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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Browledge Colorate	A F	or the	2023 calendar year, or tax year beginning and e	ending					
Control Dusinessa as LOLA YA BONOBO USA 20-0347301	B c	heck if	C Name of organization		D Employer identific	cation number			
Control Dusinessa as LOLA YA BONOBO USA 20-0347301		Addres	FRIENDS OF BONOBOS						
Number of individuals employed not make the companies of the governing body (Part V), line 1a)		Name			20-034730	01			
City or town, state or province, country, and 2IP or foreign postal code G cover sections 1 1, 835, 156.		_return □Final	,	Room/suite					
DURHAM, NC 27705 He(a) to this a group return for subcordinates? Ves X No High Jeen and address of principal officer. ARTEL ROGERS SAME AS C ABOVE No High Jeen and address of principal officer. ARTEL ROGERS SAME AS C ABOVE No High Jeen and address of principal officer. ARTEL ROGERS SAME AS C ABOVE No High Jeen and address of principal officer. ARTEL ROGERS SAME AS C ABOVE No High Jeen and address of principal officer. ARTEL ROGERS SAME AS C ABOVE No High Jeen and address of principal officer. ARTEL ROGERS SAME AS C ABOVE No High Jeen and ARTEL ROGERS SAME AS C ABOVE No High Jeen and ARTEL ROGERS SAME AS C ABOVE No High Jeen and ARTEL ROGERS SAME AS C ABOVE No High Jeen and ARTEL ROGERS SAME AS C ABOVE No High Jeen and ARTEL ROGERS SAME AS C ABOVE No High Jeen and ARTEL ROGERS SAME AS C ABOVE No High Jeen and ARTEL ROGERS SAME AS C ABOVE No High Jeen ARTEL ROGERS SAME AS C ABOVE No High Jeen ARTEL ROGERS SAME AS C ABOVE No High Jeen ARTEL ROGERS SAME AS C ABOVE No High Jeen ARTEL ROGERS SAME AS C ABOVE No High Jeen ARTEL ROGERS No		termin							
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Taxexempt status:		pendin				—			
J Websites: WRW. FRIENDSOFBONOBOS.ORG High Group exemption number	ΙT	ax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527	7 `´				
The profit of the organization's mission or most significant activities: The profit of the profit					7				
Briefly describe the organization's mission or most significant activities: WE 'RE ON A MISSION TO SAVE AND PROTECT BONDOS AND THEIR RAINFOREST HOME. WE DO THIS THROUGH 2 Check this box	K F	orm of	organization; X Corporation Trust Association Other	L Year	of formation: 2003 N	1 State of legal domicile: NC			
PROTECT BONOBOS AND THEIR RAINFOREST HOME. WE DO THIS THROUGH Check this box	Pa								
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Total number of individuals employed in calendar year 2023 (Part V, line 2a) S O O O O	ü		PROTECT BONOBOS AND THEIR RAINFOREST HOME	. WE I	OO THIS THRO	UGH			
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Total number of individuals employed in calendar year 2023 (Part V, line 2a) S O O O O	Š								
Social number of volunteers (estimate if necessary) 6 0 0 0 0 0 0 0 0 0	æ								
B Net unrelated business taxable income from Form 990-T, Part I, line 11	ies								
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Revenue less expenses. Subtract line 18 from line 12 190, 431. 125, 867. 17 cotal expenses. Add lines 13-17 (must equal Part VI, column (A), line 25) 19 rotal expenses. Subtract line 18 from line 12 190, 431. 125, 867. 190, 431.	Act								
8 Contributions and grants (Part VIII, line 1h) 1,123,321. 1,826,217. 9 Program service revenue (Part VIII, line 2g) 0. 0. 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 122. 1,155. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 7,784. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,123,443. 1,835,156. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 880,986. 966,866. 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 880,986. 966,866. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 257,008. 448,452. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,328,425. 1,541,185. 19 Revenue less expenses. Subtract line 18 from line 12 -204,982. 293,971. 19 Reginning of Current Year End of Year 20 Total assets (Part X, line 16) 192,508. 594,274. 21 Total liabilities (Part X, line 26) 39,276. 52,089. 22 Net assets or fund balances. Subtract line 21 from line 20 153,232. 542,185. 23 Signature Block Signature Block Signature Block Signature Block Signature Place Primt Type preparer's name Preparer's signature Date Date Primt Type preparer's name Preparer's signature ROBERT M. LANNING NOBERT M. LANNING NOBERT M. LANNING NOBERT M. LANNING Prims address 7701 SIX FORKS ROAD SUITE 100 Phone no. 919-841-1000		D	Net unrelated business taxable income from Form 990-1, Part I, line 11	·····					
9 Program service revenue (Part VIII, line 2g)	Revenue	٥	Contributions and grants (Part VIII. line 1b)						
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)									
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15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total fundraising expenses (Part IX, column (A), line 25) 19 Revenue less expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 10 Total assets (Part X, line 16) 11 Total assets (Part X, line 16) 12 Total assets (Part X, line 16) 13 Total assets (Part X, line 26) 15 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Print/Type preparer's name ROBERT M. LANNING D2/27/25 Self-employed P01893629 P11			D 51 11 5 1 (D 1 1) (D 1 1)		0.	0.			
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19 Revenue less expenses. Subtract line 18 from line 12 -204,982. 293,971.	û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)						
Reginning of Current Year End of Year		18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)						
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May the IRS discuss this return with the preparer shown above? See instructions			Firm's address 7701 SIX FORKS ROAD SUITE 100						
			RALEIGH, NC 27615		Phone no.91				
***	May	the IF	S discuss this return with the preparer shown above? See instructions						

