

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2022

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 for instructions and the latest information.

A For the **2022** calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
BROTHER'S BROTHER FOUNDATION
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1200 GALVESTON AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
PITTSBURGH, PA 15233-1604

D Employer identification number
34-6562544

E Telephone number
(412) 321-3160

G Gross receipts \$ **109,719,742.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527

J Website: **WWW.BROTHERSBROTHER.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1958** **M** State of legal domicile: **OH**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BROTHER'S BROTHER FOUNDATION HELPS BRIDGE THE GAP BETWEEN AID AND SUSTAINABILITY BY SUPPORTING		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	95
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	116,916,645.	109,203,630.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	448,237.	461,554.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,673.	13,699.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-66,988.	-179,486.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	117,307,567.	109,499,397.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	118,229,096.	86,038,266.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	1,299,822.	1,498,149.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	727,635.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,271,207.	2,130,271.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	121,800,125.	89,666,686.
	20 Total assets (Part X, line 16)	-4,492,558.	19,832,711.
	21 Total liabilities (Part X, line 26)	16,877,615.	36,735,429.
	22 Net assets or fund balances. Subtract line 21 from line 20	198,743.	222,567.
		Beginning of Current Year	End of Year
		16,678,872.	36,512,862.

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.

Sign Here
 Signature of officer: *[Signature]* Date: **05/23/25**
OZZY A. SAMAD, PRESIDENT
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **SARAH R. PIOT** Preparer's signature: *[Signature]* Date: _____
 Check if self-employed PTIN: **P01358891**
 Firm's name: **SCHNEIDER DOWNS & CO., INC.** Firm's EIN: **25-1408703**
 Firm's address: **ONE PPG PLACE, SUITE 1700** Phone no.: **412-261-3644**
PITTSBURGH, PA 15222

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 \$ 82,773,072. including grants of \$ 82,525,181.) (Revenue \$ 461,554.) HEALTHCARE PROGRAM - SEE SCHEDULE O FOR DESCRIPTION

4b (Code:) (Expenses \$ 3,833,098. including grants of \$ 2,145,436.) (Revenue \$) 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 2022, BBF RESPONDED TO 10 DISASTERS BY PROVIDING GRANTS, MEDICATION, HEALTHCARE EQUIPMENT, AND HUMANITARIAN SUPPLIES FOR RELIEF AND RECOVERY EFFORTS.

4c (Code:) (Expenses \$ 1,312,223. including grants of \$ 1,248,443.) (Revenue \$) EDUCATION PROGRAM - SEE SCHEDULE O FOR DESCRIPTION

4d Other program services (Describe on Schedule O.) (Expenses \$ 166,073. including grants of \$ 119,206.) (Revenue \$)

4e Total program service expenses 88,084,466.

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a 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 A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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 columns. Rows include questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	25	
b	Enter the number of voting members included on line 1a, above, who are independent	25	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
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.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(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			170,015.	0.	15,455.	
(2) ERIK RYAN COO/CFO	37.50			X			118,500.	0.	11,184.	
(3) LAURA KELLY VP OF COMMUNICATIONS & DEVELOPMENT	37.50				X		106,918.	0.	10,150.	
(4) THOMAS WENTLING BOARD CHAIR	0.50	X		X			0.	0.	0.	
(5) TERRENCE MURPHY BOARD-VICE CHAIR	0.50	X		X			0.	0.	0.	
(6) WALTER FOWLER TREASURER (EXITED 1/22)	0.50	X		X			0.	0.	0.	
(7) AUSTIN HENRY SECRETARY (EXITED 1/22)	0.50	X		X			0.	0.	0.	
(8) DEBORAH MCMAHON MEDICAL DIRECTOR	0.50	X		X			0.	0.	0.	
(9) BRYANT MITCHELL, TRUSTEE (THRU. 1/22), TREASURER (EFF. 1/21)	0.50	X		X			0.	0.	0.	
(10) DANIEL DELANEY SECRETARY (ENTERED 1/22)	0.50	X		X			0.	0.	0.	
(11) DIVYA ANNAMRAJU TRUSTEE	0.50	X					0.	0.	0.	
(12) RON ALVARADO TRUSTEE	0.50	X					0.	0.	0.	
(13) ROY DORRANCE TRUSTEE (EXITED 1/22)	0.50	X					0.	0.	0.	
(14) SVETLANA FAKTOROVICH TRUSTEE (ENTERED 7/22)	0.50	X					0.	0.	0.	
(15) DREW HARVEY TRUSTEE	0.50	X					0.	0.	0.	
(16) LILLA HILLMAN (FORMERLY SWAN) TRUSTEE (EXITED 1/22)	0.50	X					0.	0.	0.	
(17) DOUG HOLMES 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) REBEKAH HUGHEY TRUSTEE (ENTERED 1/22)	0.50	X						0.	0.	0.
(19) JOSEPH IMBRIGLIA TRUSTEE (EXITED 1/22)	0.50	X						0.	0.	0.
(20) PHILLIP D. JONES TRUSTEE (EXITED 1/22)	0.50	X						0.	0.	0.
(21) GRAHAM JOHNSTONE TRUSTEE (ENTERED 1/22)	0.50	X						0.	0.	0.
(22) LANCE KANN TRUSTEE	0.50	X						0.	0.	0.
(23) BRIAN KENNEDY TRUSTEE (ENTERED 7/22)	0.50	X						0.	0.	0.
(24) BONNIE LAWSON TRUSTEE (ENTERED 1/22)	0.50	X						0.	0.	0.
(25) DARREN MACIOCE TRUSTEE	0.50	X						0.	0.	0.
(26) ROBERT MANGINO TRUSTEE	0.50	X						0.	0.	0.
1b Subtotal								395,433.	0.	36,789.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								395,433.	0.	36,789.

