

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  <b>BROTHER 'S BROTHER FOUNDATION</b>	Taxpayer identification number (TIN)  <b>34-6562544</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1200 GALVESTON AVENUE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>PITTSBURGH, PA 15233-1604</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**ERIK T. RYAN**

- The books are in the care of ▶ **1200 GALVESTON AVE. - PITTSBURGH, PA 15233-1604**

Telephone No. ▶ **(412) 321-3160** Fax No. ▶ **(412) 321-3325**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year **2021** or
- ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

**Return of Organization Exempt From Income Tax**

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

**2021**

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2021** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BROTHER'S BROTHER FOUNDATION</b>		<b>D</b> Employer identification number <b>34-6562544</b>
	Doing business as		<b>E</b> Telephone number <b>(412) 321-3160</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1200 GALVESTON AVENUE</b>	<b>G</b> Gross receipts \$ <b>117,395,467.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>PITTSBURGH, PA 15233-1604</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	
<b>F</b> Name and address of principal officer: <b>OZZY A. SAMAD</b> <b>SAME AS C ABOVE</b>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <b>WWW.BROTHERSBROTHER.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1958</b>
<b>M</b> State of legal domicile: <b>OH</b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>BROTHER'S BROTHER FOUNDATION HELPS BRIDGE THE GAP BETWEEN AID AND SUSTAINABILITY BY SUPPORTING</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>25</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>25</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>19</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>35</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 79,640,208. <b>Current Year</b> 116,916,645.
	<b>9</b> Program service revenue (Part VIII, line 2g)	363,235. 448,237.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-64,213. 9,673.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-66,351. -66,988.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,872,879. 117,307,567.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	67,396,019. 118,229,096.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,589,323. 1,299,822.
	<b>16 a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>566,519.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,489,435. 2,271,207.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	72,474,777. 121,800,125.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	7,398,102. -4,492,558.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 21,722,283. <b>End of Year</b> 16,877,615.
	<b>21</b> Total liabilities (Part X, line 26)	550,853. 198,743.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	21,171,430. 16,678,872.

**Part II 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.

<b>Sign Here</b>	Signature of officer	Date			
	<b>OZZY A. SAMAD, PRESIDENT</b>	<b>09/08/22</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>SUSAN M. KIRSCH</b>	Preparer's signature <b>SUSAN M. KIRSCH</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00341397</b>
	Firm's name ▶ <b>SCHNEIDER DOWNS &amp; CO., INC.</b>	Firm's EIN ▶ <b>25-1408703</b>	Firm's address ▶ <b>ONE PPG PLACE, SUITE 1700 PITTSBURGH, PA 15222</b>		
			Phone no. <b>412-261-3644</b>		

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: BROTHER'S BROTHER FOUNDATION HELPS BRIDGE THE GAP BETWEEN AID AND SUSTAINABILITY BY SUPPORTING LOCALIZED PROGRAMS AND PROVIDING ESSENTIAL RESOURCES IN THE AREAS OF HEALTHCARE, INFRASTRUCTURE, DISASTER RESPONSE, AND EDUCATION (H.I.D.E).

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 113,675,534. including grants of \$ 111,778,469. ) (Revenue \$ 448,237. ) HEALTHCARE PROGRAM - SEE SCHEDULE O FOR DESCRIPTION

4b (Code: ) (Expenses \$ 1,028,534. including grants of \$ 980,148. ) (Revenue \$ ) EDUCATION PROGRAM - SEE SCHEDULE O FOR DESCRIPTION

4c (Code: ) (Expenses \$ 5,355,666. including grants of \$ 5,322,859. ) (Revenue \$ ) DISASTER RESPONSE PROGRAM - SEE SCHEDULE O FOR DESCRIPTION

4d Other program services (Describe on Schedule O.) (Expenses \$ 150,879. including grants of \$ 147,620. ) (Revenue \$ )

4e Total program service expenses 120,210,613.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a	25	
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b	25	
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
<b>12c</b>			
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ PA, AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS**
- 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) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 financial 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 ▶  
**ERIK T. RYAN - (412)321-3160**  
**1200 GALVESTON AVE., PITTSBURGH, PA 15233-1604**

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) OZZY A. SAMAD PRESIDENT	37.50			X			158,758.	0.	13,354.	
(2) ERIK RYAN COO/CFO	37.50			X			109,118.	0.	9,751.	
(3) THOMAS WENTLING BOARD CHAIR	0.50	X		X			0.	0.	0.	
(4) TERRENCE MURPHY BOARD-VICE CHAIR	0.50	X		X			0.	0.	0.	
(5) WALTER FOWLER TREASURER	0.50	X		X			0.	0.	0.	
(6) AUSTIN HENRY SECRETARY	0.50	X		X			0.	0.	0.	
(7) DEBORAH MCMAHON MEDICAL DIRECTOR	0.50	X		X			0.	0.	0.	
(8) DIVYA ANNAMRAJU TRUSTEE (ENTERED 1/21)	0.50	X					0.	0.	0.	
(9) RON ALVARADO TRUSTEE	0.50	X					0.	0.	0.	
(10) DANIEL DELANEY TRUSTEE (EXITED 1/21)	0.50	X					0.	0.	0.	
(11) ROY DORRANCE TRUSTEE	0.50	X					0.	0.	0.	
(12) GARRY GARRISON TRUSTEE (EXITED 1/21)	0.50	X					0.	0.	0.	
(13) AMY HAMMER TRUSTEE (EXITED 1/21)	0.50	X					0.	0.	0.	
(14) DREW HARVEY TRUSTEE	0.50	X					0.	0.	0.	
(15) LILLA HILLMAN (FORMERLY SWAN) TRUSTEE	0.50	X					0.	0.	0.	
(16) DOUG HOLMES TRUSTEE (ENTERED 1/21)	0.50	X					0.	0.	0.	
(17) JOSEPH IMBRIGLIA TRUSTEE	0.50	X					0.	0.	0.	



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GRAHAM JOHNSTONE TRUSTEE (EXITED 1/21)	0.50	X						0.	0.	0.
(19) PHILLIP D. JONES TRUSTEE	0.50	X						0.	0.	0.
(20) LANCE KANN TRUSTEE (ENTERED 1/21)	0.50	X						0.	0.	0.
(21) MACRINA LELEI TRUSTEE (EXITED 1/21)	0.50	X						0.	0.	0.
(22) DARREN MACIOCE TRUSTEE	0.50	X						0.	0.	0.
(23) ROBERT MANGINO TRUSTEE	0.50	X						0.	0.	0.
(24) CHRONIS MANOLIS TRUSTEE (ENTERED 1/21)	0.50	X						0.	0.	0.
(25) RICHARD MCGOUGH TRUSTEE (EXITED 1/21)	0.50	X						0.	0.	0.
(26) RON MILLER TRUSTEE (EXITED 1/21)	0.50	X						0.	0.	0.
<b>1b Subtotal</b>								267,876.	0.	23,105.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								267,876.	0.	23,105.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
EFFECTV PO BOX 415949, BOSTON, MA 02241-5949	ADVERTISING	128,587.
PICKERING ENERGY SOLUTIONS 9 FAITH MEADOWS, WILLIAMSTOWN, WV 26187	SOLAR INSTALLATION	110,000.
BRETHREN SERVICE CENTER 601 MAIN STREET, NEW WINDSOR, MD 21776	STORAGE OF SUPPLIES & EQUIPMENT	109,686.
BLACKBAUD INC. PO BOX 844827, BOSTON, MA 02284-4827	DONOR DATABASE SOFTWARE	109,202.
MISSIONARY EXPEDITERS, 5620 TCHOUPOTULAS ST, NEW ORLEANS, LA 70115	INTERNATIONAL SHIPPING	106,845.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include trustees like BRYANT MITCHELL, SANTIAGO PUJADAS, LINDA RENNINGER, ERIC SAKS, WILLIAM SIMMONS, DAVID SWAN, NGOC THAI, JOHN TYMITZ, JOHN UNKOVIC, and JAMES WOLF.