Descript Schedule Contains a response or note to any line in the lart if	Га	otatement of Frogram Service Accomplishments	77
WE 'RE ON A MISSION TO SAVE AND PROTECT BONOBOS AND THEIR RAINFOREST HOME TRROUGH RESCUE, SANCTURRY, AND REWILDING; BY PARTHRENING WITH LOCAL COMMUNITIES TO TACKLE ROOT CAUSES AND SAVE RAINFOREST; AND BY RAISING THE PROFILE OF BONOBOS LOCALLY AND GLOBALLY. 2 Did the organization undertake any significant program services duming the year which were not listed on the prior form \$90 or \$90-627		Check if Schedule O contains a response or note to any line in this Part III	X
HOME THROUGH RESCUE, SANCTUARY, AND REWILDING; BY PARTNERING WITH LOCAL COMMUNITIES TO TACKLE ROOT CAUSES AND SAVE RAINFOREST; AND BY RAISING THE PROFILE OF BONOBOS LOCALLY AND GLOBALLY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 800 or 1906 E2? If "Yes," describe these new services on Schedule O. By the organization cease conducting, or make significant changes in how it conducts, any program services?	1		
LOCAL COMMUNITIES TO TACKLE ROOT CAUSES AND SAVE RAINFOREST; AND BY RAISING THE PROFILE OF BONDOSO LOCALLY AND GLOBALLY. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-627 Yes [X] No If Yes, 'Genomic these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Yes Schemotor these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of fis three largest program services, as measured by expenses. Section 501((s)) and 501((s)) granizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of fis three largest program services, as measured by expenses. SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS DES BONDOBOS DU CONGO (ABC) NON-PROFIT FOR SUPPORT TO LES AMIS			
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CONSERVATION PROGRAMS: RESCUE, REHABILITATION, AND CARE FOR ORPHANED BONOBOS AT THE ONLY BONOBO SANCTUARY IN THE WORLD; REWILDING OF BONOBOS IN A 120,000 ACRE PROTECTED RESERVE; COUNTRY-WIDE BUCATION AND AWARENESS-BUILDING ABOUT BONOBOS AND CONSERVATION; AND COMMUNITY DEVELOPMENT AROUND PROTECTED HABITAT. REGULAR PAYMENTS WERE MADE TO ABC, INCLUDING GRANTS, DIRECT PAYMENT OF CONSULTANT FEES AND OTHER PROGRAM COSTS ON BEHALF OF ABC. RAISE GLOBAL AWARENESS AND EDUCATE THE PUBLIC ABOUT THE WORK OF ABC AND THE PLIGHT OF BONOBOS, REACHING OVER 50 MILLION PEOPLE ANNUALLY THROUGH ONLINE COMMUNICATIONS INCLUDING VIDEOS, SOCIAL MEDIA PRODUCTION TEAMS TO PRODUCE FILM, TO AND RADIO 4b (Code:) (Expenses \$	4a)
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	4e	1 048 580	
			(2023)

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Form 990 (2023) FRIENDS OF BONOBOS Part IV Checklist of Required Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization'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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's 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)? If "Yes," complete Schedule D, Part X	11f		X
12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts 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,"			
.5	·	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	TOWN THE PLANT OF	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
4 I	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domestic government on Fartiz, condimition, line 1: IT Yes, complete Schedule I, Parts I and II	41		_ 22