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 3

	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
LOGISTICON INC. 331 W. MAIN ST., STE 302, DURHAM, NC 27701	TRANSPORTATION	425,402.
TUDI MECHANICAL SYSTEMS 343 MUNSON AVENUE, MCKEES ROCKS, PA 15136	ELECTRICAL & HVAC REPLACEMENTS	317,256.
MISSIONARY EXPEDITERS, INC, 5620 TCHOUPOTOULAS ST, NEW ORLEANS, LA 70115	INTERNATIONAL SHIPPING	186,351.
BRETHREN SERVICE CENTER 601 MAIN STREET, NEW WINDSOR, MD 21766	STORAGE SERVICE	161,690.
EFFECTV PO BOX 415949, BOSTON, MA 02241	ADVERTISING	150,406.

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 9

SEE PART VII, SECTION A CONTINUATION SHEETS

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	1 a Federated campaigns	1a	15,946.				
	b Membership dues	1b					
	c Fundraising events	1c	335,513.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	108,852,171.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 102,945,328.				
	h Total. Add lines 1a-1f			109203630.			
Program Service Revenue	2 a HEALTH/DISASTER	Business Code					
		900099	461,554.	461,554.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			461,554.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		13,699.			13,699.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal	2,650.			
	b Less: rental expenses ...	6b	57,914.				
	c Rental income or (loss)	6c	-55,264.				
	d Net rental income or (loss)			-55,264.		-55,264.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ 335,513. of contributions reported on line 1c). See Part IV, line 18	8a		38,209.				
b Less: direct expenses	8b	162,431.					
c Net income or (loss) from fundraising events			-124,222.		-124,222.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			109499397.	461,554.	0.	-165,787.	

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 ...	408,295.	408,295.		
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	85,629,971.	85,629,971.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	315,154.	155,044.	77,233.	82,877.
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	859,782.	423,578.	206,008.	230,196.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	42,563.	20,610.	13,031.	8,922.
9 Other employee benefits	187,177.	90,887.	55,064.	41,226.
10 Payroll taxes	93,473.	41,702.	27,926.	23,845.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	32,649.		32,649.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,169.		2,169.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	200,852.	170.	6,627.	194,055.
12 Advertising and promotion				
13 Office expenses	148,008.	32,722.	44,027.	71,259.
14 Information technology				
15 Royalties				
16 Occupancy	142,475.	70,841.	63,446.	8,188.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	35,791.	8,158.	18,340.	9,293.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	202,640.	133,079.	68,999.	562.
23 Insurance	50,075.		50,075.	
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 PACKAGING & SHIPPING	807,304.	806,057.	1,247.	
b PROGRAM SUPPLIES	142,790.	129,859.	12,931.	
c DUES AND SUBSCRIPTIONS	133,570.	145.	78,316.	55,109.
d _____				
e All other expenses _____	231,948.	133,348.	96,497.	2,103.
25 Total functional expenses. Add lines 1 through 24e	89,666,686.	88,084,466.	854,585.	727,635.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	1,054,972.	1	1,369,680.
	2 Savings and temporary cash investments	3,566,988.	2	3,986,537.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	37,282.	4	42,633.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	9,879,642.	8	28,713,763.
	9 Prepaid expenses and deferred charges	91,479.	9	72,542.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,092,886.		
	b Less: accumulated depreciation	10b 1,545,073.	10c	2,547,813.
	11 Investments - publicly traded securities	2,472.	11	2,461.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,877,615.	16	36,735,429.	
Liabilities	17 Accounts payable and accrued expenses	198,743.	17	222,567.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	198,743.	26	222,567.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,133,016.	27	33,714,119.
	28 Net assets with donor restrictions	1,545,856.	28	2,798,743.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	16,678,872.	32	36,512,862.
	33 Total liabilities and net assets/fund balances	16,877,615.	33	36,735,429.

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	109,499,397.
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,666,686.
3	Revenue less expenses. Subtract line 2 from line 1	3	19,832,711.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,678,872.
5	Net unrealized gains (losses) on investments	5	1,279.
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	36,512,862.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	95008930.	55332187.	79640208.	116916645	109203630	456101600
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	95008930.	55332187.	79640208.	116916645	109203630	456101600
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						313979463
6 Public support. Subtract line 5 from line 4.						142122137

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	95008930.	55332187.	79640208.	116916645	109203630	456101600
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	73,731.	43,242.	15,064.	11,742.	16,349.	160,128.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						456261728
12 Gross receipts from related activities, etc. (see instructions)					12	1,906,416.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	31.15	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	26.40	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 33 1/3% support test - 2021. 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 stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a 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 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>		
c 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>		
4a 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 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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 of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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 of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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	Adjusted Net Income (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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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	Distributable Amount. 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)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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 78% OF IN-KIND CONTRIBUTIONS RECEIVED.