Total to Part VII, Section A, line 1c

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	22,673.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	81,344.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)	379,850.				
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	116,432,778.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 115,259,633.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		116916645.			
	Program Service Revenue	<b>2 a</b>	HEALTH/DISASTER				
		<b>Business Code</b>	900099	448,237.	448,237.		
<b>2 b</b>							
<b>2 c</b>							
<b>2 d</b>							
<b>2 e</b>							
<b>2 f</b>		All other program service revenue					
<b>2 g</b>	<b>Total.</b> Add lines 2a-2f		448,237.				
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		9,673.		9,673.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	2,950.			
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses	68,383.				
	<b>6 c</b>	Rental income or (loss)	-65,433.				
		<b>d</b> Net rental income or (loss)		-65,433.		-65,433.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses					
	<b>7 c</b>	Gain or (loss)					
	<b>d</b> Net gain or (loss)						
<b>8 a</b>	Gross income from fundraising events (not including \$ 81,344. of contributions reported on line 1c). See Part IV, line 18		14,531.				
			19,517.				
<b>8 b</b>	Less: direct expenses						
	<b>c</b> Net income or (loss) from fundraising events		-4,986.		-4,986.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19						
<b>9 b</b>	Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue	<b>11 a</b>	OTHER REVENUE		3,431.		3,431.	
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d		3,431.			
<b>12</b>	<b>Total revenue.</b> See instructions		117307567.	448,237.	0.	-57,315.	

**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 response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 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 ...	499,357.	499,357.		
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 .....	117,729,739.	117,729,739.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	290,981.	85,434.	146,543.	59,004.
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 .....	764,783.	211,967.	399,496.	153,320.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,317.	22,179.	11,955.	10,183.
9 Other employee benefits .....	116,576.	42,768.	47,353.	26,455.
10 Payroll taxes .....	83,165.	21,445.	45,440.	16,280.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....				
c Accounting .....	49,453.		49,453.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	5,008.		5,008.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	29,789.	1,165.	28,624.	
12 Advertising and promotion .....	167,681.			167,681.
13 Office expenses .....	82,589.	19,367.	30,928.	32,294.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	136,286.	83,086.	52,931.	269.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	16,456.	940.	6,724.	8,792.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	121,321.	99,916.	21,005.	400.
23 Insurance .....	36,330.		36,330.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>INVENTORY ADJUSTMENTS</b>	1,017,344.	1,017,344.		
b <b>PACKAGING &amp; SHIPPING</b>	200,948.	200,763.	185.	
c <b>DUES AND SUBSCRIPTIONS</b>	141,076.	2,625.	80,829.	57,622.
d _____				
e All other expenses _____	266,926.	172,518.	60,189.	34,219.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	121,800,125.	120,210,613.	1,022,993.	566,519.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	617,686.	<b>1</b>	1,054,972.
	<b>2</b> Savings and temporary cash investments .....	383,282.	<b>2</b>	3,566,988.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	62,167.	<b>4</b>	37,282.
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	15,800,809.	<b>8</b>	9,879,642.
	<b>9</b> Prepaid expenses and deferred charges .....	65,046.	<b>9</b>	91,479.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 3,542,713.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,297,933.	<b>10c</b>	2,244,780.
	<b>11</b> Investments - publicly traded securities .....	2,641,260.	<b>11</b>	2,472.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	21,722,283.	<b>16</b>	16,877,615.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	171,003.	<b>17</b>	198,743.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	379,850.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	550,853.	<b>26</b>	198,743.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	20,114,715.	<b>27</b>	15,133,016.
	<b>28</b> Net assets with donor restrictions .....	1,056,715.	<b>28</b>	1,545,856.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	21,171,430.	<b>32</b>	16,678,872.
	<b>33</b> Total liabilities and net assets/fund balances .....	21,722,283.	<b>33</b>	16,877,615.

**Part 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	117,307,567.
2	Total expenses (must equal Part IX, column (A), line 25)	2	121,800,125.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,492,558.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	21,171,430.
5	Net unrealized gains (losses) on investments	5	
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	16,678,872.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  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? .....  
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? .....  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2021)

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

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

<b>Name of the organization</b> BROTHER ' S BROTHER FOUNDATION	<b>Employer identification number</b> 34-6562544
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**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).**
- 4  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: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research 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.
  - a  **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.**
  - 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.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	93814299.	95008930.	55332187.	79640208.	116916645	440712269
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	93814299.	95008930.	55332187.	79640208.	116916645	440712269
<b>5</b> 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) .....						324310009
<b>6 Public support.</b> Subtract line 5 from line 4.						116402260

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	93814299.	95008930.	55332187.	79640208.	116916645	440712269
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	77,175.	73,731.	43,242.	15,064.	11,742.	220,954.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						440933223
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,877,876.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	26.40 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	27.36 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input checked="" type="checkbox"/>



**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**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> 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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> 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, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

Schedule A (Form 990) 2021

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

**PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:**

BROTHER'S BROTHER FOUNDATION ("THE FOUNDATION", "BBF") DID NOT RECEIVE 33 1/3% OF ITS SUPPORT FROM THE GENERAL PUBLIC COMPUTED AS PRESCRIBED BY TREASURY REGULATION 1.170A-9(C)(2), AND THEREFORE DOES NOT MEET THE MECHANICAL COMPUTATION TEST FOR DESIGNATION AS A "PUBLICLY SUPPORTED" ORGANIZATION. HOWEVER, THE FOUNDATION DOES MEET THE DEFINITION OF "PUBLICLY SUPPORTED" ORGANIZATION PURSUANT TO THE "FACTS AND CIRCUMSTANCES TEST" AS SET FORTH IN TREASURY REGULATION 1.170A-9(E)(3) AS DISCUSSED IN THE FOLLOWING:

I) TEN PERCENT OF SUPPORT LIMITATION: THE FOUNDATION REGULARLY RECEIVES MORE THAN 10% OF ITS SUPPORT FROM GENERAL PUBLIC AND THE U.S. GOVERNMENT, AS DOCUMENTED BY LINE 14 OF FORM 990, SCHEDULE A THAT REFERENCES THIS ATTACHMENT.

THE PRIMARY REASONS THE FOUNDATION HAS A PUBLIC SUPPORT PERCENTAGE BELOW 33 1/3% COMPUTED AS PRESCRIBED BY TREASURY REGULATION 1.170A-9(E)(2) ARE AS FOLLOWS: 1) ALTHOUGH IT HAS A BROAD IN-KIND DONOR BASE, WITHIN THAT BASE IS A SMALL GROUP OF CORPORATE DONORS WHO REGULARLY CONTRIBUTE SUBSTANTIAL QUANTITIES OF MEDICAL, EDUCATIONAL AND HUMANITARIAN SUPPLIES FOR DISTRIBUTION BY THE FOUNDATION AND ITS PARTNERS TO THE NEEDY WORLDWIDE. DURING THE FIVE-YEAR PERIOD COVERED BY THE PUBLIC SUPPORT COMPUTATION, THE FOUR LARGEST IN-KIND DONORS PROVIDED APPROXIMATELY 81% OF IN-KIND CONTRIBUTIONS RECEIVED.

MANAGEMENT AND MONITORING OF FUND-RAISING AND ADMINISTRATION COSTS HAS RESULTED IN NON-PROGRAM EXPENDITURES BEING LESS THAN 1.4% OF TOTAL

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

EXPENSES ON AN ANNUAL BASIS. THE FOUNDATION FOCUSES ON MAINTAINING AS LOW AN OPERATING OVERHEAD AS POSSIBLE IN THE DISTRIBUTION OF DONATED IN-KIND RESOURCES WORLDWIDE. BBF IS FREQUENTLY ACKNOWLEDGED BY THE MEDIA AS A LEADER IN PROGRAM SUPPORT SPENDING EFFICIENCY.

II) THE FOUNDATION CONTINUES EFFORTS TO EFFICIENTLY EXPAND PUBLIC SUPPORT FROM INDIVIDUAL DONORS AND OTHER DONOR UNITS.

