# EXTENDED TO AUGUST 15, 2024 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A I	or the	2022 calendar year, or tax year beginning OC'	$\Gamma$ $1$ , $2022$ and	ending S	EP 30, 2023								
B	Check if applicable	C Name of organization			D Employer identifi	cation number							
	Addres	BE STRONG INTERNATIONAL	INC										
	Name change				65-10543	47							
	Initial return	Number and street (or P.O. box if mail is not delive 9730 EAST HIBISCUS STRE		Room/suite	E Telephone numbe								
	Final return/ termin-ated					3,560,130.							
	Amend	City or town, state or province, country, and ZII PALMETTO BAY, FL 33157	P or foreign postal code		G Gross receipts \$								
	⊒return ⊒Applica ⊒tion		GREER		H(a) Is this a group re for subordinates								
	pendin	9 9730 EAST HIBISCUS STREE	r, PALMETTO BA	Y, FL	H(b) Are all subordinates i								
$\overline{}$	Гах-ехе	mpt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)		1	list. See instructions							
	<b>Nebsit</b>		(	<u></u>	H(c) Group exemption								
			ciation Other	<b>L</b> Year		<b>√</b> State of legal domicile: <b>FL</b>							
		Summary	<del></del>			·							
Φ.	1	Briefly describe the organization's mission or most si	gnificant activities: TO P.	ROVIDE	HEART SKIL	LS AND							
Governance	:	HEÁLTHY RELATIONSHIP EDUCA'	TION TO YOUTH .	AND FA	MILIES.								
rna	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
ove.	3	Number of voting members of the governing body (P	art VI, line 1a)		3	10							
ত	4	Number of independent voting members of the gove				10							
es	5	Total number of individuals employed in calendar yea	ar 2022 (Part V, line 2a)		5	52							
ĬΞ	6	Fotal number of volunteers (estimate if necessary) $\dots$			6	100							
Activities &	7 a -	Total unrelated business revenue from Part VIII, colui	mn (C), line 12		7a	0.							
_	b	Net unrelated business taxable income from Form 99	00-T, Part I, line 11			0.							
					Prior Year	Current Year							
e	1	Contributions and grants (Part VIII, line 1h)			3,134,109.								
Revenue					27,302.	70,847.							
Re		nvestment income (Part VIII, column (A), lines 3, 4, a			-10,287.								
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			-45,209. 3,105,915.	3,527,636.							
		Fotal revenue - add lines 8 through 11 (must equal Pa			3,103,913.	3,327,030.							
		Grants and similar amounts paid (Part IX, column (A),			0.	0.							
	l	Benefits paid to or for members (Part IX, column (A),			2,049,390.	_							
ses	15	Salaries, other compensation, employee benefits (Pa Professional fundraising fees (Part IX, column (A), line			0.	0.							
Expenses	h .	Fotal fundraising expenses (Part IX, column (D), line 2		90.									
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 1	·		939,743.	1,276,212.							
		Fotal expenses. Add lines 13-17 (must equal Part IX,			2,989,133.	3,550,345.							
	19	Revenue less expenses. Subtract line 18 from line 12			116,782.								
Net Assets or Fund Balances				Ве	ginning of Current Year	End of Year							
sets	20	Fotal assets (Part X, line 16)			985,488.	1,189,549.							
d Be	21	Гоtal liabilities (Part X, line 26)			235,713.	428,453.							
ESE THE	22	Net assets or fund balances. Subtract line 21 from lir	ne 20		749,775.	761,096.							
Pa	art II	Signature Block											
		ties of perjury, I declare that I have examined this return, inc				y knowledge and belief, it is							
true	, correc	, and complete. Declaration of preparer (other than officer)	is based on all information of wl	nich preparer	has any knowledge.								
		Cianatura of officer			Doto								
Sig		Signature of officer			Date								
Her	e	MICHELLE SHIRLEY, CEO Type or print name and title											
		<u> </u>	vanavada alamah:···-	IT	Date Check	II PTIN							
Paid	, [	Print/Type preparer's name OCTAVIO R. VERDEJA	reparer's signature		4/02/24 Check Lift self-employ								
	parer		יי זג ח.ז.דד.ווקיי	<u>   </u> 1 የቁርል	LP Firm's EIN 2	0-4989621							
	Only	Firm's name VERDEJA, DE ARMAS, Firm's address 255 ALHAMBRA CIR S'		artiu II	LP Firm's EIN 2	U = 709041							
036	Jiny	CORAL GABLES, FL 3			Phone no 30	5-446-3177							
May	the IF	S discuss this return with the preparer shown above			[1 Holle Ho. 5 0	X Yes No							

Form **990** (2022)

Total program service expenses

2,967,356.