MANAGEMENT AND MONITORING OF FUND-RAISING AND ADMINISTRATION COSTS HAS RESULTED IN NON-PROGRAM EXPENDITURES BEING LESS THAN 2.1% 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 FOR ITS EFFICIENCY IN PROGRAM MANAGEMENT.

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%

16. 2022 13,236 >95%

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 95.68% 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

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.)

ARE TARGETED TOWARDS AUDIENCES OF PAST, CURRENT 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: 3796 / YEAR.
2. INSTITUTIONS: 281 / YEAR.

OVER THE LAST FIVE YEARS, THE INDIVIDUAL DONOR GROUP AVERAGED 6,900 CONTRIBUTIONS PER YEAR AND THE ORGANIZATIONAL DONOR GROUP AVERAGED 298 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 OVERSIGHT TO ENSURE EFFECTIVE LOCAL MANAGEMENT OF THE RESOURCES THAT THE FOUNDATION AND ITS

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.)

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 for the latest information.

OMB No. 1545-0047

2022

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 BROTHER 'S BROTHER FOUNDATION	Employer identification number 34-6562544
--	---

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
<u>1</u>	_____ _____ _____	\$ <u>39,683,856.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	_____ _____ _____	\$ <u>22,267,848.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	_____ _____ _____	\$ <u>11,334,159.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	_____ _____ _____	\$ <u>4,922,804.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	_____ _____ _____	\$ <u>3,892,174.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	_____ _____ _____	\$ <u>3,044,326.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>1,938,751.</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>1,884,746.</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>1,357,101.</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>1,346,620.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>1,051,926.</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>1,036,924.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>1,014,000.</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>908,929.</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>808,574.</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>724,142.</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>689,707.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
18	<hr/> <hr/> <hr/>	\$ <u>533,339.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>389,158.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
20	_____ _____ _____	\$ <u>315,377.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	_____ _____ _____	\$ <u>300,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	_____ _____ _____	\$ <u>272,908.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
23	_____ _____ _____	\$ <u>251,731.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	_____ _____ _____	\$ <u>240,490.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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/>	\$ 232,542.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
26	<hr/> <hr/> <hr/>	\$ 231,289.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
27	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
28	<hr/> <hr/> <hr/>	\$ 177,499.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	<hr/> <hr/> <hr/>	\$ 140,978.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	<hr/> <hr/> <hr/>	\$ 136,828.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>136,674.</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>129,557.</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>113,901.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
34	<hr/> <hr/> <hr/>	\$ <u>113,479.</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>104,894.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	<hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	<hr/> <hr/> <hr/>	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
38	<hr/> <hr/> <hr/>	\$ 99,401.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
39	<hr/> <hr/> <hr/>	\$ 92,712.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	<hr/> <hr/> <hr/>	\$ 92,372.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	<hr/> <hr/> <hr/>	\$ 89,683.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	<hr/> <hr/> <hr/>	\$ 87,622.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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/>	\$ <u>81,883.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
44	<hr/> <hr/> <hr/>	\$ <u>80,227.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
45	<hr/> <hr/> <hr/>	\$ <u>78,441.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	<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.)
47	<hr/> <hr/> <hr/>	\$ <u>71,774.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
48	<hr/> <hr/> <hr/>	\$ <u>70,079.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>63,331.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
50		\$ <u>62,040.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
51		\$ <u>59,893.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
52		\$ <u>58,557.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
53		\$ <u>56,868.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
54		\$ <u>56,633.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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/>	\$ <u>56,319.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
56	<hr/> <hr/> <hr/>	\$ <u>54,667.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
57	<hr/> <hr/> <hr/>	\$ <u>52,320.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
58	<hr/> <hr/> <hr/>	\$ <u>52,002.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
59	<hr/> <hr/> <hr/>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	<hr/> <hr/> <hr/>	\$ <u>49,722.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>49,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
62		\$ <u>47,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63		\$ <u>44,189.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
64		\$ <u>42,741.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65		\$ <u>40,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66		\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	_____ _____ _____	\$ <u>36,063.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
68	_____ _____ _____	\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	_____ _____ _____	\$ <u>32,724.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
70	_____ _____ _____	\$ <u>30,596.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
71	_____ _____ _____	\$ <u>30,454.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	_____ _____ _____	\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	_____ _____ _____	\$ <u>28,415.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
74	_____ _____ _____	\$ <u>27,402.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	_____ _____ _____	\$ <u>26,529.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
76	_____ _____ _____	\$ <u>26,021.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
77	_____ _____ _____	\$ <u>25,025.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	_____ _____ _____	\$ <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 BROTHER 'S BROTHER FOUNDATION	Employer identification number 34-6562544
--	---