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Form 990 (2023) FRIENDS OF BONOBOS
Part IV Checklist of Required Schedules (continued)

	(sortimos)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	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? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	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	25a		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
28	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		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		X
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		X
38	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	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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			
	(gambling) winnings to prize winners?	1c	000	
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FRIENDS OF BONOBOS
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No			
2 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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_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					
4a	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)?	4a		_X_			
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		_X_			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_			
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>			
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?	7a		_X_			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7с		_X_			
d	, , , , , , , , , , , , , , , , , , , ,						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_X_			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		_X_			
g	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?							
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
a	Initiation fees and capital contributions included on Part VIII, line 12 Organ respirate included on Form 200 Part VIII, line 10 for public use of all the facilities.						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders Cross income from ether courses (Do not not amounts due or poid to other courses against						
D	Gross income from other sources. (Do not net amounts due or paid to other sources against						
120	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?	120					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
u	Note: See the instructions for additional information the organization must report on Schedule O.	100					
h	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						
c	Enter the amount of reserves on hand						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	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			
	If "Yes," see the instructions and file Form 4720, Schedule N.						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

332005 12-21-23

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			X					
Sec	tion 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 12								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
_	officer, director, trustee, or key employee?	2	Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
Ū	of officers, directors, trustees, or key employees to a management company or other person?	3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	5:11	6		X					
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	۳							
1 a	more members of the governing body?	7a		x					
h									
b		7b		x					
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		- 25					
8		0-	Х						
a	The governing body?	8a	X	_					
b	Each committee with authority to act on behalf of the governing body?	8b	-21	_					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x					
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Λ					
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		V	L N.					
40-	Did the averagination have lead about we have the end of	40-	Yes	No X					
	Did the organization have local chapters, branches, or affiliates?	10a							
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b							
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	па	- 22						
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	- 21	 					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	100	Х						
40	on Schedule O how this was done	12c	X	 					
13	Did the organization have a written whistleblower policy?	13	X	<u> </u>					
14	Did the organization have a written document retention and destruction policy?	14	Λ						
15	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?	4=	v						
a	The organization's CEO, Executive Director, or top management official	15a	X	77					
b	Other officers or key employees of the organization	15b		X					
40	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	40		v					
	taxable entity during the year?	16a		X					
р	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	401							
800	exempt status with respect to such arrangements? tion C. Disclosure	16b							
17	List the states with which a copy of this Form 990 is required to be filed CA, NC, NY Section 6104 requires an experimentary to make its Forms 1003 (1004 or 1004 A if applicable), 200, and 200 T (agetion 501(a)/3)	. a.a.l. A	a. (=! -						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	only)	avallal	oie					
	for public inspection. Indicate how you made these available. Check all that apply.								
40	X Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	ciai						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	ARIEL ROGERS - 919-717-9572								
	5425 TURKEY FARM ROAD, DURHAM, NC 27705								

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		orga	niza			nper	sate			
(A)	(B)	(C) Position					(D)	(E)	(F)	
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per					s both or/trus		compensation	compensation	amount of
	week (list any	_					Ĺ	from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	al tru		oyee	om pe		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	Jec	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	High	Fori			
(1) ARIEL ROGERS	40.00	-								_
EXECUTIVE DIRECTOR				Х				143,283.	0.	0.
(2) DOMINIQUE MOREL	10.00	1								_
PRESIDENT		Х		Х				0.	0.	0.
(3) REBECCA ROSE	1.00	1								_
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) MICHAEL HYDER	1.00									_
TREASURER		Х		Х				0.	0.	0.
(5) ASHLEY STONE	1.00									_
SECRETARY		Х		Х				0.	0.	0.
(6) MARY ROSE	1.00									
DIRECTOR		Х						0.	0.	0.
(7) BRIAN HARE	1.00									_
DIRECTOR		Х						0.	0.	0.
(8) VANESSA WOODS	1.00									_
DIRECTOR		Х						0.	0.	0.
(9) WALTER SINNOTT-ARMSTRONG	1.00									
DIRECTOR	1 22	Х						0.	0.	0.
(10) ALEAH BOWIE	1.00	ļ								•
DIRECTOR	1 00	Х						0.	0.	0.
(11) KARL MORRISON	1.00								_	•
DIRECTOR	1 00	Х						0.	0.	0.
(12) KIM LIVINGSTONE	1.00	.,							_	0
DIRECTOR	1 00	Х						0.	0.	0.
(13) LEAH KAISER	1.00	.,							_	0
DIRECTOR		Х	_					0.	0.	0.
		-								
		-	_			-				
		-								
		-	-	-	\vdash	-	-			
		1								
			-							
	-	-								
		<u> </u>				<u> </u>				000