# Form 990 (2022) BE STRONG INTERNATIONAL INC 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			, v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	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,			٠,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			X
•	Schedule D, Part III	8		Λ
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?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
	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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			l
	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			X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Λ
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	Х	
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	טדו		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
b 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

# Form 990 (2022) BE STRONG INTERNATIONAL INC Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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	<b> </b>		Х
	Schedule K. If "No," go to line 25a	24a		Λ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds?  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	240		
	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		X
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			37
	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):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			7.7
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u> </u>		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		7.7	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V   Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
. a	Check if Schedule O contains a response or note to any line in this Part V			
	Chock is Contidued Contidued a recipional of flote to dirty line in the flat v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 43			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

## 022) BE STRONG INTERNATIONAL INC Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	-			
	filed for the calendar year ending with or within the year covered by this return	2a 52		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	37
3a			3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				. v
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		X
b	If "Yes," enter the name of the foreign country	(FD 4 D)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	·			Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction for the line for a fine for a prohibited tax shelter transaction for the line for a fine for the line for the lin		5b 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		30		
ua			6a		х
h	any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with every solicitation an express statement that such contributions.		- Oa		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х
	tame a surface of the		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	•	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	1			
а		10a	-		
b	, , , , , , , , , , , , , , , , , , , ,	10b	-		
11	Section 501(c)(12) organizations. Enter:	440			
a b	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against	11a	_		
b	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ı			
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		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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 all 10			
	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 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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			
	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b				
12a	and the second s	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <b>FL</b>			
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)	s only	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	Own website 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, an	d finar	ncial	
	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			
	TIFFANY SOPCZAK - 305-969-7829			
	9730 FAST HIRISCUS STREET DALMETTO RAY FL. 33157			

# 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.

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

- 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.

(A) Name and title	(B)			(C Pos	C) ition	1		(D) Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
Name and title	Average hours per week	box	not c	heck ss pe	more rson	than is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MICHELLE SHIRLEY CEO	40.00			х				113,985.	0.	26,377.
(2) LISA GREER	1.00	,,								
PRESIDENT (3) FRANCCESCA CESTI-BROWNE	1.00	Х		Х				0.	0.	0.
VICE PRESIDENT	1.00	Х		х				0.	0.	0.
(4) DAVID COX	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) MAYRA VIVACQUA	1.00	, .						0.	0.	0
MEMBER (6) EMILY ARCIA	1.00	Х						0.	0.	0.
MEMBER	1.00	Х						0.	0.	0.
(7) NATALIE CEDENO	1.00			,,						
SECRETARY (8) YOEL GUTIERREZ	1.00	Х		Х				0.	0.	0.
MEMBER		х						0.	0.	0.
(9) ALLAN GERMAN MEMBER	1.00	Х						0.	0.	0.
(10) BRITTNIE BASSANT	1.00	^						0.	0.	0.
MEMBER		х						0.	0.	0.
(11) LAURA BOTERO	1.00									
MEMBER		Х						0.	0.	0.
						$\vdash$				

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do box offi		Pos heck ss pe	c) sitior more erson	<b>1</b> e than is bot	one h an	(D)  Reportable  compensation  from	(E) Reportable compensation from related		am	(F) timate tount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	oensat om the anization I relate nization	e on ed
С	Subtotal Total from continuation sheets to Part VI	I, Section A							113,985.		0.		5,3	0.
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but no compensation from the organization								113,985. ecceived more than \$100	0,000 of reportable	<b>0.</b> e		5,3	1
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			-	-	-		_	ghest compensated emp	•		3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sch	edul	e J t	for such individual			4		Х
	rendered to the organization? If "Yes," comtion B. Independent Contractors	plete Schedul	e J f	for s	uch	pers	son					5		Х
1 —	Complete this table for your five highest co the organization. Report compensation for (A)	=	-								pens	ation fi		
	Name and business	address	NO	INC	E				Description of s	ervices	С	omper		1
2	Total number of independent contractors (i \$100,000 of compensation from the organi	-	ot li	mite	d to		se li 0	stec	d above) who received m	nore than		Form (	200 (0	2000)