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	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
80	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
81	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	_____ _____ _____	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	<hr/> <hr/> <hr/>	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
89	<hr/> <hr/> <hr/>	\$ 24,079.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
90	<hr/> <hr/> <hr/>	\$ 23,178.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>22,959.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
92		\$ <u>22,922.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93		\$ <u>22,700.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
94		\$ <u>22,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95		\$ <u>20,691.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
96		\$ <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 BROTHER 'S BROTHER FOUNDATION	Employer identification number 34-6562544
--	---

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	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
100	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	<hr/> <hr/> <hr/>	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
104	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
105	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
106	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
107	_____ _____ _____	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
108	_____ _____ _____	\$ <u>18,442.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	_____ _____ _____	\$ <u>17,910.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
110	_____ _____ _____	\$ <u>17,829.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
111	_____ _____ _____	\$ <u>17,295.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
112	_____ _____ _____	\$ <u>16,780.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
113	_____ _____ _____	\$ <u>16,484.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
114	_____ _____ _____	\$ <u>16,100.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>16,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
116	_____ _____ _____	\$ <u>16,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
117	_____ _____ _____	\$ <u>15,201.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
118	_____ _____ _____	\$ <u>15,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
119	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
120	_____ _____ _____	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
122	<hr/> <hr/> <hr/>	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
123	<hr/> <hr/> <hr/>	\$ 14,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
124	<hr/> <hr/> <hr/>	\$ 13,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
125	<hr/> <hr/> <hr/>	\$ 13,369.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
126	<hr/> <hr/> <hr/>	\$ 13,305.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>13,278.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
128	_____ _____ _____	\$ <u>13,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
129	_____ _____ _____	\$ <u>12,938.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
130	_____ _____ _____	\$ <u>12,668.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
131	_____ _____ _____	\$ <u>12,595.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
132	_____ _____ _____	\$ <u>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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>12,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
134	_____ _____ _____	\$ <u>12,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
135	_____ _____ _____	\$ <u>11,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
136	_____ _____ _____	\$ <u>11,424.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
137	_____ _____ _____	\$ <u>11,342.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
138	_____ _____ _____	\$ <u>11,302.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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		\$ 11,192.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
140		\$ 10,950.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
141		\$ 10,939.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
142		\$ 10,339.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
143		\$ 10,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
144		\$ 10,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	_____ _____ _____	\$ <u>10,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
146	_____ _____ _____	\$ <u>10,032.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
147	_____ _____ _____	\$ <u>10,030.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
148	_____ _____ _____	\$ <u>10,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
149	_____ _____ _____	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
150	_____ _____ _____	\$ <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 BROTHER 'S BROTHER FOUNDATION	Employer identification number 34-6562544
--	---

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/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
152	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
153	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
154	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
155	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
156	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
158	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
159	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
160	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
161	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
162	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
164	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
165	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
166	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
167	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
168	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
170	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
171	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
172	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
173	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
174	<hr/> <hr/> <hr/>	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
175	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
176	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
177	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
178	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
179	<hr/> <hr/> <hr/>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
180	<hr/> <hr/> <hr/>	\$ <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 BROTHER 'S BROTHER FOUNDATION	Employer identification number 34-6562544
--	---

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
181	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
182	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
183	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
184	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
185	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
186	_____ _____ _____	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
187	 <hr/> <hr/> <hr/>	\$ <u>9,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
188	 <hr/> <hr/> <hr/>	\$ <u>9,173.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
189	 <hr/> <hr/> <hr/>	\$ <u>9,136.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
190	 <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.)
191	 <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.)
192	 <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.)

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

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
193		\$ <u>9,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
194		\$ <u>8,870.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
195		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
196		\$ <u>8,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
197		\$ <u>7,952.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
198		\$ <u>7,695.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
199		\$ <u>7,635.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
200		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
201		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
202		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
203		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
204		\$ <u>7,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
205	_____ _____ _____	\$ <u>7,454.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
206	_____ _____ _____	\$ <u>7,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
207	_____ _____ _____	\$ <u>7,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
208	_____ _____ _____	\$ <u>7,020.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
209	_____ _____ _____	\$ <u>7,001.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
210	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
211	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
212	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
213	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
214	_____ _____ _____	\$ <u>7,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
215	_____ _____ _____	\$ <u>6,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
216	_____ _____ _____	\$ <u>6,278.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
217	_____ _____ _____	\$ <u>6,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
218	_____ _____ _____	\$ <u>6,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
219	_____ _____ _____	\$ <u>6,016.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
220	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
221	_____ _____ _____	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
222	_____ _____ _____	\$ <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 BROTHER 'S BROTHER FOUNDATION	Employer identification number 34-6562544
--	---