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable		Es	timate	ed
		hours per	box	, unles	ss per	rson i	s both	an	compensation	compensatio	n	am	ount	of
		week		cer an	d a d	irecto	r/trust	ee)	from	from related	ı		other	
		(list any	Individual trustee or director						the	organizations	- 1		pensa	
		hours for related	or dir	e e			ated		organization	(W-2/1099-MIS	,C/		om the	
		organizations	ıstee	truste		ao	pens		(W-2/1099-MISC/	1099-NEC)		•	anizati	
		below	ualtn	ional		ploye	t com		1099-NEC)				d relati	
		line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	2115
		,	드	드	0	ž	Ηē	Œ			\dashv			
			-											
											\dashv			
											\longrightarrow			
											\dashv			
1b	Subtotal					<u> </u>			143,283.		0.			0.
С	Total from continuation sheets to Part VI								0.		0.			0.
	Total (add lines 1b and 1c)								143,283.		0.			0.
2	Total number of individuals (including but n								eceived more than \$100,	000 of reportable	,			
	compensation from the organization													1
											ſ		Yes	No
3	Did the organization list any former officer,			сеу е	mpl	oye	e, or	hig	hest compensated empl	oyee on				77
	line 1a? If "Yes," complete Schedule J for se											3		_X_
4	For any individual listed on line 1a, is the su	-							•	-				77
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				•			•		l	_		v
Sec	rendered to the organization? If "Yes," cometion B. Independent Contractors	plete Schedule	∋ <i>J f</i>	or su	ich į	oers	on .					5		X
1	Complete this table for your five highest con	mpensated ind	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m	
	the organization. Report compensation for t													
	(A)								(B)		_	(C		
<u> </u>	Name and business	address						\dashv	Description of s	ervices		omper	nsatioi	า
	IEL ROGERS 24 TURKEY FARM ROAD, DU	тошам м	<u></u>	27	70	5		ļ	EXEC DIRECTOR	_		1/1	3,28	83
<u> </u>	24 TORKET FARM ROAD, DO	IXIIAH, IV		4 /	70			一	EXEC DIRECTO	.c		<u> </u>	<i>J</i> , <u>L</u> (, , , , , , , , , , , , , , , , , , ,
								_						
2	Total number of independent contractors (in	ncluding but no	ot lir	nited	to t	thos	e lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	•				1			•					

Form 990 (2023) FRIENDS
Part VIII Statement of Revenue

			Check if Schedule O co	ntains a	a response	or note to any lin	e in this Part VIII			
						,	(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
SS	1	<u> </u>	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues							
S S			Fundraising events							
fts,			Related organizations							
ij gi										
ons,			Government grants (contribu							
utic		T	All other contributions, gifts, gra			926 217				
ë			similar amounts not included ab			826,217. 225,679.				
o d		_	Noncash contributions included in line		1g \$		1 926 217			
O g		n	Total. Add lines 1a-1f			Business Code	1,826,217.			
						Business Code				
<u>ic</u> e	2									
erv Je		b								
n S		С								
ran 3ev		d								
Program Service Revenue		е								
Ē			All other program service rev							
		g	Total. Add lines 2a-2f							
	3		Investment income (includin	g divid	ends, inter	est, and				
			other similar amounts)			1,155.			1,155.	
	4		Income from investment of t	ax-exe	mpt bond p	oroceeds				
	5		Royalties							
					(i) Real	(ii) Personal				
	6	а	Gross rents6	ia						
				b						
		С	Rental income or (loss)	ic						
		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(i)	Securities	(ii) Other				
			assets other than inventory 7	'a						
		b	Less: cost or other basis							
ē			and sales expenses	'b						
her Revenue		С	Gain or (loss)							
Şe		d	Net gain or (loss)			•				
e			Gross income from fundraising							
됩	_		including \$,					
			contributions reported on lin		_					
			Part IV, line 18	,	I					
		b	Less: direct expenses			1				
			Net income or (loss) from ful			· •				
			Gross income from gaming							
	_	_	Part IV, line 19							
		h	Less: direct expenses			1				
			Net income or (loss) from ga							
			Gross sales of inventory, les			T				
		u	and allowances		I .	a				
		h	Less: cost of goods sold			1				
			Net income or (loss) from sa							
			The mount of hossy hold sa	.55 01 1	voilloly .	Business Code				
ns	11	2	OTHER INCOME			Buomisco Couc	7,784.	7,784.		
Jeo Teo	• •	a b					,,,,,,,,,,	1,1046		
Miscellaneous Revenue										
Sce Be		۲ C	All other revenue							
Ξ			All other revenue				7,784.			
	12	<u>e</u>	Total Add lines 11a-11d				1,835,156.	7,784.	0.	1,155.
	12		Total revenue. See instructions				<u>r,033,130.</u>	1,104.	0.	1,100.