65-1054347 BE STRONG INTERNATIONAL INC Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b 140,438. c Fundraising events ..... 1c d Related organizations 1d 2,765,185. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 571,476. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g |\$ 3,477,099. h Total. Add lines 1a-1f **Business Code** 59,860. 59,860. 2 a WORKSHOPS Program Service Revenue **b** MEMBERSHIP DUES 10,987. 10,987. С f All other program service revenue 70,847. g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 12,166. 12,166. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue 328. and sales expenses 7b -328. c Gain or (loss) \_\_\_\_\_ 7c -328.-328.d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 140,438. of contributions reported on line 1c). See 0. Part IV, line 18 32,166. **b** Less: direct expenses -32,166. -32,166. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10b **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 18. 18. 11 a OTHER INCOME b d All other revenue 18. e Total. Add lines 11a-11d .....

Total revenue. See instructions

3,527,636.

70,537.

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon			· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		САРСПЗСЗ	general expenses	схрензез
	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				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	140,000.	70,000.	35,000.	35,000.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,834,293.	1,590,973.	213,958.	29,362.
8	Pension plan accruals and contributions (include	-	-	-	<u>-</u>
	section 401(k) and 403(b) employer contributions)	52,252.	43,957.	6,684.	1,611.
9	Other employee benefits	102,934.	86,598.	12,980.	1,611. 3,356.
10	Payroll taxes	144,654.	121,697.	18,241.	4,716.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	332,473.	232,238.	32,270.	67,965.
12	Advertising and promotion	146,735.	124,059.	12,266.	10,410.
13	Office expenses	75,430.	71,185.	2,859.	1,386.
14	Information technology				
15	Royalties				
16	Occupancy	142,699.	120,053.	18,000.	4,646.
17	Travel				
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	17,361.	14,606.	2,190.	565.
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.)				
а	PROGRAM EXPENSES	419,056.	406,556.	2,866.	9,634.
b	OTHER EXPENSES	91,585.	38,302.	31,216.	22,067.
С	SOFTWARE	36,176.	32,435.	2,569.	1,172.
d	EVENTS	14,697.	14,697.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,550,345.	2,967,356.	391,099.	191,890.
26	Joint costs. Complete this line only if the organization	_			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					C 000 (0000)

Form 990 (2022)
Part X Balance Sheet

artx	Balance Sheet					
	Check if Schedule O contains a response or	note to any li	ne in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing			772,439.	1	535,012
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net			137,716.	3	468,483
4	Accounts receivable, net			4		
5	Loans and other receivables from any currer	t or former of	fficer, director,			
	trustee, key employee, creator or founder, su	ıbstantial cor	ntributor, or 35%			
	controlled entity or family member of any of		5			
6	Loans and other receivables from other disq					
	under section 4958(f)(1)), and persons descr				6	
ខ្ម 7	Notes and loans receivable, net			7		
7 8 8	Inventories for sale or use			45.004	8	00.015
9	Prepaid expenses and deferred charges			15,224.	9	29,347
10a	a Land, buildings, and equipment: cost or other		n 616			
	basis. Complete Part VI of Schedule D		7,616.	1 060		0.2
k	b Less: accumulated depreciation	6,682.	1,867.	10c	934	
11	Investments - publicly traded securities		53,504.	11	62,341	
12	Investments - other securities. See Part IV, li		12			
13	Investments - program-related. See Part IV, I		13			
14	Intangible assets		1 720	14	02 42	
15	Other assets. See Part IV, line 11			4,738. 985,488.	15	93,432
16	Total assets. Add lines 1 through 15 (must e			107,209.	16	1,189,549 234,714
17	Accounts payable and accrued expenses			107,209.	17	234,714
18	Grants payable		75,000.	18	42,704	
19	Deferred revenue	75,000.	19 20	42,70		
20	Tax-exempt bond liabilities				21	
	Escrow or custodial account liability. Comple					
	Loans and other payables to any current or the tructor leave amplayed arrester or founder or					
22	trustee, key employee, creator or founder, su controlled entity or family member of any of				22	
ž   <sub>23</sub>	Secured mortgages and notes payable to ur		_		23	
24	Unsecured notes and loans payable to unrel				24	
25	Other liabilities (including federal income tax					
	parties, and other liabilities not included on li					
	of Schedule D		, and a series of the series o	53,504.	25	151,035
26	Total liabilities. Add lines 17 through 25			235,713.	26	428,453
	Organizations that follow FASB ASC 958,		X			
ß	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			545,346.	27	598,052
28	Net assets with donor restrictions			204,429.	28	163,044
	Organizations that do not follow FASB AS					
:	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current fur	ds			29	
30	Paid-in or capital surplus, or land, building, o	equipment f	fund		30	
27 28 29 30 31 32	Retained earnings, endowment, accumulate	d income, or	other funds		31	
32	Total net assets or fund balances			749,775.	32	761,096
33	Total liabilities and net assets/fund balances			985,488.	33	1,189,549