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
223	 <hr/> <hr/> <hr/>	\$ <u>5,900.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
224	 <hr/> <hr/> <hr/>	\$ <u>5,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
225	 <hr/> <hr/> <hr/>	\$ <u>5,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
226	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
227	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
228	 <hr/> <hr/> <hr/>	\$ <u>5,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
229	_____ _____ _____	\$ <u>5,446.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
230	_____ _____ _____	\$ <u>5,408.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
231	_____ _____ _____	\$ <u>5,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
232	_____ _____ _____	\$ <u>5,369.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
233	_____ _____ _____	\$ <u>5,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
234	_____ _____ _____	\$ <u>5,150.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
235	_____ _____ _____	\$ <u>5,100.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
236	_____ _____ _____	\$ <u>5,096.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
237	_____ _____ _____	\$ <u>5,089.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
238	_____ _____ _____	\$ <u>5,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
239	_____ _____ _____	\$ <u>5,040.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
240	_____ _____ _____	\$ <u>5,024.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
1	PHARMACEUTICAL _____ _____ _____	\$ <u>39,683,856.</u>	<u>12/31/22</u>
2	PHARMACEUTICAL _____ _____ _____	\$ <u>22,267,848.</u>	<u>12/31/22</u>
3	PHARMACEUTICAL _____ _____ _____	\$ <u>11,334,159.</u>	<u>12/31/22</u>
4	PHARMACEUTICAL _____ _____ _____	\$ <u>4,922,804.</u>	<u>12/31/22</u>
5	PHARMACEUTICAL _____ _____ _____	\$ <u>3,892,174.</u>	<u>12/31/22</u>
6	PHARMACEUTICAL _____ _____ _____	\$ <u>3,044,326.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
7	PHARMACEUTICAL _____ _____ _____	\$ <u>1,938,751.</u>	<u>12/31/22</u>
8	PHARMACEUTICAL _____ _____ _____	\$ <u>1,884,746.</u>	<u>12/31/22</u>
9	PHARMACEUTICAL _____ _____ _____	\$ <u>1,357,101.</u>	<u>12/31/22</u>
10	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>1,346,620.</u>	<u>12/31/22</u>
11	PHARMACEUTICAL _____ _____ _____	\$ <u>1,051,926.</u>	<u>12/31/22</u>
12	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>1,036,924.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
13	MEDICAL SUPPLIES _____ _____ _____	\$ <u>1,014,000.</u>	<u>12/31/22</u>
14	BOOKS, NEW _____ _____ _____	\$ <u>908,929.</u>	<u>12/31/22</u>
15	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>808,574.</u>	<u>12/31/22</u>
16	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>724,142.</u>	<u>12/31/22</u>
17	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>689,707.</u>	<u>12/31/22</u>
18	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>533,339.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
19	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>389,158.</u>	<u>12/31/22</u>
22	MEDICAL SUPPLIES _____ _____ _____	\$ <u>272,908.</u>	<u>12/31/22</u>
24	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>240,490.</u>	<u>12/31/22</u>
25	BOOKS, NEW _____ _____ _____	\$ <u>232,542.</u>	<u>12/31/22</u>
26	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>231,289.</u>	<u>12/31/22</u>
27	MEDICAL SUPPLIES _____ _____ _____	\$ <u>200,000.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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 EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>177,499.</u>	<u>12/31/22</u>
30	MEDICAL SUPPLIES _____ _____ _____	\$ <u>136,828.</u>	<u>12/31/22</u>
31	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>136,674.</u>	<u>12/31/22</u>
32	DISASTER RESPONSE SUPPLIES _____ _____ _____	\$ <u>129,557.</u>	<u>12/31/22</u>
34	MEDICAL SUPPLIES _____ _____ _____	\$ <u>113,479.</u>	<u>12/31/22</u>
35	PHARMACEUTICAL _____ _____ _____	\$ <u>104,894.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
39	MEDICAL SUPPLIES _____ _____ _____	\$ <u>92,712.</u>	<u>12/31/22</u>
40	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>92,372.</u>	<u>12/31/22</u>
41	DISASTER RESPONSE SUPPLIES _____ _____ _____	\$ <u>89,683.</u>	<u>12/31/22</u>
42	MEDICAL SUPPLIES _____ _____ _____	\$ <u>87,622.</u>	<u>12/31/22</u>
43	MEDICAL SUPPLIES _____ _____ _____	\$ <u>81,883.</u>	<u>12/31/22</u>
44	MEDICAL SUPPLIES _____ _____ _____	\$ <u>80,227.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
47	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>71,774.</u>	<u>12/31/22</u>
48	MEDICAL SUPPLIES _____ _____ _____	\$ <u>70,079.</u>	<u>12/31/22</u>
49	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>63,331.</u>	<u>12/31/22</u>
50	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>62,040.</u>	<u>12/31/22</u>
51	MEDICAL SUPPLIES _____ _____ _____	\$ <u>59,893.</u>	<u>12/31/22</u>
52	MEDICAL SUPPLIES _____ _____ _____	\$ <u>58,557.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
53	MEDICAL SUPPLIES _____ _____ _____	\$ <u>56,868.</u>	<u>12/31/22</u>
54	MEDICAL SUPPLIES _____ _____ _____	\$ <u>56,633.</u>	<u>12/31/22</u>
55	MEDICAL SUPPLIES _____ _____ _____	\$ <u>56,319.</u>	<u>12/31/22</u>
56	PHARMACEUTICAL _____ _____ _____	\$ <u>54,667.</u>	<u>12/31/22</u>
57	DISASTER RESPONSE SUPPLIES _____ _____ _____	\$ <u>52,320.</u>	<u>12/31/22</u>
58	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>52,002.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
63	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>44,189.</u>	<u>12/31/22</u>
67	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>36,063.</u>	<u>12/31/22</u>
69	MEDICAL SUPPLIES _____ _____ _____	\$ <u>32,724.</u>	<u>12/31/22</u>
70	MEDICAL SUPPLIES _____ _____ _____	\$ <u>30,596.</u>	<u>12/31/22</u>
73	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>28,415.</u>	<u>12/31/22</u>
75	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>26,529.</u>	<u>12/31/22</u>

