community trust described	in section 170(b)(1)(	A)(vi). (Complete Part	II.)						
9	An agricultural research organi	zation described in <b>sec</b>	ction 170(b)(1)(A)(ix) oper	ated in c	onjunctio	on with a land-grant coll	ege			
	or university or a non-land-grain	nt college of agriculture	e (see instructions). Ente	r the nan	ne, city,	and state of the college	or			
	university:									
10	An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, 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). (Complete Part III.)									
11										
12										
а	Type I. A supporting organization organization(s) the power to re complete Part IV, Sections A	on operated, supervise gularly appoint or elect	d. or controlled by its sur	ported o	rganizat	ion(s), typically by giving	g the supported ion <b>. You must</b>			
b	Type II. A supporting organize management of the supporting must complete Part IV, Section	ation supervised or co	controlled in connection the same persons that c	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). <b>You</b>			
С	Type III functionally integrated organization(s) (see instruction	. A supporting organizat	ion operated in connectio	n with, an	nd function	onally integrated with, its	supported			
d	Type III non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting org organization generally plete Part IV. Section	anization operated in color must satisfy a distribute A and D. and Part V.	nnection Ition requ	with its s uiremen	supported organization(s t and an attentiveness	s) that is not requirement (see			
е	Check this box if the organiz	ation received a writt	en determination from	the IRS						
	integrated, or Type III non-fu	nctionally integrated	supporting organization	า.						
f	Enter the number of supported of	9								
	Provide the following information  i) Name of supported organization			7.31	. 0	(v) Amount of manatany	(vi) Amount of other			
(	ny mame of supported organization	(11) EIN	(described on lines 1-10 above (see instructions))	organizat in your g docur	ion listed overning	support (see instructions)	support (see instructions)			
				Yes	No	-				
				1						
(A)										
` '										
(B)										
(C)										
(D)										
<u> </u>										
(E)										
Total										

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

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

Sec	tion A. Public Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	663,894.	580,056.	914,353.	788,362.	1,192,020.	4,138,685.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			·	·		0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	663,894.	580,056.	914,353.	788,362.	1,192,020.	4,138,685.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						548,838.
6	Public support. Subtract line 5 from line 4						3,589,847.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	<b>(c)</b> 2021	<b>(d)</b> 2022	<b>(e)</b> 2023	<b>(f)</b> Total
7	Amounts from line 4	663,894.	580,056.	914,353.	788,362.	1,192,020.	4,138,685.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,280.	242.	170.	143.	14,996.	17,831.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	272333		2701		22,000	0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						4,156,516.
12	Gross receipts from related activ	ities, etc. (see ins	structions)				632,789.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pul	blic Support P	ercentage				
14	Public support percentage for 20	23 (line 6, columr	n (f), divided by lir	ne 11, column (f)	)		86.37 %
15	Public support percentage from 2	2022 Schedule A,	Part II, line 14			15	78.60 %
16a	<b>33-1/3% support test—2023.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pub	d not check the bolicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	this box
b	<b>33-1/3% support test—2022.</b> If th and <b>stop here.</b> The organization	e organization dic qualifies as a pul	I not check a box olicly supported o	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, o	heck this box
1 <b>7</b> a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts-	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	e. Explain in Part '	VI how
b	<b>10%-facts-and-circumstances te</b> or more, and if the organization organization meets the facts-and	meets the facts-a	nd-circumstances	test, check this b	oox and stop here	e. Explain in Part	VI how the
18	Private foundation. If the organize	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check th	is box and see ins	structions

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10) 2023 Businesses Ending Slavery & Trafficking

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (c) 2021 (a) 2019 **(b)** 2020 Calendar year (or fiscal year beginning in) **(d)** 2022 **(e)** 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). . . . Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose... Gross receipts from activities that are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf... The value of services or facilities furnished by a governmental unit to the organization without charge .... Total. Add lines 1 through 5... Amounts included on lines 1, 2, and 3 received from disqualified persons. . **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year..... c Add lines 7a and 7b..... Public support. (Subtract line 7c from line 6.)....... Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 **(e)** 2023 (f) Total **9** Amounts from line 6...... 10a Gross income from interest, dividends, payments received on securities loans. rents, royalties, and income from similar sources . . **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. **c** Add lines 10a and 10b . . . . . . . Net income from unrelated business activities not included on line 10b. whether or not the business is regularly carried on . . . . . 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . . . . 13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . . . . . . . First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage ೪ 15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))....... 15 % 16 Public support percentage from 2022 Schedule A, Part III, line 15. 16 Section D. Computation of Investment Income Percentage <u>ર</u> 17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))...... 17 શ્ 19a 33-1/3% support tests-2023. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . b 33-1/3% support tests-2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . .

**Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions......

## Part IV Supporting Organizations

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

## Section A. All Supporting Organizations

			Yes	No		
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?  If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe	1				
	the designation. If historic and continuing relationship, explain.	1				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2				
_	Dilli					
38	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	<b>3</b> a				
I	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b				
(	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с				
4	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	<b>4</b> a				
ŀ	o Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b				
(	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c				
<b>5</b> a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).					
	accomplished (such as by amendment to the organizing document).	<b>5</b> a				
ı	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b				
(	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с				
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6				
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7				
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"					
	complete Part I of Schedule L (Form 990).	8				
98	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a				
ı	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI.</b></i>	9b				
(	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с				
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If "Yes," answer line 10b below.	1 <b>0</b> a				
ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 <b>0</b> b				

Pa	rt IV	Supporting Organizations (continued)			
11	Hac t	the organization accepted a gift or contribution from any of the following persons?		Yes	No
	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below,			
ŀ	J	poverning body of a supported organization? mily member of a person described on line 11a above?	11a 11b		
			11c		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .  B. Type I Supporting Organizations	110		
<b>3</b> ec	, tion	b. Type I Supporting Organizations		Yes	No.
1	or mo office organ than were	he governing body, members of the governing body, officers acting in their official capacity, or membership of one ore supported organizations have the power to regularly appoint or elect at least a majority of the organization's ers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported inization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers by the tax year.	1	163	140
2	that o	the organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such suffict carried out the purposes of the supported organization(s) that operated, supervised, or controlled the corting organization.	2		
Sec	tion	C. Type II Supporting Organizations			
				Yes	No
1	of ea	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ach of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the corting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
_	<b>-</b>			Yes	No
1	orgar year,	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax. (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	orgar	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported inization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	voice all tir	ason of the relationship described on line 2, above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played is regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations			
1	Checi	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
i	а 🗌 Т	The organization satisfied the Activities Test. Complete line 2 below.			
1	, $\overline{\square}$ T	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
(	: 🗌 т	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see	instru	uctions	s).
2	Activ	ities Test. Answer lines 2a and 2b below.		Yes	No
;	suppo orgai respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported</b> nizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted tantially all of its activities.	<b>2</b> a		
I	more <i>reasc</i>	he activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the constant for the organization's position that its supported organization(s) would have engaged in these activities for the organization's involvement.	2b		
3	Pare	nt of Supported Organizations. Answer lines 3a and 3b below.			
;	a Did th each	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	<b>3</b> a		
ı		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6

<b>Pa</b> i	Check here if the organization satisfied the Integral Part Test as a qualifying trust	on No	v. 20, 1970 (explain ir	n Part VI) <u>.</u> <b>See</b>
Sec	instructions. All other Type III non-functionally integrated supporting organization tion A — Adjusted Net Income	ns must	t complete Sections A  (A) Prior Year	through E.  (B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
k	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

BAA Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 Businesses Ending Slavery & Trafficking 45-5

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

1 Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7	
in excess of income from activity  3 Administrative expenses paid to accomplish exempt purposes of supported organizations  4 Amounts paid to acquire exempt-use assets  5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)  5 Other distributions (describe in Part VI). See instructions.  6  7 Total annual distributions. Add lines 1 through 6.	
4 Amounts paid to acquire exempt-use assets  5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI)  6 Other distributions (describe in Part VI). See instructions.  6  7 Total annual distributions. Add lines 1 through 6.  7	
5 Qualified set-aside amounts (prior IRS approval required — provide details in Part VI) 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7	
6 Other distributions (describe in <b>Part VI</b> ). See instructions. 6 7 <b>Total annual distributions.</b> Add lines 1 through 6. 7	
7 Total annual distributions. Add lines 1 through 6. 7	
0	
B Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2023 from Section C, line 6	
10 Line 8 amount divided by line 9 amount 10	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
<b>a</b> From 2018			
<b>b</b> From 2019			
<b>c</b> From 2020			
<b>d</b> From 2021			
<b>e</b> From 2022			
f Total of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
<b>b</b> Excess from 2020			
c Excess from 2021			
<b>d</b> Excess from 2022			
e Excess from 2023			