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,52		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,55		
3	Revenue less expenses. Subtract line 2 from line 1	3		2,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		9,7	
5	Net unrealized gains (losses) on investments	5	3	4,0	30.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	76	1,0	96.
Pa	rt 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 Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	d 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 separat	e 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	e 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 Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or guidite, explain why on Schodula O and describe any stone taken to undergo such guidite		26	x	l

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

### **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

OMB No. 1545-0047

Name of the organization

**Employer identification number** BE STRONG INTERNATIONAL INC 65-1054347 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Section A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	1136023.	2014545.	1976315.	3134109.	3477099.	11738091.				
2	Tax revenues levied for the organ-										
	ization's benefit and either paid to										
	or expended on its behalf										
3	The value of services or facilities						_				
	furnished by a governmental unit to										
	the organization without charge										
4	Total. Add lines 1 through 3	1136023.	2014545.	1976315.	3134109.	3477099.	11738091.				
5	The portion of total contributions						_				
	by each person (other than a										
	governmental unit or publicly										
	supported organization) included										
	on line 1 that exceeds 2% of the										
	amount shown on line 11,										
	column (f)										
6	Public support. Subtract line 5 from line 4.						11738091.				
Sec	ction B. Total Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total				
7	Amounts from line 4	1136023.	2014545.	1976315.	3134109.	3477099.	11738091.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,										
	and income from similar sources			2,740.	10,270.	12,166.	25,176.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)			45,702.		18.	45,720.				
11	<b>Total support.</b> Add lines 7 through 10						11808987.				
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	98,149.				
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)					
	organization, check this box and stop						<u></u>				
	ction C. Computation of Publ						00 40				
	Public support percentage for 2022 (					14	99.40 %				
	Public support percentage from 2021					15	99.37 %				
16a	33 1/3% support test - 2022. If the o										
	stop here. The organization qualifies										
b	33 1/3% support test - 2021. If the o										
4-	and <b>stop here.</b> The organization qual										
1/a	10% -facts-and-circumstances tes										
	and if the organization meets the fact				· ·	_					
L-	meets the facts-and-circumstances to	-		• • •							
O	10% -facts-and-circumstances tes						10% Of				
	more, and if the organization meets the				-						
10	organization meets the facts-and-circ		-		•						
10	Private foundation. If the organization	ni ala not check a l	00x 011 1111 <del>0</del> 13, 168	a, 100, 17a, 01 1/1	o, oneon uns box a	าน จะะ เมอเนนนเปก	<u>。</u>				

### Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	below, please con	ipiete Fart II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	, ,		, ,	, ,		,,
membership fees received. (Do not						
include any "unusual grants.")						
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						
<b>3</b> 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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received	;					
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1075						
Add lines 10a and 10b						
regularly carried on  12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)					+	
<ul><li>Total support. (Add lines 9, 10c, 11, and 12.)</li><li>First 5 years. If the Form 990 is for</li></ul>		first seems thing	fourth or fifth to:	Voor oo o cootier	F01(a)(2) argani	tion
•	.ne organization s i	iirst, second, triird,	, iourtii, or iiitii tax	year as a section	50 r(c)(s) organizat	tion,
check this box and stop here  Section C. Computation of Pub	lic Support Pe	ercentage				
			oolumn (f))		15	0/
15 Public support percentage for 2022					<del>                                     </del>	%
16 Public support percentage from 202 Section D. Computation of Investigation					16	%
· · · · · · · · · · · · · · · · · · ·		<u>~</u> _			147	
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	<u> </u>
19a 33 1/3% support tests - 2022. If th	-					1 / Is not
more than 33 1/3%, check this box b 33 1/3% support tests - 2021. If the						and
line 18 is not more than 33 1/3%, ch	neck this box and <b>s</b>	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20 Private foundation. If the organizat						