Name of organization BROTHER ' S BROTHER FOUNDATION	Employer identification number 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
76	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>26,021.</u>	<u>12/31/22</u>
89	MEDICAL SUPPLIES _____ _____ _____	\$ <u>24,079.</u>	<u>12/31/22</u>
91	PHARMACEUTICAL _____ _____ _____	\$ <u>22,959.</u>	<u>12/31/22</u>
93	DISASTER RESPONSE SUPPLIES _____ _____ _____	\$ <u>22,700.</u>	<u>12/31/22</u>
95	DISASTER RESPONSE SUPPLIES _____ _____ _____	\$ <u>20,691.</u>	<u>12/31/22</u>
111	MEDICAL SUPPLIES _____ _____ _____	\$ <u>17,295.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
114	MEDICAL SUPPLIES _____ _____ _____	\$ <u>16,100.</u>	<u>12/31/22</u>
115	MEDICAL SUPPLIES _____ _____ _____	\$ <u>16,000.</u>	<u>12/31/22</u>
118	EDUCATION SUPPLIES _____ _____ _____	\$ <u>15,000.</u>	<u>12/31/22</u>
125	PHARMACEUTICAL _____ _____ _____	\$ <u>13,369.</u>	<u>12/31/22</u>
130	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>12,668.</u>	<u>12/31/22</u>
131	MEDICAL SUPPLIES _____ _____ _____	\$ <u>12,595.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
136	DISASTER RESPONSE SUPPLIES _____ _____ _____	\$ <u>11,424.</u>	<u>12/31/22</u>
138	DISASTER RESPONSE SUPPLIES _____ _____ _____	\$ <u>11,302.</u>	<u>12/31/22</u>
139	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>11,192.</u>	<u>12/31/22</u>
141	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>10,939.</u>	<u>12/31/22</u>
148	MEDICAL SUPPLIES _____ _____ _____	\$ <u>10,000.</u>	<u>12/31/22</u>
188	MEDICAL SUPPLIES _____ _____ _____	\$ <u>9,173.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
189	MEDICAL SUPPLIES _____ _____ _____	\$ <u>9,136.</u>	<u>12/31/22</u>
194	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>8,870.</u>	<u>12/31/22</u>
198	PHARMACEUTICAL _____ _____ _____	\$ <u>7,695.</u>	<u>12/31/22</u>
205	MEDICAL SUPPLIES _____ _____ _____	\$ <u>7,454.</u>	<u>12/31/22</u>
216	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>6,278.</u>	<u>12/31/22</u>
223	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>5,900.</u>	<u>12/31/22</u>

Name of organization BROTHER 'S BROTHER FOUNDATION	Employer identification number 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
230	MEDICAL EQUIPMENT AND SUPPLIES _____ _____ _____	\$ <u>5,408.</u>	<u>12/31/22</u>
232	PHARMACEUTICAL _____ _____ _____	\$ <u>5,369.</u>	<u>12/31/22</u>
240	MEDICAL EQUIPMENT _____ _____ _____	\$ <u>5,024.</u>	<u>12/31/22</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
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

2022

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

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

Schedule D (Form 990) 2022

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	430,180.	438,633.	456,838.	392,996.	448,220.
b Contributions					
c Net investment earnings, gains, and losses	34.	157.	-9,516.	71,809.	-45,460.
d Grants or scholarships					
e Other expenditures for facilities and programs	8,843.	8,610.	8,689.	7,967.	9,764.
f Administrative expenses					
g End of year balance	421,371.	430,180.	438,633.	456,838.	392,996.

- 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		2,603,473.	614,427.	1,989,046.
c Leasehold improvements				
d Equipment		1,276,212.	930,646.	345,566.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,547,813.

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)		
Total. (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)		
Total. (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)	
Total. (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)	
Total. (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.

1	Total revenue, gains, and other support per audited financial statements	1	109,718,853.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,279.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,279.
3	Subtract line 2e from line 1	3	109,717,574.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,169.
b	Other (Describe in Part XIII.)	4b	-220,346.
c	Add lines 4a and 4b	4c	-218,177.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	109,499,397.

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.

1	Total expenses and losses per audited financial statements	1	89,884,863.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	220,346.
e	Add lines 2a through 2d	2e	220,346.
3	Subtract line 2e from line 1	3	89,664,517.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	2,169.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	2,169.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	89,666,686.