THE FOUNDATION RECEIVED CASH GIFTS FROM GIVING UNITS AS FOLLOWS:

YEAR	GIVING UNITS	% INDIVIDUALS
------	--------------	---------------

1.	2006	1,998	>92%
2.	2007	1,875	>92%
3.	2008	1,730	>92%
3.	2009	1,627	>91%
4.	2010	5,920	>92%
5.	2011	4,195	>91%
6.	2012	2,505	>92%
7.	2013	3,861	>92%
8.	2014	2,927	>92%
9.	2015	5,811	>89%
10.	2016	5,067	>92%
11.	2017	8,984	>93%
12.	2018	5,616	>94%
13.	2019	5,467	>93%
14.	2020	5,077	>96%

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

15. 2021 7,192 >96%

PUBLIC SUPPORT IS RECEIVED THROUGH AN EFFICIENT ONGOING FUNDRAISING PROGRAM DESIGNED TO CULTIVATE EXISTING DONORS AND INCREASE THE DONOR BASE. MEDIA RECOGNITION OF BBF'S EFFORTS FURTHER HELPS SUPPORT THE ORGANIZATION'S WORK IN THE UNITED STATES AND WORLDWIDE. THE FOUNDATION'S EFFORTS INCLUDE SUPPORTING LOCALIZED PROGRAMS AND PROVIDING ESSENTIAL RESOURCES TO PARTNERS WORLDWIDE.

III) PERCENTAGE OF FINANCIAL SUPPORT: THE FOUNDATION HAS MAINTAINED A STEADY CORE BASE OF INDIVIDUAL DONORS OVER THE LAST FIVE YEARS. THESE DONATIONS SUPPORT ONGOING LOCAL PARTNER PROGRAMS, BBF'S SHIPMENTS OF PHARMACEUTICALS, MEDICAL SUPPLIES, EQUIPMENT, AND EDUCATIONAL MATERIAL, ALONG WITH HUMANITARIAN RESPONSES TO DOMESTIC AND WORLDWIDE DISASTERS. INDIVIDUALS REPRESENT 96.26% OF THE TOTAL DONOR BASE AVERAGED OVER THE PREVIOUS FIVE YEARS. INDIVIDUAL DONORS CONTINUE TO RECOGNIZE THE ORGANIZATION'S CHARITABLE AND DEVELOPMENT EFFORTS AND AS MENTIONED, FORM A STEADFAST BASE OF SUPPORT. THE ORGANIZATION SYSTEMATICALLY PLANS FUNDRAISING EFFORTS TO INCREASE PUBLIC SUPPORT THROUGH AN ONGOING FUNDRAISING PROGRAM THAT IS DESIGNED TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT.

IV) SOURCES OF SUPPORT: THE FOUNDATION MAINTAINS AN ACTIVE FUND-RAISING PROGRAM AND REALIZES FINANCIAL SUPPORT FROM A BROAD GROUP OF INDIVIDUALS, CORPORATIONS, CIVIC, AND CHURCH GROUPS, NON-GOVERNMENTAL ORGANIZATIONS (NGOS) AND GOVERNMENTAL ORGANIZATIONS SUCH AS USAID. FUND-RAISING APPEALS ARE TARGETED TOWARDS AUDIENCES OF PAST, CURRENT



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

AND POTENTIAL SUPPORTERS THROUGH MULTIPLE MEDIA PLATFORMS. BBF IS REGISTERED WITH THE COMBINED FEDERAL CAMPAIGN AND RECEIVES DONATIONS THROUGH THE PROGRAM.

DURING THE FIVE-YEAR PERIOD COVERED BY THE PUBLIC SUPPORT COMPUTATION, THE FOUNDATION'S FINANCIAL DONOR COUNTS AVERAGED AS FOLLOWS:

- 1. INDIVIDUALS: 3044 / YEAR.
- 2. INSTITUTIONS: 263 / YEAR.

OVER THE LAST FIVE YEARS, THE INDIVIDUAL DONOR GROUP AVERAGED 5,747 CONTRIBUTIONS PER YEAR AND THE ORGANIZATIONAL DONOR GROUP AVERAGED 252 CONTRIBUTIONS PER YEAR.

THE FOUNDATION ALSO MAINTAINS AN ACTIVE COMMUNICATION PROGRAM WITH ITS SUPPORTERS AND GENERAL PUBLIC THROUGH MAILINGS OF NEWSLETTERS AND ANNUAL REPORTS AND FREQUENT PRESS RELEASES OF NOTEWORTHY EVENTS. A WEBSITE IS MAINTAINED AT WWW.BROTHERSBROTHER.ORG. THE SITE INCLUDES INFORMATION ON THE FOUNDATION'S MISSION, PROGRAMS, CURRENT EVENTS AND PROVIDES A SECURE FACILITY FOR WEB VISITORS TO MAKE CONTRIBUTIONS BY CREDIT CARD.

V) REPRESENTATIVE GOVERNING BODY: THE FOUNDATION'S BOARD OF TRUSTEES AND OFFICERS ARE COMPRISED OF BUSINESS AND CIVIC LEADERS WITH EXPERIENCE IN A WIDE VARIETY OF FIELDS INCLUDING EDUCATION, MEDICINE, LAW, BANKING, PHILANTHROPY, PUBLIC SERVICE, BUSINESS, AND MEDICAL MISSIONS. GOVERNING BODY REPRESENTATIVES HAVE PROVIDED SIGNIFICANT

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

OVERSIGHT TO ENSURE EFFECTIVE LOCAL MANAGEMENT OF THE RESOURCES THAT THE FOUNDATION AND ITS PARTNERS HAVE FORWARDED FOR DISTRIBUTION TO THE NEEDY.

VI) AVAILABILITY OF PUBLIC FACILITIES OR SERVICES & PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES: DONATED MEDICAL, EDUCATIONAL, AND HUMANITARIAN SUPPLIES ARE DISTRIBUTED BY THE FOUNDATION AND ITS PARTNERS IN DEVELOPING AND DISASTER-STRICKEN COUNTRIES THROUGHOUT THE WORLD. SINCE ITS FOUNDING IN 1958, THE FOUNDATION TOGETHER WITH ITS PARTNERS HAS PROVIDED OVER \$4 BILLION IN GOODS AND SERVICES INCLUDING, OVER 106,000 TONS OF MEDICAL SUPPLIES, TEXTBOOKS, SEEDS, AND FOOD. SUCH ASSISTANCE HAS ENHANCED THE QUALITY OF LIFE FOR INNUMERABLE PEOPLE IN THE HEALTHCARE, INFRASTRUCTURE, DISASTER RESPONSE AND EDUCATIONAL AREAS.

VII) ADDITIONAL FACTORS PERTINENT TO MEMBERSHIP ORGANIZATIONS: THE FOUNDATION IS NOT A MEMBERSHIP ORGANIZATION.

VIII) CONCLUSION: ALTHOUGH THE FOUNDATION DOES NOT MEET THE MECHANICAL COMPUTATION TEST DEFINED IN TREASURY REGULATION 1.170A-9(C)(2) FOR DESIGNATION AS A "PUBLICLY SUPPORTED" ORGANIZATION; IT CONTINUES TO QUALIFY AS "PUBLICLY SUPPORTED" ORGANIZATION UNDER THE "FACTS AND CIRCUMSTANCES TEST" AS SET FORTH IN TREASURY REGULATION 1.170A-9(E)(3).

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

**BROTHER ' S BROTHER FOUNDATION**

Employer identification number

**34-6562544**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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**