### 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.)

	Yes	No
1		
2		
3a		
3b		
_		
3с		
4a		
<del>4</del> a		
41		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
Ju		
9b		
9с		
10a		
10b		

Par	t IV Sup	porting Organizations (continued)			
				Yes	No
11	Has the org	anization accepted a gift or contribution from any of the following persons?			
а	A person w	no directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below,	the governing body of a supported organization?	11a		
b	A family me	mber of a person described on line 11a above?	11b		
С	A 35% conf	rolled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Par		11c		
Sec	tion B. Ty	pe I Supporting Organizations			
				Yes	No
1		erning body, members of the governing body, officers acting in their official capacity, or membership of one or			
		rted organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) perated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rganizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the orga	inization operate for the benefit of any supported organization other than the supported			
	organization	(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how	providing such benefit carried out the purposes of the supported organization(s) that operated,			
		or controlled the supporting organization.	2		
Sec	tion C. Ty	pe II Supporting Organizations			
				Yes	No
1	Were a majo	ority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees	of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or managen	nent of the supporting organization was vested in the same persons that controlled or managed			
		ed organization(s).	1		
sec	tion D. Al	Type III Supporting Organizations			
				Yes	No
1	_	inization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	is tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		ppy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	•	the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	•	(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	•	tion maintained a close and continuous working relationship with the supported organization(s).	2		
3	,	f the relationship described on line 2, above, did the organization's supported organizations have a			
	ū	oice in the organization's investment policies and in directing the use of the organization's			
		ssets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
200		rganizations played in this regard.	3		
-		pe III Functionally Integrated Supporting Organizations			
1		ox next to the method that the organization used to satisfy the Integral Part Test during the yea <b>(see instructions)</b>	•		
a		rganization satisfied the Activities Test. Complete line 2 below.  rganization is the parent of each of its supported organizations. Complete line 3 below.			
b		rganization is the parent of each of its supported organizations. <i>Complete line's below.</i> In an instruction supported a governmental entity. <i>Describe in <b>Part VI</b> how you supported a governmental entity</i> (see in	structio	ne)	
с 2		st. Answer lines 2a and 2b below.	Struction	Yes	No
		tially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а		ed organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
		orted organization(s) to which the organization was responsive? If Fee, and Fee are Vincentity orted organizations and explain how these activities directly furthered their exempt purposes,			
		anization was responsive to those supported organizations, and how the organization determined			
	ū	ctivities constituted substantially all of its activities.	2a		
b		vities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		reasons for the organization's position that its supported organization(s) would have engaged in			
		ies but for the organization's involvement.	2b		
3		upported Organizations. <b>Answer lines 3a and 3b below.</b>			
		inization have the power to regularly appoint or elect a majority of the officers, directors, or			
	•	each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		inization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Sche	dule A (Form 990) 2022 BE STRONG INTERNATIONAL	INC		65-1054347 Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	<del>-</del>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explair	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	te Sections A through E	<u>.                                    </u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

Income tax imposed in prior year

instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Fai	t v   Type iii Non-Functionally integrated 509	(a)(s) supporting org	anizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

#### **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 Open to Public

Inspection

Name of the organization

BE STRONG INTERNATIONAL INC

Employer identification number 65-1054347

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the				
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.					
		(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	writing that the assets held in donor advi	sed funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area				
	Protection of natural habitat	Preservation o	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied 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	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired						
	historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax				
	year						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe						
	violations, and enforcement of the conservation easements in						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year				
_							
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year				
	Does each conservation easement reported on line 2(d) above	us satisfy the requirements of section 17	O/6\/4\/D\/i\				
8		-					
9	and section 170(h)(4)(B)(ii)?						
9	balance sheet, and include, if applicable, the text of the foot	·					
	organization's accounting for conservation easements.	note to the organization's illiancial staten	nerits that describes the				
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures. or C	Other Similar Assets.				
	Complete if the organization answered "Yes" on Form						
	If the organization elected, as permitted under FASB ASC 95		and balance sheet works				
	of art, historical treasures, or other similar assets held for pul						
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.						
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of						
-	art, historical treasures, or other similar assets held for public						
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1		\$				
	(ii) Assets included in Form 990, Part X						
2	If the organization received or held works of art, historical tre						
_	the following amounts required to be reported under FASB A		a. 3a, p. 61100				
а	Revenue included on Form 990, Part VIII, line 1		\$				
h	Assets included in Form 990, Part Y		φ				