332009 12-21-23

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 respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
٠	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	966,866.	966,866.		
4	Benefits paid to or for members	300,0001	300,0001		
5	Compensation of current officers, directors,				
	trustees, and key employees	143,283.	42,985.	57,313.	42,985
6	Compensation not included above to disqualified			0.70=0.	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	305,169.	199,927.	17,444.	87,798.
8	Pension plan accruals and contributions (include	, –	,	,	. ,
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	6,026.		6,026.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	13,162.	13,162.		
13	Office expenses	10,225.		10,225.	
14	Information technology	40,311.	8,227.	32,084.	
15	Royalties				
16	Occupancy	6,600.		6,600.	
17	Travel	12,435.	12,435.		
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				
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 0.) FUNDRAISING MAILINGS AN	19,576.			19,576
a	TRAINING AND PROFESSION	8,662.	1,662.	7,000.	19,510
b	BANK CHARGES AND FEES	4,489.	1,002.	4,489.	
c d	POSTAGE AND MAILING	2,314.	2,314.	±,±03•	
		2,067.	2,514.	2,067.	
	All other expenses	1,541,185.	1,247,578.	143,248.	150,359
25 26	Joint costs. Complete this line only if the organization	1,J11,1UJ•	1,241,310	143,440.	10,000
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0. 12-21-23				Form 990 (202

Form 990 (2023)

Part X | Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	112,401.	1	91,044
2	Savings and temporary cash investments	30,709.	2	102,703
3	Pledges and grants receivable, net		3	400,031
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
တ္ 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	496
₹ 9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a			
k	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		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	100 - 100	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		16	594,274
17	Accounts payable and accrued expenses	1	17	25,272
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ဖွ 22	Loans and other payables to any current or former officer, director,			
≣	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons		22	
23	Secured mortgages and notes payable to unrelated third parties	1	23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	0 001		26 017
	of Schedule D	8,091. 39,276.	25	26,817 52,089
26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	39,270.	26	52,009
ဖွ	, <u>—</u>			
2	and complete lines 27, 28, 32, and 33.	100,619.	07	_0/ 021
<u>a</u> 27	Net assets without donor restrictions Net assets with donor restrictions	52,613.	27	-94,921 637,106
<u>කි</u> 28	<u></u>	32,013.	28	037,100
.≒	Organizations that do not follow FASB ASC 958, check here			
ے ا	and complete lines 29 through 33.		20	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances 27 28 29 31 32 32	Retained earnings, endowment, accumulated income, or other funds	1 - 2 2 2 2 2	31	542,185
_	Total net assets or fund balances	192,508.	32 33	594,274
33	Total liabilities and net assets/fund balances	194,500.	აა	Form 990 (202

Pa	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	1,83					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,54	$\frac{1,1}{3,9}$				
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5								
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	9.	4,9	82.			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	54	2,1	85.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		. 3b					
			Form	990	(2023)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number 20-0347301