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

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

**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).

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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	<hr/> <hr/> <hr/>	\$ <u>51,288,362.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>38,802,165.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>9,301,563.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,871,372.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,086,186.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>994,696.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
7	<hr/> <hr/> <hr/>	\$ <u>929,632.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>825,104.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>799,134.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>744,435.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>626,278.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>555,466.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
13	<hr/> <hr/> <hr/>	\$ <u>555,009.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>493,823.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>436,220.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
16	<hr/> <hr/> <hr/>	\$ <u>380,348.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
17	<hr/> <hr/> <hr/>	\$ <u>379,850.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>323,487.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
19		\$ <u>322,940.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20		\$ <u>303,524.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
21		\$ <u>276,619.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
22		\$ <u>202,058.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23		\$ <u>194,255.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
24		\$ <u>183,256.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
25	<hr/> <hr/> <hr/>	\$ <u>183,023.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ <u>178,547.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ <u>172,099.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ <u>161,880.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ <u>148,682.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ <u>147,467.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
31	<hr/> <hr/> <hr/>	\$ <u>144,623.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	<hr/> <hr/> <hr/>	\$ <u>121,746.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	<hr/> <hr/> <hr/>	\$ <u>92,669.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>84,931.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	<hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>61,482.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
37	_____ _____ _____	\$ <u>60,682.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	_____ _____ _____	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	_____ _____ _____	\$ <u>57,366.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	_____ _____ _____	\$ <u>52,779.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
41	_____ _____ _____	\$ <u>50,270.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	_____ _____ _____	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
43	<hr/> <hr/> <hr/>	\$ 43,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ 41,940.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ 39,527.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
46	<hr/> <hr/> <hr/>	\$ 39,150.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
47	<hr/> <hr/> <hr/>	\$ 36,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ 31,161.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
49	_____ _____ _____	\$ <u>30,829.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	_____ _____ _____	\$ <u>30,460.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
51	_____ _____ _____	\$ <u>28,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
52	_____ _____ _____	\$ <u>27,216.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
53	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	_____ _____ _____	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
55	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ 24,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
61	_____ _____ _____	\$ <u>22,673.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62	_____ _____ _____	\$ <u>20,741.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	_____ _____ _____	\$ <u>20,701.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64	_____ _____ _____	\$ <u>20,606.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
65	_____ _____ _____	\$ <u>20,232.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
66	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
67	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	<hr/> <hr/> <hr/>	\$ 17,954.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
72	<hr/> <hr/> <hr/>	\$ 17,232.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
73	_____ _____ _____	\$ 17,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____ _____ _____	\$ 16,764.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____ _____ _____	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
79	<hr/> <hr/> <hr/>	\$ <u>14,947.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
80	<hr/> <hr/> <hr/>	\$ <u>14,787.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
81	<hr/> <hr/> <hr/>	\$ <u>14,462.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
82	<hr/> <hr/> <hr/>	\$ <u>14,220.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
83	<hr/> <hr/> <hr/>	\$ <u>13,938.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
84	<hr/> <hr/> <hr/>	\$ <u>12,859.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
85	<hr/> <hr/> <hr/>	\$ <u>12,428.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ <u>11,676.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ <u>11,387.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ <u>11,264.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ <u>11,140.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
91	_____ _____ _____	\$ <u>10,853.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	_____ _____ _____	\$ <u>10,851.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
93	_____ _____ _____	\$ <u>10,055.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	_____ _____ _____	\$ <u>10,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
97	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
103	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ _____	\$ <u>9,935.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
109	 <hr/> <hr/> <hr/>	\$ <u>9,923.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
110	 <hr/> <hr/> <hr/>	\$ <u>9,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	 <hr/> <hr/> <hr/>	\$ <u>9,155.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
112	 <hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	 <hr/> <hr/> <hr/>	\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	 <hr/> <hr/> <hr/>	\$ <u>8,835.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
115	_____ _____ _____	\$ <u>8,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>8,301.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ <u>7,764.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ <u>7,736.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ <u>7,595.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
121	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	_____ _____ _____	\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	_____ _____ _____	\$ <u>7,375.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	_____ _____ _____	\$ <u>7,231.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
126	_____ _____ _____	\$ <u>7,005.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
127	_____ _____ _____	\$ <u>6,932.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ _____	\$ <u>6,274.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
130	_____ _____ _____	\$ <u>6,210.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ _____	\$ <u>6,063.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
133	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ _____	\$ <u>5,995.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ _____	\$ <u>5,983.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ _____	\$ <u>5,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ _____	\$ <u>5,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
139	 <hr/> <hr/> <hr/>	\$ <u>5,507.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
140	 <hr/> <hr/> <hr/>	\$ <u>5,460.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141	 <hr/> <hr/> <hr/>	\$ <u>5,225.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
142	 <hr/> <hr/> <hr/>	\$ <u>5,068.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
143	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144	 <hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
145	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
149	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
151	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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**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
157	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
163	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	<hr/> <hr/> <hr/>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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
169	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	_____ _____ _____	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	MEDICAL SUPPLIES _____ _____ _____	\$ <u>51,288,362.</u>	<u>01/19/21</u>
2	MEDICAL SUPPLIES _____ _____ _____	\$ <u>38,802,165.</u>	<u>03/05/21</u>
3	MEDICAL SUPPLIES _____ _____ _____	\$ <u>9,301,563.</u>	<u>09/03/21</u>
4	MEDICAL SUPPLIES _____ _____ _____	\$ <u>1,871,372.</u>	<u>02/23/21</u>
5	MEDICAL SUPPLIES _____ _____ _____	\$ <u>1,086,186.</u>	<u>02/02/21</u>
6	MEDICAL SUPPLIES _____ _____ _____	\$ <u>994,696.</u>	<u>05/10/21</u>

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	MEDICAL SUPPLIES _____ _____ _____	\$ <u>929,632.</u>	<u>10/28/21</u>
8	MEDICAL SUPPLIES _____ _____ _____	\$ <u>825,104.</u>	<u>02/25/21</u>
9	MEDICAL SUPPLIES _____ _____ _____	\$ <u>799,134.</u>	<u>01/05/21</u>
11	MEDICAL SUPPLIES _____ _____ _____	\$ <u>626,278.</u>	<u>01/11/21</u>
12	MEDICAL SUPPLIES _____ _____ _____	\$ <u>555,466.</u>	<u>12/22/21</u>
13	MEDICAL SUPPLIES _____ _____ _____	\$ <u>555,009.</u>	<u>04/09/21</u>

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
14	MEDICAL SUPPLIES _____ _____ _____	\$ <u>493,823.</u>	<u>03/26/21</u>
15	MEDICAL SUPPLIES _____ _____ _____	\$ <u>436,220.</u>	<u>01/25/21</u>
16	MEDICAL SUPPLIES _____ _____ _____	\$ <u>380,348.</u>	<u>02/23/21</u>
18	MEDICAL SUPPLIES _____ _____ _____	\$ <u>323,487.</u>	<u>07/15/21</u>
19	HUMANITARIAN SUPPLIES _____ _____ _____	\$ <u>322,940.</u>	<u>12/28/21</u>
20	MEDICAL SUPPLIES _____ _____ _____	\$ <u>303,524.</u>	<u>05/07/21</u>

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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
21	MEDICAL SUPPLIES _____ _____ _____	\$ <u>276,619.</u>	<u>07/29/21</u>
22	MEDICAL SUPPLIES _____ _____ _____	\$ <u>202,058.</u>	<u>02/01/21</u>
23	MEDICAL SUPPLIES _____ _____ _____	\$ <u>194,255.</u>	<u>07/22/21</u>
24	MEDICAL SUPPLIES _____ _____ _____	\$ <u>183,256.</u>	<u>07/30/21</u>
25	MEDICAL SUPPLIES _____ _____ _____	\$ <u>183,023.</u>	<u>09/08/21</u>
27	MEDICAL SUPPLIES _____ _____ _____	\$ <u>172,099.</u>	<u>02/01/21</u>

Name of organization

Employer identification number

**BROTHER'S BROTHER FOUNDATION****34-6562544****Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
28	MEDICAL SUPPLIES _____ _____ _____	\$ 161,880.	04/21/21
29	MEDICAL SUPPLIES _____ _____ _____	\$ 148,682.	04/20/21
30	MEDICAL SUPPLIES _____ _____ _____	\$ 22,500.	03/22/21
31	MEDICAL SUPPLIES _____ _____ _____	\$ 144,623.	09/23/21
32	MEDICAL SUPPLIES _____ _____ _____	\$ 121,746.	12/03/21
33	MEDICAL SUPPLIES AND EDUCATION SUPPLIES _____ _____ _____	\$ 92,669.	06/24/21

Name of organization  <b>BROTHER ' S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
34	MEDICAL SUPPLIES _____ _____ _____	\$ <u>84,931.</u>	<u>06/01/21</u>
36	MEDICAL SUPPLIES _____ _____ _____	\$ <u>61,482.</u>	<u>02/02/21</u>
37	PHARMACEUTICAL _____ _____ _____	\$ <u>60,682.</u>	<u>10/18/21</u>
39	MEDICAL SUPPLIES _____ _____ _____	\$ <u>57,366.</u>	<u>06/29/21</u>
41	MEDICAL SUPPLIES _____ _____ _____	\$ <u>50,270.</u>	<u>05/10/21</u>
44	MEDICAL SUPPLIES _____ _____ _____	\$ <u>41,940.</u>	<u>12/08/21</u>