	t III   Organizations Maintaining C	collections of A				or Other	Similar As	sets(continue	ed)
3	Using the organization's acquisition, accessi							•	/
	collection items (check all that apply):	5., 4 55 555.5	,		ionoming and				
а	Public exhibition	d		I oan or exc	hange progra	am			
b									
c	Preservation for future generations	J							
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizati	on's exemn	ot nurnose in F	Part XIII	
5	During the year, did the organization solicit o							arryun.	
•	to be sold to raise funds rather than to be ma							Yes	☐ No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Pai		010 11 1110	, organizatio	,,, a,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100 01110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11, 1110 0, 01	
	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other as	sets not inc	cluded		
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
_								Amount	
С	Beginning balance						1c		
	Additions during the year						1d		
	Distributions during the year						1e		
	Ending balance						1f		
	Did the organization include an amount on Fe							Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.					•			<b>—</b> "
_	t V Endowment Funds. Complete i								
	3377,	(a) Current year		rior year			Three years ba	ck (e) Four ye	ears back
1a	Beginning of year balance	, ,	` ,		,,,,	<u> </u>		1,,,,,	
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
C									
	and programs								
	Administrative expenses								
g 2	End of year balance  Provide the estimated percentage of the currents.	ont year and balance	l lino 1	a column (	a)) hold as:				
	Board designated or quasi-endowment	•	% (IIIIe 1	g, coluitiii (	ajji rielu as.				
a b	Permanent endowment	%							
		<sup>70</sup>							
C		, •							
20	The percentages on lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	•	ation the	at ara bald a	and administr	rad far tha			
Sa	•	SSION OF THE Organiza	alion in	at are rielu a	and administ	ered for the		ſ▼	es No
	organization by:							3a(i)	110
	(i) Unrelated organizations							·····	+
h	(ii) Related organizations	tions listed as requi	rod on S	Cobodulo D2	 )			3a(II)	+
4	Describe in Part XIII the intended uses of the							30	
Pai	t VI Land, Buildings, and Equipm		WITHELL	iuiius.					
. u	Complete if the organization answere		) Part I\	/ line 11a 9	See Form 990	) Part X lin	e 10		
	Description of property	(a) Cost or o		·	t or other		umulated	(d) Book v	roluo
	Description of property	basis (investr			(other)		ciation	(u) Book (	/aiue
	Land	· ` ` ` `	. ioi itj	المام	(36101)	черге	S.GEIOI I		
	Land								
	Buildings				3,500.		2,566.		934.
	Leasehold improvements				4,116.		4,116.		0.
	Equipment				-,		-,		
	Other		V colum	nn (P) line i	100)				934.
IUId	- Aug iii les la trirough le. (Column (u) must e	quai i Oiiii 330, Pall	A, COIUI	וווו <i>(ט),</i> וווופ	, oo./				754.

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities.

Part VIII investments - Other Securities.		
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-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

(6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	4,738.
(2) RIGHT OF USE ASSETS	88,694.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	93,432.

#### 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
(1) Federal income taxes	
(2) DEFERRED COMPENSATION	62,341.
(3) LEASE LIABILITY	88,694.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	151,035.

<sup>2.</sup> 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... X

4c

3,550,345.

Part XI	Recond	iliation o	of Revenue	per Aud	ted Finan	cial Statements	With	Revenue	per Return.