OMB No. 1545-0047

		NDS OF BON						0-0347301	
Part I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions			
The orga	nization is not a private found								
1 🗀	A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2	A school described in sect	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
	city, and state:								
5	An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental uni	t describ	ed in	
	section 170(b)(1)(A)(iv). (C	Complete Part II.)							
6	A federal, state, or local go	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7 X	An organization that norma	ılly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	general	public described in	
	section 170(b)(1)(A)(vi). (C	omplete Part II.)							
8	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)					
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a la	and-grant	college	
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of th	ne college	e or	
	university:								
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membership	fees, an	d gross receipts from	
	activities related to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support f	rom gross investment	
	income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	nization a	after June 30, 1975.	
_	See section 509(a)(2). (Co	mplete Part III.)							
11 📙	An organization organized a	=	•	•					
12	An organization organized a	•	•	•		*	•	• •	
	more publicly supported or	-						Check the box on	
	lines 12a through 12d that	• •					-		
a L	Type I. A supporting orga	· · · · · · · · · · · · · · · · · · ·	•	•	-				
	the supported organization			majority o	f the direc	tors or trustees	s of the su	upporting	
	organization. You must o	-					, ,		
b L	Type II. A supporting org	•				-		-	
	control or management o			ame perso	ns that co	ntrol or manage	e the sup	ported	
	organization(s). You mus								
С	Type III functionally inte						integrate	ea witn,	
	its supported organization		·					t:(-)	
d L	Type III non-functionally						-		
	that is not functionally int requirement (see instruct	-		•		-	an attenti	veness	
م ٦	Check this box if the orga	•	•	•			Type III		
e L	functionally integrated, or					Type I, Type II,	туретп		
f En	ter the number of supported of			ig organiz	ation.				
	ovide the following information	•	d organization(s).						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of r	nonetary	(vi) Amount of other	
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)	
			above (oce mondentione))						
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(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.)

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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar			

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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2010	(b) 2020	(a) 2021	(4) 2022	(2) 2022	(f) Total
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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.)						
14	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organization	on,
	ction C. Computation of Publi						
15	Public support percentage for 2023 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	<u>%</u>
	Public support percentage from 2022					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20					17	<u>%</u>
18						18	<u>%</u>
19a	33 1/3% support tests - 2023. If the						7 is not
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	лт ини пот спеск а	DUX UITIIIIE 14, 19	a, OF TYD, CHECK TO	iis dux aiiu see ins	แนบแบที่	

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a 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 Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion E	B. Type I Supporting Organizations			
				Yes	No
		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	super	vised, or controlled the supporting organization.	2		
Sect	ion (C. Type II Supporting Organizations			
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed	_		
Sact	the su	upported organization(s). D. All Type III Supporting Organizations	1		
Jeci	.1011 L	b. All Type III Supporting Organizations			·
	D: 41 TIP			Yes	No
		ne 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		
	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		nization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
		ason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	-	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
			3		
Sect	ion E	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see installation)	struction	s).	
2	Activi	ities Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how t	the organization was responsive to those supported organizations, and how the organization determined			
		hese activities constituted substantially all of its activities.	2a		
		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in	Δ-		
		activities but for the organization's involvement.	2b		
		nt of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. ne organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
IJ	יום נו	to organization exercise a substantial degree of direction ever the policies, programs, and activities of each			

3b

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ying trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations me	ust complete S	Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	short-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Othe	r gross income (see instructions)	3		
4 Add I	lines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		
	r expenses (see instructions)	7		
	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see			
instru	uctions for short tax year or assets held for part of year):			
a Avera	age monthly value of securities	1a		
b Avera	age monthly cash balances	1b		
c Fair r	market value of other non-exempt-use assets	1c		
d Total	I (add lines 1a, 1b, and 1c)	1d		
e Disc	ount claimed for blockage or other factors			
(expla	ain in detail in Part VI):			
2 Acqu	isition indebtedness applicable to non-exempt-use assets	2		
3 Subti	ract line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ir	nstructions).	4		
5 Net v	value of non-exempt-use assets (subtract line 4 from line 3)	5		
	ply line 5 by 0.035.	6		
7 Reco	veries of prior-year distributions	7		
8 Minir	mum Asset Amount (add line 7 to line 6)	8		
Section C	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Section A, line 8, column A)	1		
2 Enter	0.85 of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incor	ne tax imposed in prior year	5		
6 Distr	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

FRIENDS OF BONOBOS 20-0347301 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023) Page **2**

Name of organization

Employer identification number

FRIENDS OF BONOBOS

20-0347301

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>194,927.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 59,845.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>120,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$108,330.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_		\$109,786.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **2**

Name of organization	Employer identification number
FRIENDS OF BONOBOS	20-0347301

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

FRIENDS OF BONOBOS

20-0347301

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	SHARES IN CATERPILLAR, INC.		
		\$\$	_03/22/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
323/153 12-26	2.00		Schedule B (Form 990) (2023)

Page 4

Name of organization **Employer identification number** FRIENDS OF BONOBOS 20-0347301 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

323454 12-26-23

Schedule B (Form 990) (2023)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