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
45	MEDICAL SUPPLIES _____ _____ _____	\$ <u>39,527.</u>	<u>11/29/21</u>
46	EDUCATION SUPPLIES _____ _____ _____	\$ <u>39,150.</u>	<u>07/21/21</u>
48	MEDICAL SUPPLIES _____ _____ _____	\$ <u>31,161.</u>	<u>05/17/21</u>
50	MEDICAL SUPPLIES _____ _____ _____	\$ <u>30,460.</u>	<u>12/01/21</u>
51	MEDICAL SUPPLIES _____ _____ _____	\$ <u>28,000.</u>	<u>04/14/21</u>
52	MEDICAL SUPPLIES _____ _____ _____	\$ <u>27,216.</u>	<u>05/03/21</u>

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
63	MEDICAL SUPPLIES _____ _____ _____	\$ <u>20,701.</u>	<u>08/11/21</u>
64	MEDICAL SUPPLIES _____ _____ _____	\$ <u>20,606.</u>	<u>03/10/21</u>
65	MEDICAL SUPPLIES _____ _____ _____	\$ <u>20,232.</u>	<u>11/02/21</u>
71	MEDICAL SUPPLIES _____ _____ _____	\$ <u>17,954.</u>	<u>06/09/21</u>
73	MEDICAL SUPPLIES _____ _____ _____	\$ <u>17,000.</u>	<u>01/21/21</u>
74	MEDICAL SUPPLIES _____ _____ _____	\$ <u>16,764.</u>	<u>02/25/21</u>



Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
79	MEDICAL SUPPLIES _____ _____ _____	\$ <u>14,947.</u>	<u>03/08/21</u>
80	MEDICAL SUPPLIES _____ _____ _____	\$ <u>14,787.</u>	<u>01/25/21</u>
81	MEDICAL SUPPLIES _____ _____ _____	\$ <u>14,462.</u>	<u>08/12/21</u>
82	EDUCATION SUPPLIES _____ _____ _____	\$ <u>14,220.</u>	<u>03/24/21</u>
83	MEDICAL SUPPLIES _____ _____ _____	\$ <u>13,938.</u>	<u>07/02/21</u>
85	MEDICAL SUPPLIES _____ _____ _____	\$ <u>12,428.</u>	<u>10/27/21</u>

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
87	MEDICAL SUPPLIES _____ _____ _____	\$ <u>11,676.</u>	<u>03/17/21</u>
88	MEDICAL SUPPLIES _____ _____ _____	\$ <u>11,387.</u>	<u>01/07/21</u>
92	MEDICAL SUPPLIES _____ _____ _____	\$ <u>10,851.</u>	<u>03/15/21</u>
108	MEDICAL SUPPLIES _____ _____ _____	\$ <u>9,935.</u>	<u>08/03/21</u>
109	MEDICAL SUPPLIES _____ _____ _____	\$ <u>9,923.</u>	<u>03/08/21</u>
116	MEDICAL SUPPLIES _____ _____ _____	\$ <u>8,301.</u>	<u>06/10/21</u>

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
118	MEDICAL SUPPLIES _____ _____ _____	\$ <u>7,764.</u>	<u>03/18/21</u>
119	MEDICAL SUPPLIES _____ _____ _____	\$ <u>7,736.</u>	<u>04/12/21</u>
120	MEDICAL SUPPLIES _____ _____ _____	\$ <u>7,595.</u>	<u>10/28/21</u>
125	MEDICAL SUPPLIES _____ _____ _____	\$ <u>7,231.</u>	<u>03/18/21</u>
126	EDUCATION SUPPLIES _____ _____ _____	\$ <u>7,005.</u>	<u>01/08/21</u>
129	MEDICAL SUPPLIES _____ _____ _____	\$ <u>6,274.</u>	<u>11/02/21</u>

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
130	EDUCATION SUPPLIES _____ _____ _____	\$ <u>6,210.</u>	<u>06/16/21</u>
131	MEDICAL SUPPLIES _____ _____ _____	\$ <u>6,063.</u>	<u>06/11/21</u>
135	MEDICAL SUPPLIES _____ _____ _____	\$ <u>5,995.</u>	<u>02/17/21</u>
139	MEDICAL SUPPLIES _____ _____ _____	\$ <u>5,507.</u>	<u>06/11/21</u>
142	MEDICAL SUPPLIES _____ _____ _____	\$ <u>5,068.</u>	<u>10/13/21</u>
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>BROTHER 'S BROTHER FOUNDATION</b>	Employer identification number  <b>34-6562544</b>
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**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 Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

2021

Open to Public Inspection

Name of the organization: BROTHER'S BROTHER FOUNDATION; Employer identification number: 34-6562544

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure); 2. Conservation contribution details (table with 2a-2d); 3-9. Monitoring and reporting requirements (checkboxes for policy, staff hours, expenses, and reporting).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with sections 1a-1b and 2. 1a: Text of footnote for public exhibition. 1b: Amounts for art collections. 2: Amounts for art collections for financial gain.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	438,633.	456,838.	392,996.	448,220.	386,391.
b Contributions					
c Net investment earnings, gains, and losses	157.	-9,516.	71,809.	-45,460.	69,406.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,610.	8,689.	7,967.	9,764.	7,577.
f Administrative expenses					
g End of year balance	430,180.	438,633.	456,838.	392,996.	448,220.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  0.0000 %
  - b Permanent endowment  100 %
  - c Term endowment  0.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		213,201.		213,201.
b Buildings		2,264,900.	788,799.	1,476,101.
c Leasehold improvements				
d Equipment		1,064,612.	509,134.	555,478.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,244,780.</b>

**Part VII 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)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 ...



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	117,390,459.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	117,390,459.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	5,008.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-87,900.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-82,892.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	117,307,567.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	121,883,017.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	87,900.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	87,900.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	121,795,117.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	5,008.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	5,008.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	121,800,125.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part 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 V, LINE 4:**

THE ENDOWMENT CONSISTS OF AN INVESTMENT FUND ESTABLISHED PRIMARILY FOR PROGRAMMING AND OPERATING NEEDS OF THE FOUNDATION AND INCLUDES DONOR-RESTRICTED FUNDS. AS REQUIRED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS.

THE BOARD OF TRUSTEES OF THE FOUNDATION HAS ELECTED TO BE GOVERNED BY THE COMMONWEALTH OF PENNSYLVANIA'S ACT 141 (ACT 141) FOR THE DONOR-RESTRICTED ENDOWMENT FUNDS. ACT 141 IS A TOTAL RETURN POLICY THAT ALLOWS A NONPROFIT

**Part XIII** Supplemental Information (continued)

TO CHOOSE TO TREAT A PERCENTAGE OF THE AVERAGE MARKET VALUE OF THE  
 ENDOWMENT'S PERMANENTLY RESTRICTED INVESTMENTS AS INCOME EACH YEAR.  
 HOWEVER, THE LONG-TERM PRESERVATION OF THE REAL VALUE OF THE ASSETS MUST  
 BE TAKEN INTO CONSIDERATION WHEN THE BOARD ELECTS THE AMOUNT. ON AN  
 ANNUAL BASIS, THE BOARD MUST ELECT, IN WRITING, A SPENDING RATE OF BETWEEN  
 2% AND 7%. THIS PERCENTAGE IS APPLIED TO THE AVERAGE MARKET VALUE OF THE  
 INVESTMENTS AT THE END OF THE PRIOR YEAR. AVERAGE MARKET VALUE IS BASED  
 ON THE PREVIOUS 12 QUARTERS. THE FOUNDATION CLASSIFIES AS NET ASSETS WITH  
 DONOR RESTRICTIONS THE ORIGINAL VALUE OF GIFTS DONATED TO THE PERMANENT  
 ENDOWMENT AND THE ORIGINAL VALUE OF SUBSEQUENT GIFTS TO THE PERMANENT  
 ENDOWMENT. THE UNDISTRIBUTED AMOUNTS EARNED ARE INCLUDED NET ASSETS WITH  
 DONOR RESTRICTIONS AS WELL. IN ACCORDANCE WITH ACT 141, THE FOUNDATION  
 HAS ADOPTED A WRITTEN INVESTMENT POLICY, OF WHICH A SECTION SPECIFICALLY  
 RELATES TO THE ENDOWMENT FUND. THE FOUNDATION CONSIDERS THE FOLLOWING  
 FACTORS IN MAKING A DETERMINATION TO SET A SPENDING RATE:

1. PROTECTING THE CORPUS OF THE ENDOWMENT FUND;
2. PRESERVING THE SPENDING POWER OF THE ASSETS;
3. OBTAINING MAXIMUM INVESTMENT RETURN WITH REASONABLE RISK AND  
 OPERATIONAL CONSIDERATION; AND
4. COMPLYING WITH APPLICABLE LAWS.