Ра	rt XI Reconciliation of Revenue per Audited Financial S	tatements with	Revenue per R	eturr	n.
	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	3,615,558.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	34,030.		
b	Donated services and use of facilities	2b	21,726.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	32,166.		
е	Add lines 2a through 2d			2e	87,922.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,527,636.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	3,527,636.
Pa	rt XII Reconciliation of Expenses per Audited Financial		Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV,				2 604 025
1	Total expenses and losses per audited financial statements			1	3,604,237.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	04 506		
а			21,726.		
b	Prior year adjustments	2b			
С	Other losses		22 455		
d	Other (Describe in Part XIII.)	2d	32,166.		
е	Add lines 2a through 2d			2e	53,892.
3	Subtract line <b>2e</b> from line <b>1</b>			3	3,550,345.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			

#### Part XIII Supplemental Information.

c Add lines 4a and 4b

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

### PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC NO 740, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" ("ASC NO 740"). ASC 740 REQUIRED THAT THE IMPACT OF TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THEY ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE FINANCIAL STATEMENTS. AT 9/30/23, THERE WERE NO UNCERTAIN TAX POSITIONS. ORGANIZATION FILES TAX RETURNS WITH US FEDERAL AND OTHER TAX AUTHORITIES FOR WHICH STATUE LIMITATIONS MAY GO BACK TO THE YEAR ENDED 2020.

#### PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES

32,166.

#### SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022** 

Open to Public Inspection

Schedule G (Form 990) 2022

Name of the organization Employer identification number BE STRONG INTERNATIONAL INC 65-1054347 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2022 BE STRONG INTERNATIONAL INC 65-1054347 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events BE STRONG NONE (add col. (a) through CLUB FUNDRAI col. (c)) (event type) (total number) (event type) Revenue 140,438. 140,438. 1 Gross receipts 140,438 140,438. 2 Less: Contributions **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages ..... 8 Entertainment 32,166. 9 Other direct expenses 32,166. 10 Direct expense summary. Add lines 4 through 9 in column (d) -32,16611 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses ..... Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain:

Schedule G (Form 990) 2022

**b** If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? \_\_\_\_\_ Yes \_\_\_\_ No

Sch	nedule G (Form 990) 2022 BE STRONG INTERNATIONAL INC 65-1	054	347	Page 3							
11	Does the organization conduct gaming activities with nonmembers?	,	Yes	No No							
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	,	Yes	□ No							
13	Indicate the percentage of gaming activity conducted in:										
	a The organization's facility	13a		%							
ŀ	a An outside facility	13b		%							
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:										
	Name										
	Address										
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No							
ŀ	of If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount										
•	c If "Yes," enter name and address of the third party:										
	Name										
	Address										
16	Gaming manager information:										
	Name										
	Gaming manager compensation \$										
	Description of services provided										
	Director/officer Employee Independent contractor										
17	Mandatory distributions:										
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to										
	retain the state gaming license?	🔲 <b>'</b>	Yes	☐ No							
ŀ	no Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the										
<b>D</b> -	organization's own exempt activities during the tax year \$										
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lin	ies 9,	9b, 10b,							
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	-									

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	i (Form 990)	BE :	STRONG	INTERNATIONAL	INC	65-1054347 Page 4
Part IV	(Form 990) <b>Supplemental In</b>	formatior	າ (continued)			
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#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

### 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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

Employer identification number 65-1054347

65-1054347 BE STRONG INTERNATIONAL INC FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNITY OUTREACH DURING THE PERIOD OF OCTOBER 1, 2022, THROUGH SEPTEMBER 30, 2023, BE STRONG DISTRIBUTED FOOD TO 5,500 FAMILIES DURING FOOD DRIVES HELD AT DEMPS PARK IN SOUTH DADE. EXPENSES \$ 41,609. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: THE EXECUTIVE DIRECTOR AND BOARD TREASURER REVIEW THE RETURN PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER IS REQUIRED TO READ AND SIGN A CONFLICT OF INTEREST POLICY PRIOR TO JOINING THE BOARD. THE POLICY DETAILS THE ACTION TO BE TAKEN IF A BOARD MEMBER, EMPLOYEE OR CONTRACTOR ENTERS INTO A CONTRACT, TRANSACTION OR ARRANGEMENT WITH THE AGENCY. FORM 990, PART VI, SECTION B, LINE 15: THE EXECUTIVE DIRECTOR'S SALARY IS APPROVED BY THE BOARD OF DIRECTORS AND DETERMINED BY COMPILING THE SALARIES OF OTHER EXECUTIVE DIRECTORS OF COMPARABLE NONPROFITS. FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.