BAA Schedule A (Form 990) 2023 Part VI

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

# Schedule B (Form 990)

**Schedule of Contributors** 

dule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

2023

Employer identification number

OMB No. 1545-0047

Businesses Ending S	Slavery & Trafficking	45-5046786
Organization type (check one)	):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	ered by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule. See instructions.
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution property) from any one contributor. Complete Parts I and II. See instructions for detcontributions.	
Special Rules		
regulations under sect 16b, and that receive	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, lired from any one contributor, during the year, total contributions of the greater at on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Par	ne 13, 16a, or of <b>(1)</b> \$5,000; or
contributor, during th literary, or education	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from eyear, total contributions of more than \$1,000 exclusively for religious, charital purposes, or for the prevention of cruelty to children or animals. Complete instead of the contributor name and address), II, and III.	table, scientific,
contributor, during the contributions totaled during the year for a <b>General Rule</b> applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recent year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but remove than \$1,000. If this box is checked, enter here the total contributions then <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the past to this organization because it received <i>nonexclusively</i> religious, charitable, ore during the year.	no such at were received arts unless the etc., contributions
must answer "No" on Part IV, lin	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 9th the filing requirements of Schedule B (Form 990).	

## SCHEDULE C (Form 990)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

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

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

• 5	Section	501(c)(4), (5), or (6) o	rganizations: Complete Part III.			
Name	of organ	ization			Employer identifica	ation number
			very & Trafficking		45-504678	
Par	t I-A	Complete if the or	rganization is exempt under section	on <b>501(c)</b> or is a s	section 527 organia	zation.
1			organization's direct and indirect political c n of "political campaign activities."	ampaign activities in	Part IV.	
			penditures. See instructions			
			campaign activities. See instructions			
Par	t I-B	Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter	the amount of any exc	ise tax incurred by the organization under	section 4955	\$	0.
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955.	\$	0.
3	If the	organization incurred a	section 4955 tax, did it file Form 4720 for	this year?		Yes No
						····· Yes No
		s," describe in Part IV.				
			rganization is exempt under section			
1	Enter	the amount directly ex	pended by the filing organization for section	n 527 exempt function	n activities \$	
2			g organization's funds contributed to other s			
3	Total line 1	exempt function expended	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	\$	
4	Did th	ne filing organization file	e Form 1120-POL for this year?			Yes No
5	organ	nization made payments nt of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all s received that were promptly and directly del I action committee (PAC). If additional spa	mount paid from the flivered to a separate po	iling organization's fund ditical organization, such	ds. Also enter the as a separate
		<b>(a)</b> Name	<b>(b)</b> Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

Schedule C (Form 990) 2023

45-5046786

Dai	t II-A	Commista if		n is exempt under se		43-304	
rai	CII-A	section 501(		n is exempt under se	ction 501(c)(3) and	i illed Form 5768 (ei	ection under
Α	Check	if the filin	g organization belon	gs to an affiliated group (and	l list in Part IV each affili	ated group member's name	э,
		address,	EIN, expenses, an	expenditures).			
В	Check	if the filin	g organization check	ked box A and "limited contro	I" provisions apply.		
		(The term	Limits on Lobb "expenditures" me	ying Expenditures ans amounts paid or incu	red.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a			·	ublic opinion (grassroots lo			
b				legislative body (direct lob			
С	Total lo	bbying expenditu	ures (add lines 1a	and 1b)			
d	Other e	xempt purpose e	expenditures				
е	Total ex	cempt purpose e	xpenditures (add li	nes 1c and 1d)			
f				nount from the following ta			
	If the am	ount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:		
Ī	not over \$	5500,000,		20% of the amount on line 1e.			
Ī	over \$500	,000 but not over \$1,	000,000,	\$100,000 plus 15% of the excess	over \$500,000.		
Ī	over \$1,00	00,000 but not over \$	1,500,000,	\$175,000 plus 10% of the excess	over \$1,000,000.		
	over \$1,50	00,000 but not over \$	17,000,000,	\$225,000 plus 5% of the excess	over \$1,500,000.		
	over \$17,0	000,000,		\$1,000,000.			
g	Grassro	ots nontaxable a	amount (enter 25%	of line 1f)			
h	Subtrac	t line 1g from lir	ne 1a. If zero or les	s, enter -0			
i	Subtrac	t line 1f from lin	e 1c. If zero or less	s, enter -0			
j				r line 1h or line 1i, did the or			Yes No
				4-Year Averaging Period	Under Section 501(h)		
		(Som		at made a section 501(h) e elow. See the separate inst	lection do not have to		
			Lobi	oying Expenditures During	4-Year Averaging Per	iod	
Cale		r (or fiscal year ning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	<b>(d)</b> 2023	(e) Total
<b>2</b> a	Lobbyin amount	g nontaxable					
b	amount	g ceiling (150% of line ımn (e))					
С	Total lo expend						
d	Grassro amount	ots nontaxable					
е	amount	ots ceiling (150% of line ımn (e))					
	Grassro	ots lobbying					
BAA	expendi	itures					ıle C (Form 990) 2023