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.

THE FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A STREAM OF FUNDING FOR PROGRAMS AND INITIATIVES SUPPORTED BY THE ENDOWMENT. THE POLICIES ARE ALSO INTENDED TO PROTECT THE INTEGRITY OF THE ASSETS AND ACHIEVE THE OPTIMAL RETURN POSSIBLE WITHIN THE SPECIFIED RISK PARAMETERS. ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE FOUNDATION MUST HOLD IN

Part XIII Supplemental Information (continued)

PERPETUITY OR FOR A DONOR-SPECIFIED PERIOD. UNDER THIS POLICY, THE ENDOWMENT ASSETS ARE INVESTED IN A MANNER THAT IS INTENDED TO PRODUCE RESULTS THAT EXCEED THE PRICE AND YIELD RESULTS OF A BLENDED BENCHMARK OF EQUITY AND FIXED-INCOME PEER GROUPS.

TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE FOUNDATION RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST AND DIVIDENDS). THE FOUNDATION TARGETS A DIVERSIFIED ASSET ALLOCATION, VIEWING THE ASSETS AS HAVING A LONG-TERM HORIZON WITH MODERATE LIQUIDITY NEEDS, AND HAS TAKEN A LONG-TERM INVESTMENT POSTURE, WHICH FAVORS EQUITY HOLDINGS.

IN ACCORDANCE WITH ACT 141, THE FOUNDATION ANNUALLY TRANSFERS BETWEEN 2% AND 7% OF THE PREVIOUS THREE YEARS' MARKET VALUE AVERAGE OF THE ENDOWMENT FUND TO UNRESTRICTED NET ASSETS FOR USE IN OPERATIONS. IN 2022 AND 2021, THE SPENDABLE RETURN TOTALED 2% OR \$8,843 AND \$8,610, RESPECTIVELY. THIS SPENDING POLICY IS CONSISTENT WITH THE COMMONWEALTH OF PENNSYLVANIA'S GUIDELINES AND WITH THE FOUNDATION'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY, AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THROUGH NEW GIFTS AND INVESTMENT RETURN.

FROM TIME TO TIME, CERTAIN DONOR-RESTRICTED ENDOWMENT FUNDS MAY HAVE FAIR VALUES LESS THAN THE AMOUNT REQUIRED TO BE MAINTAINED BY DONORS OR BY LAW (UNDERWATER ENDOWMENTS). THE FOUNDATION HAS INTERPRETED ACT 141 TO PERMIT SPENDING FROM UNDERWATER ENDOWMENTS IN ACCORDANCE WITH PRUDENT MEASURES REQUIRED UNDER LAW. THE FOUNDATION HAS NO UNDERWATER ENDOWMENT FUNDS AT DECEMBER 31, 2022 AND 2021. THE ORIGINAL CORPUS OF THE ENDOWMENT FUNDS IS

Part XIII Supplemental Information (continued)

\$300,000.

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 FINANCIAL STATEMENTS. THE FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY TAXING AUTHORITIES IN ANY MAJOR TAX JURISDICTION FOR YEAR BEFORE DECEMBER 31, 2019.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

RENTAL EXPENSES	-57,914.
FUNDRAISING	-162,432.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-220,346.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSE	57,914.
FUNDRAISING	162,432.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	220,346.

**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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization BROTHER'S BROTHER FOUNDATION	Employer identification number 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	73,229,059.
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	20,231.
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	2,543,279.
SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA, MALDIVES,	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF PHARMACEUTICALS & MED. SUPPLIES & EQUIPMENT	36,326.
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	6,808,483.
EUROPE (INCLUDING ICELAND AND GREENLAND) - ALBANIA, ANDORRA,	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF PHARMACEUTICALS & MED. SUPPLIES & EQUIPMENT	176,069.
MIDDLE EAST & NORTH AFRICA - ALGERIA, BAHRAIN, DJUBOUTI, EGYPT, IRAN, IRAQ	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF PHARMACEUTICALS & MED. SUPPLIES & EQUIPMENT	416.
RUSSIA AND NEIGHBORING STATES - UKRAINE	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF PHARMACEUTICALS & MED. SUPPLIES & EQUIPMENT	2,816,108.
3 a Subtotal	0	0			85,629,971.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			85,629,971.

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

Schedule F (Form 990) 2022

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	25,000.	DIRECT DISPERSEMENT	73204059	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	5,000.	DIRECT DISPERSEMENT	15,231.	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	5,000.	DIRECT DISPERSEMENT	2538279.	BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION
		SOUTH ASIA - AFGHANISTAN, BANGLADESH, BHUTAN, INDIA,	PROVISION OF PHARMACEUTICALS & MED. SUPPLIES & EQUIPMENT	28,100.	DIRECT DISPERSEMENT	8,226.	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	129,455.	DIRECT DISPERSEMENT	6679028.	BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVISION OF PHARMACEUTICALS & MED. SUPPLIES & EQUIPMENT	42,000.	DIRECT DISPERSEMENT	134,069.	PHARMACEUTICALS & MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION
		RUSSIA AND NEIGHBORING STATES	PROVISION OF PHARMACEUTICALS & MED. SUPPLIES & EQUIPMENT	317,442.	DIRECT DISPERSEMENT	2498666.	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 **80**

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

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

Schedule F (Form 990) 2022

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).