PART X, LINE 2:

THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE  
 U.S. INTERNAL REVENUE CODE (IRC) AND IS ALSO CLASSIFIED AS AN ENTITY THAT  
 IS NOT A PRIVATE FOUNDATION UNDER THE MEANING OF SECTION 509(A) OF THE  
 IRC. IN ADDITION, THE FOUNDATION HAS NOT IDENTIFIED ANY MATERIAL  
 UNCERTAIN TAX POSITIONS REQUIRING AN ACCRUAL OR DISCLOSURE IN THE

**Part XIII** Supplemental Information (continued)

FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY TAXING AUTHORITIES IN ANY MAJOR TAX JURISDICTION FOR YEAR BEFORE DECEMBER 31, 2018.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-68,383.
FUNDRAISING	-19,517.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-87,900.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE	68,383.
FUNDRAISING	19,517.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	87,900.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

Employer identification number

**BROTHER'S BROTHER FOUNDATION**

**34-6562544**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(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, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	114,524,281.
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	70,308.
SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA, ECUADOR,	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	1,372,475.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF PHARMACEUTICALS & MED. SUPPLIES & EQUIPMENT	109,118.
SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	2,152,915.
<b>3 a Subtotal</b> .....	0	0			118,229,097.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			118,229,097.

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

Schedule F (Form 990) 2021

**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)	(c) Region	(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)
		CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA,	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	69,552.	DIRECT DISPERSEMENT	114,454,729.	BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION
		EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA,	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	16,038.	DIRECT DISPERSEMENT	54,270.	BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION
		SOUTH AMERICA - ARGENTINA, BOLIVIA, BRAZIL, CHILE, COLUMBIA,	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	0.	N/A	1372475.	N/A	SEE PART V; SUPPLEMENTAL INFORMATION
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PROVISION OF PHARMACEUTICALS & MED. SUPPLIES & EQUIPMENT	35,000.	DIRECT DISPERSEMENT	74,118.	PHARMACEUTICALS & MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION
		SUB-SAHARAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	127,477.	DIRECT DISPERSEMENT	2025438.	BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **39**

3 Enter total number of other organizations or entities ..... **0**

**Part III** Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(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 of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 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 Instructions for Form 926)* .....  Yes  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 Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  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 Instructions for Form 5471)* .....  Yes  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 Instructions for Form 8621)* .....  Yes  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 Instructions for Form 8865)* .....  Yes  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 Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

**GRANT MAKING/ELIGIBLE RECIPIENT PROCESS:**

1. BBF RECEIVES NUMEROUS REQUESTS FOR ASSISTANCE. BBF WORKS WITH ESTABLISHED PARTNER AGENCIES IN MANY LOCATIONS INTERNATIONALLY. COMPLETION OF AN INTERNATIONAL RECIPIENT APPLICATION DOES NOT AUTOMATICALLY RESULT IN THE GRANT OF REQUESTED ITEMS.

2. THE REQUESTING RECIPIENT MUST NOTIFY BBF OF THE SPECIFIC MATERIAL RESOURCES NEEDED IN THE PARTICULAR COUNTRY. THIS LIST SHOULD BE AS DETAILED AS POSSIBLE. THIS DOCUMENT SHOULD BE PREPARED BY PROFESSIONALS AND/OR BENEFICIARY PARTICIPANTS WITH THE KNOWLEDGE OF THE NEEDS IN THE COUNTRY. IN ADDITION, THE REQUESTING RECIPIENT MUST COMPLETE AND SUBMIT THE INTERNATIONAL RECIPIENT APPLICATION.

3. THE FOLLOWING MUST BE PROVIDED TO BBF: A STATEMENT INDICATING THAT THE DONATED GOODS WILL BE DISTRIBUTED AT NO COST TO THE ULTIMATE RECIPIENT AND DOCUMENTATION IDENTIFYING THE SPONSORING ORGANIZATION'S AND RECIPIENT'S CHARITABLE STATUS SUCH AS A 501(C)(3) CERTIFICATION OR NON-GOVERNMENTAL ORGANIZATION (NGO) CERTIFICATE OF REGISTRATION FROM OVERSEAS PARTNER AGENCY. AN OFFICIAL DOCUMENT FROM THE RECIPIENT COUNTRY'S GOVERNMENT STATING THAT ORGANIZATION OR INSTITUTION HAS DUTY-FREE STATUS FOR THE GOODS BEING SHIPPED (IMPORTED) IS REQUIRED. BACKGROUND LITERATURE, BROCHURES, ANNUAL REPORTS AND OTHER INFORMATION DESCRIBING THE ORGANIZATIONS INVOLVED MUST ALSO BE SUBMITTED.

4. IF THE MATERIAL BEING REQUESTED BY THE RECIPIENT COUNTRY WILL BE USED



**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

WITHIN A NATIONAL AND/OR COMMUNITY DEVELOPMENT PLAN, BBF REQUIRES A COPY OF THIS PLAN THAT OUTLINES THE DISTRIBUTION PROCESS, DURATION OF PLAN AND EVALUATION PROCESS OF THE EFFECTIVENESS.

5. DOCUMENTATION STATING THAT THERE ARE WAREHOUSE OR STORAGE FACILITIES AVAILABLE FOR THE SHIPMENT MUST BE PROVIDED.

6. RECIPIENTS MUST PROVIDE COMPLETE CONSIGNEE INFORMATION, INCLUDING A CONTACT PERSON, ADDRESS, TELEPHONE AND FAX NUMBERS AND EMAIL ADDRESS. THE CONSIGNEE MUST BE CAPABLE OF CLEARING THE CONTAINER THROUGH CUSTOMS AND PROVIDING APPROPRIATE LOGISTICAL IN-COUNTRY SUPPORT.

7. AN OUTLINE OF THE DISTRIBUTION PLAN STATING WHO THE END USER OF THE DONATED MATERIALS WILL BE, AND A PROMISE TO SUBMIT A WRITTEN REPORT ON THE DISTRIBUTION PROCESS ONCE THE SHIPMENT ARRIVES.

8. ONCE DISTRIBUTED, THE RECIPIENT ORGANIZATION IS REQUIRED TO PROVIDE BBF WITH DISTRIBUTION REPORTS AND OTHER DOCUMENTATION SUCH AS PHOTOGRAPHS, NEWSPAPER ARTICLES AND LETTERS SUPPORTING THE EFFORT BY APPROPRIATE OFFICIALS AND PROFESSIONALS.

9. IT MAY BE THE RESPONSIBILITY OF THE RECIPIENT/SPONSORING ORGANIZATION TO COVER THE COSTS ASSOCIATED WITH THE SHIPMENT (IN-LAND AND OCEAN TRANSPORTATION AND BBF PROGRAM SERVICE FEE).

10. THE RECIPIENT IS REQUIRED TO CONFIRM ITS REQUEST FOR MATERIAL SELECTED FROM THE BBF PROVIDED INVENTORY LIST IN WRITING. THE LIST

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PROVIDED WILL INCLUDE RELATIVE INFORMATION SUCH AS PRODUCT DESCRIPTION,  
QUANTITIES ON HAND, DATING INFORMATION AND ANY DISTRIBUTION RESTRICTIONS.

PART I, LINE 3:

BOOKS AND EDUCATIONAL SUPPLIES ARE VALUED AT FAIR MARKET VALUE.

PHARMACEUTICALS ARE VALUED AT FEDERAL AND STATE MEDICARE & MEDICAID

PRICES SET FORTH BY THE CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS)

AND THE WEST VIRGINIA STATE MAXIMUM ALLOWABLE COST (WV SMAC).