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

_		<b>(</b> a	)	(b)
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed ription of the lobbying activity.	Yes	No	Amount
1	See Part IV  During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
а	Volunteers?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Χ		
С	Media advertisements?		Χ	
d	Mailings to members, legislators, or the public?	Χ		
е	Publications, or published or broadcast statements?	Χ		
f	Grants to other organizations for lobbying purposes?		Х	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		1,462.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х		2,137.
i	Other activities?		Х	•
j	Total. Add lines 1c through 1i			3,599.
<b>2</b> a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		Х	·
b	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3		

# Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members.	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	<b>2</b> a	
b	Carryover from last year	2b	
С	Total	2с	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4	
5	Taxable amount of lobbying and political expenditures. See instructions.	5	

## Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

## Part II-B - Description of Lobbying Activity

Promote policies and practices that enhance support and justice for people with lived experience of sex trafficking and sexual exploitation. Provided coordinating support for 2 advocacy training events to the general public. Met with 15 lawmakers to ask them to support the legislation. Met with 10 organizations to ask to support

the legislation. Expenses were limited to staff hours worked at their normal hourly

Page 4

Part IV Supplemental Information (continued)

## Part II-B - Description of Lobbying Activity (continued)

rate of pay totaling \$3,599.

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Businesses Ending Slavery & Trafficking 45-5046786 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). . . . . . Aggregate value of grants from (during year)..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?..... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?..... No Part II **Conservation Easements** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements..... 2b c Number of conservation easements on a certified historic structure included on line 2a...... d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1. **b** Assets included in Form 990, Part X..... \$

Part III Organizations Maint	anning Conecuc	nis oi Art, nis	torical freasures,	or Other Silling	II ASSELS	(COITHI	iueu)	
3 Using the organization's acquisition, items (check all that apply).	, accession, and othe	r records, check a	ny of the following that r	make significant use o	of its collection	n		
a Public exhibition		<b>d</b> Loan	or exchange program					
<b>b</b> Scholarly research		e Other						
c Preservation for future genera								
Part XIII.								
5 During the year, did the organizate to be sold to raise funds rather the	nan to be maintained	d as part of the o	t, historical treasures, rganization's collectior	or other similar ass	ets …		No	
Part IV Escrow and Custodi Complete if the orga Form 990, Part X, lir	nization answer	<b>ts</b> ed "Yes" on F	orm 990, Part IV,	line 9, or reporte	ed an amo	ount o	n	
1a Is the organization an agent, trus on Form 990, Part X?	tee, custodian, or o			her assets not inclu	ided Yes		No	
<b>b</b> If "Yes," explain the arrangement in	Part XIII and comple	te the following ta	ble.					
B					Amoun	t		
c Beginning balance								
<ul><li>d Additions during the year</li><li>e Distributions during the year</li></ul>								
f Ending balance								
2a Did the organization include an a					Yes		No	
<b>b</b> If "Yes," explain the arrangement				-				
Part V Endowment Funds								
Complete if the orga								
	(a) Current year	(b) Prior year	(c) Two years bad	ck (d) Three years	back (e)	Four year:	s back	
<b>1a</b> Beginning of year balance								
<b>b</b> Contributions								
c Net investment earnings, gains, and losses								
<b>d</b> Grants or scholarships								
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance	( 1)	 	- 1					
2 Provide the estimated percentage	-	end balance (IIIn	e rg, column (a)) neic	i as:				
<ul><li>a Board designated or quasi-endow</li><li>b Permanent endowment</li></ul>	/ment	6						
c Term endowment	°							
The percentages on lines 2a, 2b, ar		0%.						
<b>3a</b> Are there endowment funds not in the organization by:						Yes	No	
(i) Unrelated organizations?					3a(i)			
(ii) Related organizations?								
<b>b</b> If "Yes" on line 3a(ii), are the rela	-	•			3b			
4 Describe in Part XIII the intended		zation's endowme	ent funds.					
Part VI Land, Buildings, and		E 000 B 1	N/ I' 11 0 F	000 5 + 7 1: 40				
Complete if the organization	on answered "Yes" o	n Form 990, Part	•					
Description of property	<b>(a)</b> Cos (ii	st or other basis nvestment)	<b>(b)</b> Cost or other basis (other)	(c) Accumulated depreciation	( <b>b</b> )	Book va	ılue ———	
<b>1a</b> Land								
<b>b</b> Buildings								
c Leasehold improvements								
d Equipment								
e Other			ina 10a anti (D)					
Total. Add lines 1a through 1e. (Colum	ri (u) must equal Fo	ıını 990, Part X, I	irie ruc, column (B)).				0.	