FRIENDS OF BONOBOS

Employer identification number 20-0347301

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's ex	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
Par	t II Conservation Easements. Complete if the orga	anization answered "Yes" on Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreation	on or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	-		
С	Number of conservation easements on a certified historic struc		2c
d	Number of conservation easements included on line 2c acquire		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the period		
_	violations, and enforcement of the conservation easements it h		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservations	tion easements during the year
•	7 throant of oxponess into an out in mornioning, into posting, manam	ing of violations, and emoroting concerva-	non oddomente dannig the your
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footno	·	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement a	nd balance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in fu	rtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and b	palance sheet works of
	art, historical treasures, or other similar assets held for public $\boldsymbol{\varepsilon}$	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			<u> </u>
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under FASB AS	C 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2023

	t III Organizations Maintaining College			orical Tre	asures. O	r Other	Simila		- /oontii		age 🗲
	•								CONUI	iuea)	
3	Using the organization's acquisition, accession,	and other record	s, check	any or the i	ollowing that	t make si	grillicarit	use of its			
	collection items (check all that apply).		. —								
a	Public exhibition	c			hange progra						
b	Scholarly research	е	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's collection							se in Part	XIII.		
5	During the year, did the organization solicit or re-							_	_		,
_	to be sold to raise funds rather than to be mainta								Yes		No
Par	t IV Escrow and Custodial Arrange		te if the	organizatior	n answered "	Yes" on F	orm 990	, Part IV, li	ne 9, or		
	reported an amount on Form 990, Part X,										
1a	Is the organization an agent, trustee, custodian,							_	_	_	,
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII and	complete the fol	llowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Form								Yes		No
b	If "Yes," explain the arrangement in Part XIII. Ch	eck here if the ex	planatio	n has been	provided in F	Part XIII]
Par).				
		a) Current year		rior year	(c) Two yea			years back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g g											
2	Provide the estimated percentage of the current	vear end halance	L a (line 1c	L column (a)	// pelq as:						
	Board designated or quasi-endowment	•	% (IIII) 5	j, coluitii (a)	I) Held as.						
a	Permanent endowment	%	—70								
b											
С		oguel 1000/									
0-	The percentages on lines 2a, 2b, and 2c should	•					_				
за	Are there endowment funds not in the possession	on of the organiza	ation tha	are neid ar	ia administei	rea for the	е		1	Yes	No
	organization by:								[a (1)	163	NO
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4 Dor	Describe in Part XIII the intended uses of the org		wment f	unds.							
Fai			Dort IV	lina 11a C	Farm 000	Dort V	lina 10				
	Complete if the organization answered "Y	I									
	Description of property	(a) Cost or o			or other		ccumulat		(d) Boo	k value	е
		basis (investr	nent)	basis	(other)	der	oreciation				
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
<u>e</u>	Other										
Total	. Add lines 1a through 1e. (Column (d) must equa	l Form 990. Part	X. line 10	Oc. column	(B))						0.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 FRIENDS OF	BONOBOG	20	-0347301 Page 3
Schedule D (Form 990) 2023 FRIENDS OF Part VII Investments - Other Securities	ВОИОВОЗ	20	-0347301 Page 3
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part Y line 15	
· · · · · · · · · · · · · · · · · · ·	Description	11d. Gee 1 Gill 336, 1 at X, iiie 13.	(b) Book value
	Description		(b) Book value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co.	I. (B))		
Part X Other Liabilities	·· (=//		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(4) F 1 1:			1

1.	(a) Description of liability	(b) Book value
(1) F	ederal income taxes	
(2) C	REDIT CARD	26,817.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990, Part X, line 25, col. (B))	26,817.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2023

Sche	edule D (Form 990) 2023 FRIENDS OF BONOBOS			20-0	347301 Pag	ge 4
Par	rt XI Reconciliation of Revenue per Audited Financial State	ments With F	levenue per Re	turn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,931,82	<u>6.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a		-		
b	Donated services and use of facilities	2b	96,670.	-		
С	Recoveries of prior year grants	2c		-		
	,	2d			06.68	_
е	Add lines 2a through 2d			2e	96,67	
3	Subtract line 2e from line 1			3	1,835,15	6.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1				
	Investment expenses not included on Form 990, Part VIII, line 7b			-		
	Other (Describe in Part XIII.)			1		Λ
_	Add lines 4a and 4b			4c	1,835,15	<u>.</u>
5 Dar	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stat	emente With	Evnances ner l	5 Poturr		0.
ı aı			Expenses per i	leturi	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line				1,637,85	_
1	Total expenses and losses per audited financial statements			1	1,037,03	<u>J.</u>
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا	96,670.			
	Donated services and use of facilities		30,070.	-		
	Prior year adjustments			-		
	Other losses	l l		-		
	, , , , , , , , , , , , , , , , , , , ,			20	96,67	٥
3	Add lines 2a through 2d			2e 3	1,541,18	
	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:				1,311,10	<u> </u>
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
	Other (Describe in Part XIII.)			-		
	Add lines 4a and 4b			4c		0.
5				5	1,541,18	5.
	rt XIII Supplemental Information	,				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			; Part X	, line 2; Part XI,	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection

Employer identification number

 	TENDO OE DONO	DOG.				20 024720	1
Par	ENDS OF BONO	mation on A	ctivities Out	side the United States. Comple	ate if the organ	20-034730	Es" on
<u>. u.</u>	Form 990, Part IV			comple	ete ii tile organ	ization answered T	es on
1	For grantmakers. Does the grantees' eligibility for	the organization or the grants or a	ssistance, and t	ds to substantiate the amount of its gra he selection criteria used to award the	grants or assis	tance? X	
	United States.			procedures for monitoring the use of its		ner assistance outsi	de the
3				n be duplicated if additional space is n			I (n =
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, specific type (s) in the region	(f) Total expenditures for and investments in the region
SUB-	SAHARAN AFRICA	1	0	CONSERVATION OF BONOBOS	CONSERVATIO	N OF BONOBOS	966,866.
3 2	Subtotal	1	0				966,866.
	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	1	0				966,866.

LHA 332071 11-29-23

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

Schedule F (Form 990) 2023

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)		(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUPPORT THE WORK OF				CONSULTANTS,	
			LES AMIS DES BONOBOS				SMALL EQUIPMENT,	
		SUB-SAHARAN	DU CONGO IN RESCUING,				SUPPLIES, AND GPS	
		AFRICA	CARING FOR, AND	895,000.	WIRE TRANSFER	72,366.	SERVICES	FMV
		I	l .		I		l .	

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a ta	X
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	

3 Enter total number of other organizations or entities

art III Grants and Other Assistance Part III can be duplicated if ad		ed.					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method o valuation (book, FMV, appraisal, othe

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection
Employer identification number

	FRIENDS OF B	ONOBOS			20-0	3473	301	
Pai	rt I Types of Property							
	·	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	6
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	3	223,039.	FMV			
10	Securities - Closely held stock			,				
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (COMPUTER SOFTWA)	Х	1	2,640.	ACTUAL COST			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions				
	for which the organization completed Form 82							
							Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used t	or			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	quires the review of	of any nonstandard contribut	ions?	31		Х
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.		•					

LHA 332141 09-11-23

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

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FRIENDS OF BONOBOS

Employer identification number 20-0347301

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
RESCUE, SANCTUARY, AND REWILDING, BY PARTNERING WITH LOCAL COMMUNITIES	
TO TACKLE ROOT CAUSES AND SAVE RAINFORESTS, AND BY RAISING THE PROFILE	
OF BONOBOS LOCALLY AND GLOBALLY.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
SHOWS.	
FORM 990, PART VI, SECTION A, LINE 2:	
BRIAN HARE AND VANESSA WOODS, MEMBERS OF THE BOARD OF DIRECTORS, ARE	
MARRIED	
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE ORGANIZATION'S FORM 990 IS PROVIDED TO ALL MEMBERS OF THE	3
BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO SUBMISSION TO THE I	₹S.
FORM 990, PART VI, SECTION B, LINE 12C:	
THE POLICY INCLUDES A STANDARD FORM FOR DIRECTORS TO DISCLOSE POTENTIAL	
CONFLICTS OF INTEREST. DIRECTORS WHO HAVE NOT SUBMITTED THEIR FORMS	
BEFORETHE ANNUAL IN-PERSON BOARD MEETING ARE ASKED TO DO SO AT THAT	
MEETING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
TO DETERMINE THE COMPENSATION FOR THE EXECUTIVE DIRECTOR, THE BOARD OF	
DIRECTORS HIRED AN INDEPENDENT CONSULTANT TO PERFORM A COMPENSATION STUI	DY.
THE RESULTS OF THE STUDY WERE PRESENTED TO AND APPROVED BY THE EXECUTIVE For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ)	

332211 11-14-23