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **BROTHER ' S BROTHER FOUNDATION** Employer identification number: **34-6562544**

**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.
  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

- 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.
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**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 (add col. (a) through col. (c))
		GOLF OUTING (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	95,875.		95,875.
	2	Less: Contributions	81,344.		81,344.
	3	Gross income (line 1 minus line 2)	14,531.		14,531.
Direct Expenses	4	Cash prizes	1,500.		1,500.
	5	Noncash prizes	4,733.		4,733.
	6	Rent/facility costs	1,500.		1,500.
	7	Food and beverages	8,298.		8,298.
	8	Entertainment			
	9	Other direct expenses	3,486.		3,486.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			19,517.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-4,986.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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?  Yes  No

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  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	%
b 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 ▶ \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

- 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?  Yes  No

- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

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\_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **BROTHER'S BROTHER FOUNDATION** Employer identification number **34-6562544**

**Part I General Information on Grants and Assistance**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**

**2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
HEART TO HEART INTERNATIONAL 2029 S ELMS RD STE A121 SWARTZ CREEK, MI 48473	20-1156489	501(C)(3)	25,000.	0.	N/A	N/A	GRANT FOR HAITI RESPONSE
INTERNATIONAL MEDICAL CORPS 2156 1801 W OLYMPIC BLVD PASADENA, CA 91199	95-3949646	501(C)(3)	25,000.	0.	N/A	N/A	GRANT FOR MIDWEST TORNADO RESPONSE
FEEDING AMERICA KENTUCKY'S HEARTLAND, INC. - PO BOX 821 - ELIZABETHTOWN, KY 42702	61-1043635	501(C)(3)	20,000.	0.	N/A	N/A	GRANT FOR TORNADO RESPONSE
ALLEN PLACE COMMUNITY SERVICES 227 BONVUE ST PITTSBURGH, PA 15214	27-1100587	501(C)(3)	10,000.	0.	N/A	N/A	GRANT FOR EQUIPMENT COST/STAKEHOLDER EVENTS AND DIABETES CLINIC
FOOD BANK OF NORTHEAST ARKANSAS PO BOX 2907 JONESBORO, AR 72402	71-0810999	501(C)(3)	10,000.	0.	N/A	N/A	GRANT FOR TORNADOS
GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD MIAMI, FL 33137	59-0624404	501(C)(3)	10,000.	0.	N/A	N/A	GRANT/SURFSIDE BUILDING COLLAPSE

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 13.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH TEXAS FOOD BANK PO BOX 2007 LAREDO, TX 78044	74-2574983	501(C)(3)	10,000.	0.	N/A	N/A	DISASTER RELIEF FOR TEXAS/URI AND VIOLA
CENTERVILLE CLINICS 1070 OLD NATIONAL PIKE FREDERICKTOWN, PA 15333	25-1008110	501(C)(3)	0.	8,000.	N/A	MEDICAL SUPPLIES	TREADWAYS GRANT
COMMUNITY OF ANGELS 14297 ZILLA ST NW ANDOVER, MN 55304	80-0712300	501(C)(3)	0.	123,035.	N/A	MEDICAL SUPPLIES	PGH HEALTHCARE PROJECTS
GLOBAL HEALTH MINISTRIES 1837 S NEVADA AVE UNIT 221 COLORADO SPRINGS, CO 80905	47-1975184	501(C)(3)	0.	61,439.	N/A	MEDICAL SUPPLIES	PGH HEALTHCARE PROJECTS
PONCE MEDICAL SCHOOL FOUNDATION INC - CALLE MONTEREY #275 - PONCE, PR 00716	99-0379122	501(C)(3)	0.	75,151.	N/A	MEDICAL SUPPLIES	PGH HEALTHCARE PROJECTS
PUERTO RICO RISES PO BOX 390833 DELTONA, FL 32729	82-2915786	501(C)(3)	5,000.	51,619.	N/A	MEDICAL SUPPLIES	PGH HEALTHCARE PROJECTS
RESIDENTIAL CARE SERVICES 2400 ARDMORE BLVD STE 601 PITTSBURGH, PA 15221	25-1444331	501(C)(3)	0.	6,000.	N/A	MEDICAL SUPPLIES	COVID RELIEF



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

**THE FOUNDATION'S PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS ARE SIMILAR TO THAT DESCRIBED IN SCHEDULE F, PART IV.**

**ALSO, ORGANIZATIONS WITHIN THE US PROVIDE DETAILED EXPENDITURE REPORTS OF PROGRAMS FOR GRANTS RECEIVED FROM BBF.**

**FORM 990, SCHEDULE I, PART I AND PART II:**

**BOOKS AND EDUCATION SUPPLIES ARE VALUED AT FAIR MARKET VALUE.**

**Part IV** Supplemental Information

PHARMACEUTICALS ARE VALUED AT FEDERAL AND STATE MEDICARE & MEDICAID  
PRICES SET FORTH BY THE CENTER FOR MEDICARE AND MEDICAID SERVICES (CMS)  
AND THE WEST VIRGINIA STATE MAXIMUM ALLOWABLE COST (WV SMAC).

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **BROTHER ' S BROTHER FOUNDATION** Employer identification number **34-6562544**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input type="checkbox"/> Compensation survey or study                               |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2021

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) OZZY A. SAMAD PRESIDENT	(i)	146,758.	12,000.	0.	11,907.	1,447.	172,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7:

BONUS AWARDS ARE RELATED TO INDIVIDUAL PERFORMANCE AND ARE DETERMINED BY  
THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **BROTHER ' S BROTHER FOUNDATION** Employer identification number **34-6562544**

**Part 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 determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		68,265.	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
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	X	300	114,862,599.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( HUMANITARIAN )	X	10	328,769.	FAIR MARKET VALUE
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER SHOWN IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS FOR EACH TYPE OF PROPERTY FOR THE YEAR ENDED DECEMBER 31, 2021.

Multiple horizontal lines for data entry.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

BROTHER'S BROTHER FOUNDATION

Employer identification number

34-6562544

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LOCALIZED PROGRAMS AND PROVIDING ESSENTIAL RESOURCES IN THE AREAS OF  
HEALTHCARE, INFRASTRUCTURE, DISASTER RESPONSE, AND EDUCATION (H.I.D.E).

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTHCARE PROGRAM: WORKING WITH DOMESTIC AND INTERNATIONAL RELIEF  
ORGANIZATIONS, BBF'S HEALTHCARE PROGRAM PROVIDES PHARMACEUTICALS,  
MEDICAL SUPPLIES AND EQUIPMENT TO PROMOTE BETTER HEALTHCARE OUTCOMES.  
BBF RECEIVES DONATIONS FROM PHARMACEUTICAL MANUFACTURERS, WHOLESALERS  
AND SUPPLIERS, MEDICAL FACILITIES, OTHER ORGANIZATIONS, AND INDIVIDUALS  
THROUGHOUT THE UNITED STATES.

IN 2021, BBF SENT 114 SHIPMENTS OF REQUESTED PHARMACEUTICALS, MEDICAL  
SUPPLIES, AND EQUIPMENT. BBF PROVIDED SUPPLIES FOR 18 HAND-CARRY  
MEDICAL AND HUMANITARIAN MED-SURG TRIPS AT NO COST TO THE PHYSICIAN  
TEAMS. THESE TRIPS ALLOW BBF TO SERVE AND REACH ADDITIONAL POPULATIONS  
IN NEED. THE CONTAINERS AND MED-SURG TRIPS WENT TO 24 COUNTRIES AROUND  
THE WORLD.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATION PROGRAM: BROTHER'S BROTHER FOUNDATION (BBF) RECEIVES DONATED  
NEW AND USED TEXTBOOKS AND EDUCATIONAL MATERIAL FROM A NUMBER OF LARGE  
U.S. - BASED PUBLISHERS. BBF WORKS WITH TRUSTED PARTNER ORGANIZATIONS  
TO ENSURE THAT ALL DONATED EDUCATIONAL MATERIAL WILL IMPROVE THE ACCESS  
AND QUALITY OF EDUCATION FOR DISADVANTAGED CHILDREN AND SCHOOL AGE  
YOUTH IN RECIPIENT COUNTRIES.