Part VII	Investments — Other Securities Complete if the organization answered "Yes" o	n Form 990 Part IV line	N/A - 11h See Form 990 Part X line 12	
(a) Descrip	otion of security or category (including name of security)	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-o	f-year market value
	Il derivatives		1	•
` '	held equity interests			
(3) Other	. ,			
(A) (B) (C)				
(C)				
(D)				
(D) (E)				
(F)				
(G)				
(H)				
<u>(l)</u>				
	n (b) must equal Form 990, Part X, line 12, column (B))			
Part VIII	Investments – Program Related		N/A	
	Complete if the organization answered "Yes" o		e 11c. See Form 990, Part X, line 13.	
	(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, line 13, column (B))			
Part IX	Other Assets Complete if the organization answered "Yes" o	N/A		
-	(a) De	n rolli 990, rait <b>iv</b> , lille escription	e Tru. See Form 990, Fart A, fille 15.	<b>(b)</b> Book value
(1)	(-7			(1)
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) (10)				
	ımn (b) must equal Form 990, Part X, line 15,	calumn (D))		
Part X	Other Liabilities	COIUITIII (B))		
raitA	Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11e or 11f. See Form 990. Part X. line 2	P5.
1.		ription of liability		(b) Book value
	al income taxes			
(2) Payr	oll taxes payable			30,818.
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)				
(10) (11)				
		- a l (D))		20 010
	mn (b) must equal Form 990, Part X, line 25, o			30,818.
	uncertain tax positions. In Part XIII, provide the text of the f nder FASB ASC 740. Check here if the text of the footnote ha			

Par	t XI Reconciliation of Revenue per Audited Financial Statemer		eturn N/A
. u.	Complete if the organization answered "Yes" on Form 990,	-	11, 11
1	Total revenue, gains, and other support per audited financial statements	, , , , , , , , , , , , , , , , , , ,	1 1
•	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments	2a	
	Donated services and use of facilities		-
	Recoveries of prior year grants		-
			-
	Other (Describe in Part XIII.)		
_	Add lines 2a through 2d.		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	• •	Return N/A
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses.	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line <b>2e</b> from line <b>1</b>		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Par	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

BAA Schedule D (Form 990) 2023

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

2023

Open to Public Inspection

**Employer identification number** 45-5046786

OMB No. 1545-0047

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

Part I General Information on Grants and Assistance Businesses Ending Slavery & Trafficking

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990.

Schedule I (Form 990) 2023	Scher	06/12/23	TEEA3901L		s for Form 990.	e, see the Instruction	BAA For Paperwork Reduction Act Notice, see the Instructions for Form
0					1 table	ions listed in the line	3 Enter total number of other organizations listed in the line 1 table.
3				in the line 1 table	rganizations listed	3) and government c	2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
							(8)
							<u></u>
							(4)
trafficking			0.	30,000.	501(c)(3) PC	82-2102421 501 (c) (3	New London, CT 06320
of human							8 North RLDGE Lane
Help survivors							(3) Empowered Network
trafficking			0.	5,600.	501(c)(3) PC	91-0917079	
of human							P.O. Box 15258
ti i				.000	(0) (0) +00	010000000000000000000000000000000000000	17
of human trafficking			0	77.935.	501 (c) (3) PC	45-3531020	4215 Rainier Ave S Seattle, WA 98118
Help survivors							(1) Real Escape from Sex Trade
(h) Purpose of grant or assistance	(g) Description of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(e) Amount of noncash assistance	(d) Amount of cash grant	(c) IRC section (if applicable)	<b>(b)</b> EIN	Name and address of organization or government
d.	lion answered I space is neede	complete in the organization answered these duplicated if additional space is needed.		nore than \$5,000. F	Ugamizations of that received r	for any recipien	Factor   Grains and Curier Assistance to Domestic Organizations and Domestic Governments. Complete in the Organization answered a Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed
	=   -	-	- 1	grant funds in the United States.	ig the use of grant fu	ocedures for monitorir	2 Describe in Part IV the organization's procedures for monitoring the use of
X Yes	X Yes	or assistance, and	eligibility for the grants	assistance, the grantees'	ount of the grants or ce?	to substantiate the am ne grants or assistan	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
		or accictance and	elinihility for the grants	assistance the grantees!	ount of the grants or	to substantiate the am	1 Does the organization maintain records t