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

Schedule O (Form 990) 2021

132211 11-11-21



Name of the organization BROTHER'S BROTHER FOUNDATION	Employer identification number 34-6562544
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IN 2021, BBF SUPPORTED 10 EDUCATIONAL PROGRAMS IN 8 DIFFERENT COUNTRIES THROUGH PROVIDING GRANTS AND SUPPLIES. MOST OF BBF'S DONATIONS ARE DISTRIBUTED OUTSIDE THE UNITED STATES BUT ALSO INCLUDE PROJECTS WITHIN THE COUNTRY IN LOCAL UNDERSERVED COMMUNITIES AND OTHER RECIPIENTS SUCH AS NATIVE AMERICAN SCHOOLS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DISASTER RESPONSE PROGRAM: BBF RECEIVES A VARIETY OF HUMANITARIAN DONATIONS INCLUDING DISASTER RESPONSE SUPPLIES FROM U.S. MANUFACTURERS AND INDIVIDUALS. BBF RESPONDS TO NATURAL AND OTHER DISASTERS BOTH DOMESTICALLY IN THE US AND THROUGHOUT THE WORLD. THESE RESPONSES INCLUDE PROVIDING NEEDED HUMANATARIAN SUPPLIES AND EQUIPMENT, ALONG WITH SUPPORT FOR MEDICAL FACILITY RELATED PROGRAMS. THIS SUPPORT IS GENERALLY PROVIDED IN COLLABORATION WITH IN-COUNTRY PARTNERS ON THE GROUND. IN 2021, BBF RESPONDED TO 11 DISASTERS BY PROVIDING GRANTS, MEDICATION, HEALTHCARE EQUIPMENT, AND HUMANITARIAN SUPPLIES FOR RELIEF AND RECOVERY EFFORTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INFRASTRUCTURE PROGRAM:

THE INFRASTRUCTURE PROGRAM FOCUSES ON THE AREAS OF SOLAR POWER AND WASH (WATER, SANITATION, AND HYGIENE). IN 2021, BBF SUPPORTED 6 INFRASTRUCTURE PROJECTS IN GUATEMALA, HONDURAS, LIBERIA, UNITED STATES, AND INDIA.

1. SOLAR: BBF HAS BEEN WORKING WITH PARTNERS TO HELP INSTALL SOLAR

Name of the organization BROTHER'S BROTHER FOUNDATION	Employer identification number 34-6562544
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PANEL SYSTEMS SINCE EARLY 2013. THE PROGRAM BEGAN WITH SUPPLYING BATTERIES TO SIX HOSPITALS IN LIBERIA AND SINCE THEN HAS GROWN IN SIZE AND SCOPE. THE RURAL HEALTH CLINICS THAT RECEIVE THESE SOLAR POWER SYSTEMS OFTEN DID NOT PREVIOUSLY HAVE ACCESS TO A RELIABLE POWER SOURCE. THESE INSTALLATIONS HAVE NOW ENABLED THE CLINICS TO ALSO REFRIGERATE MEDICINES AND PROVIDE SERVICES SUCH AS ATTENDING TO EXPECTANT MOTHERS DURING NON-DAYLIGHT HOURS. THOUGH THE PROJECT WAS IMPACTED BY COVID-19 IN 2020 AND 2021, THE PROGRAM HAS EQUIPPED 78 CLINICS AND HOSPITALS IN SUB-SAHARAN AFRICA AND PUERTO RICO IN COLLABORATION WITH PARTNERS.

2. WASH: THE WATER, SANITATION, & HYGIENE PROGRAM IS A NEW BBF INITIATIVE AND CONTINUES TO TAKE SHAPE AS WE WORK THROUGH SOME OF THE CHALLENGES CAUSED BY THE PANDEMIC. ACCESS TO THE AREAS OF W.A.S.H. HAVE BEEN DELINEATED AS KEY HUMANITARIAN ISSUES AND INTERNATIONAL PUBLIC HEALTH PRIORITIES. THEY HAVE BEEN ASSOCIATED WITH IMPROVING HEALTH, LIFE EXPECTANCY, STUDENT LEARNING, AND GENDER EQUALITY. ADDITIONALLY, STUDIES HAVE SHOWN THAT THEY ARE INSTRUMENTAL IN REDUCING ILLNESS AND DEATH, WHILE HELPING REDUCE POVERTY AND IMPROVING SOCIO-ECONOMIC DEVELOPMENT.

EXPENSES \$ 150,879. INCLUDING GRANTS OF \$ 147,620. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL PROCURE AND EVALUATE RELEVANT INFORMATION AND MAKE RECOMMENDATIONS TO THE BOARD REGARDING PERSONNEL, COMPENSATION, DISCIPLINARY MATTERS, ACTIVITIES OF TRUSTEES, OPERATIONAL POLICIES AND OTHER MATTERS THAT DO NOT FALL UNDER THE PURVIEW OF ANY OTHER COMMITTEE OF THE BOARD OF TRUSTEES OF THE CORPORATION. THE EXECUTIVE COMMITTEE SHALL

Name of the organization BROTHER'S BROTHER FOUNDATION	Employer identification number 34-6562544
--	--

ALSO REVIEW AND EVALUATE RECOMMENDATIONS OF OTHER COMMITTEES OF THE BOARD

OF TRUSTEES AND SHALL MAKE RECOMMENDATIONS REGARDING SAME TO THE BOARD.

THIS PROVISION IN NO WAY PRECLUDES OR LIMITS THE RIGHT AND OBLIGATION OF

COMMITTEES OF THE BOARD TO REPORT AND SUBMIT RECOMMENDATIONS DIRECTLY TO

THE BOARD. THE BOARD OF TRUSTEES MAY, AT ANY TIME, DELEGATE TO THE

EXECUTIVE COMMITTEE ITS AUTHORITY TO ACT ON ANY SPECIFIC MATTER WHERE

URGENCY AND/OR TIME LIMITATIONS NECESSITATE ACTION DURING INTERVALS BETWEEN

MEETINGS OF THE BOARD. ANY SUCH LIMITED DELEGATION OF AUTHORITY SHALL

EXPIRE AND REQUIRE RENEWAL, IF APPROPRIATE, AT THE COMMENCEMENT OF THE NEXT

MEETING OF THE FULL BOARD. THE EXECUTIVE COMMITTEE SHALL NOT HAVE THE POWER

AND AUTHORITY TO FILL VACANCIES ON THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE COO/CFO, PRESIDENT, APPROPRIATE STAFF AND

TRUSTEES PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS ALL EMPLOYEES, FOUNDATION OFFICERS

AND TRUSTEES. POTENTIAL CONFLICTS OF INTEREST INVOLVING A TRUSTEE OR

FOUNDATION OFFICER SHALL BE DISCLOSED DIRECTLY TO THE EXECUTIVE COMMITTEE OF

THE BOARD OF TRUSTEES, WHICH SHALL DETERMINE IF A CONFLICT EXISTS. IF THE

EXECUTIVE COMMITTEE DETERMINES THAT CONFLICT EXISTS, IT SHALL REFER THE

MATTER TO THE FULL BOARD OF TRUSTEES FOR EXAMINATION. POTENTIAL CONFLICTS

OF INTEREST INVOLVING EMPLOYEES SHOULD BE DISCLOSED TO THEIR SUPERVISOR OR

THE PRESIDENT. THE MINUTES OF MEETINGS OF THE EXECUTIVE COMMITTEE WITH

BOARD-DELEGATED POWERS SHALL CONTAIN THE NAMES OF THE PERSONS WHO DISCLOSED

OR WERE FOUND TO HAVE A CONFLICT OF INTEREST. IF A CONFLICT EXISTS THE

EXECUTIVE COMMITTEE SHALL DETERMINE WHETHER THE FOUNDATION CAN OBTAIN WITH

Name of the organization BROTHER'S BROTHER FOUNDATION	Employer identification number 34-6562544
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REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION DETERMINES COMPENSATION FOR INDIVIDUALS BASED ON A COMPENSATION SURVEY OR STUDY, FORM 990 OF OTHER ORGANZIATIONS, AND IS APPROVED BY THE ORGANZIATION'S BOARD OR COMPENSATION COMMITTEE. THIS PROCESS IS DOCUMENTED IN THE MINUTES OF THE EXECUITVE COMMITTEE MEETING.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

PA, AK, AL, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, MA, MD, ME, MI, MN, MS, NC, NH, NJ, NM, NY, OH, OR, RI, SC, TN, UT, VA, WI, WV, WA

FORM 990, PART VI, SECTION C, LINE 19:

A COPY OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON BROTHER'S BROTHER FOUNDATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING:

THE AUDIT COMMITTEE MEETS ON A REGULAR BASIS TO MONITOR THE FINANCIAL REPORTS OF THE ORGANIZATION. THE AUDIT COMMITTEE REVIEWS THE WORK OF THE AUDIT FIRM AND CHOOSES AUDIT FIRMS AFTER CAREFUL CONSIDERATION. THE AUDIT COMMITTEE REVIEWS AND APPROVES THE COMPLETED DRAFT REPORT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.