Schedule I (Form 990) 2023

Part III

Page 2 I (Form 990) 2023 Businesses Ending Slavery & Trafficking

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
<b>-</b>						
2						
က						
4						
5						
9						
7						
Part IV	Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	de the information	required in Part I,	line 2; Part III, col	umn (b); and any othe	r additional information.

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Businesses Ending Slavery & Trafficking

45-5046786

## Form 990, Part VI, Line 11b - Form 990 Review Process

Form 990 is provided to Chief Executive Officer and board members for review prior to submission.

## Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The organization has officers and board members review the policy and complete a questionnaire to help identify conflicts.

## Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The board of directors determine the compensation for the Chief Executive Officer.

## Form 990, Part VI, Line 18 - Explanation of Other Means Forms Available For Public Inspection

BEST form 990 is available on GuideStar.org

## Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Governing documents, policies, and financial statements are available upon request.

(Rev. January 2024) Department of the Treasury Internal Revenue Service

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

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

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

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

	t instructions.	initial and an oot			0,3 12	
All corporat use Form 7	ions required to file an income tax return oth 004 to request an extension of time to file in	ner than Form 990 scome tax returns	0-T (including 1120-C filers), partnership	os, REMICs, and tr	usts must	
Part I - I	dentification					
	Name of exempt organization, employer, or other filer, s	see instructions.		Taxpayer identification	number (TIN)	
Type or Print	Businesses Ending Slavery	& Trafficki	.ng	45-5046786		
File by the	Number, street, and room or suite number. If a P.O. box	k, see instructions.				
due date for filing your	1201 1st Ave S #321					
return. See instructions.	City, town or post office, state, and ZIP code. For a fore Seattle, WA 98134	ign address, see instru	ctions.			
Enter the R	eturn Code for the return that this applicatio	n is for (file a ser	parate application for each return)		01	
Application	on Is For	Return Code	Application Is For		Return Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)		09	
Form 472	0 (individual)	03	Form 5227		10	
Form 990	-PF	04	Form 6069		11	
Form 990	-T (section 401(a) or 408(a) trust)	05	Form 8870		12	
Form 990	Form 990-T (trust other than above)  06 Form 5330 (individual)  13					
Form 990-T (corporation) 07 Form 5330 (other than individual) 14						
Form 104		08				
	u enter your Return Code, complete either F file Form 5330.	Part II or Part III.	Part III, including signature, is applicabl	e only for an exter	sion of	
<ul><li>If this a</li></ul>	pplication is for an extension of time to file F	Form 5330, you m	nust enter the following information.			
PI	an Name					
PI	an Number					
	an Year Ending (MM/DD/YYYY)					
Part II – A	Automatic Extension of Time To Fil	e for Exempt	Organizations (see instructions)			
<ul><li>Telepho</li><li>If the or</li><li>If this is check the</li></ul>	oks are in the care of <u>BEST 1201 1st Average</u> one No. <u>206 905-6843</u> reganization does not have an office or place of for a Group Return, enter the organization's place on the second of the group second of the group is for.	Fax No of business in the s four-digit Group	United States, check this box  Exemption Number (GEN) If	this is for the who	le group,	
the or X o	est an automatic 6-month extension of time ganization named above. The extension is for all and a second se	or the organizatio	n's return for:	<b>nization return</b> for nal return		
nonre	application is for Forms 990-PF, 990-T, 472 fundable credits. See instructions			<b>3</b> a \$	0.	
	application is for Forms 990-PF, 990-T, 472 ayments made. Include any prior year overpa			<b>3b</b> \$	0.	
c <b>Balan</b> EFTP	<b>ce due.</b> Subtract line 3b from line 3a. Includ S (Electronic Federal Tax Payment System).	e your payment v . See instructions	vith this form, if required, by using	3c  \$	0.	