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)	NYC UKRAINE RELIEF (event type)	NONE (total number)	
Revenue	1	Gross receipts	90,475.	283,247.	373,722.
	2	Less: Contributions	68,613.	266,900.	335,513.
	3	Gross income (line 1 minus line 2)	21,862.	16,347.	38,209.
Direct Expenses	4	Cash prizes	2,250.		2,250.
	5	Noncash prizes	3,794.		3,794.
	6	Rent/facility costs	1,500.	44,013.	45,513.
	7	Food and beverages	10,913.	26,000.	36,913.
	8	Entertainment			
	9	Other direct expenses	24,177.	49,784.	73,961.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			162,431.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-124,222.

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: _____

**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 for the latest information.

OMB No. 1545-0047

2022

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
ALLEN PLACE COMMUNITY SERVICES 227 BONVUE STREET PITTSBURGH, PA 15214	27-1100587	501(C)(3)	15,100.	0.	N/A	N/A	GRANTS FOR MINORITY HEALTH MONTH DIABETES SUMMIT AND SCHOLARSHIP FUNDS
ARH FOUNDATION FOR HEALTHIER COMMUNITIES INC - PO BOX 8086 - LEXINGTON, KY 40533	20-4840007	501(C)(3)	25,000.	0.	N/A	N/A	GRANT FOR KENTUCKY FLOOD RELIEF
CHURCH WORLD SERVICE PO BOX 968 ELKHART, IN 46515	13-4080201	501(C)(3)	25,000.	0.	N/A	N/A	GRANT FOR KENTUCKY RESPONSE
COWAN COMMUNITY ACTION GROUP PO BOX 268 WHITESBURG, KY 41858	61-1396831	501(C)(3)	25,000.	0.	N/A	N/A	GRANT FOR KENTUCKY FLOODING RELIEF
FEEDING TAMPA BAY 4702 TRANSPORT DRIVE BLDG 6 TAMPA, FL 33605	59-2116576	501(C)(3)	10,000.	0.	N/A	N/A	GRANT FOR HURRICANE IAN RESPONSE
FOOD FOR THE POOR 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	25,000.	0.	N/A	N/A	RIBBONS OF LOVE SUPPORT GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 17.

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) 2022

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
GOD'S PANTRY FOOD BANK 1685 JAGGIE FOX WAY LEXINGTON, KY 40511	31-0979404	501(C)(3)	20,000.	0.	N/A	N/A	GRANTS FOR KENTUCKY FLOOD RELIEF
HARRY CHAPIN FOOD BANK SOUTHWEST FLORIDA INC - 3760 FOWLER ST - FORT MEYERS, FL 33901	59-2332120	501(C)(3)	10,000.	0.	N/A	N/A	GRANT FOR DISASTER RELIEF/HURRICANE IAN
ST LUKES CORNWALL HOSPITAL 70 DUBOIS ST NEWBURGH, NY 12550	14-1340054	501(C)(3)	10,000.	0.	N/A	N/A	GRANT FOR LITTMAN CANCER CENTER SUPPORT
THE LEE COUNTY JEWISH FEDERATION INC - 9701 COMMERCE CENTER CT - FORT MEYERS, FL 33908	59-2668992	501(C)(3)	10,000.	2,950.	N/A	MEDICAL SUPPLIES	HEALTHCARE PROJECTS
VOOM FOUNDATION 130 W SUPERIOR ST STE 926 DULUTH, MN 55802	58-2678884	501(C)(3)	10,000.	0.	N/A	N/A	GRANT FOR SURGERIES
WORLD CENTRAL KITCHEN 655 NEW YORK AVE NW FL 6 WASHINGTON DC, DC 20001	27-3521132	501(C)(3)	10,000.	0.	N/A	N/A	GRANT FOR MIDWEST TORNADOES
LOCALLY GROWN 1256 FRANKLIN AVE WILKINSBURG, PA 15221	84-2148701	501(C)(3)	0.	14,562.	N/A	EDUCATION SUPPLIES	PGH EDUCATION PROJECTS
MATTER 7005 OXFORD STREET ST. LOUIS PARK, MN 55426	37-1441658	501(C)(3)	0.	51,285.	N/A	MEDICAL SUPPLIES	PGH HEALTHCARE PROJECTS
MISSISSIPPI FOOD NETWORK PO BOX 411 JACKSON, MS 39205	64-0676325	501(C)(3)	0.	7,980.	N/A	MEDICAL SUPPLIES	PGH HEALTHCARE PROJECTS

Schedule I (Form 990)

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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)	155,015.	15,000.	0.	13,059.	2,396.	185,470.	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)							
	(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

2022

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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		1,188,468.	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	544	101,375,498.	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (HUMANITARIAN)	X	15	381,108.	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 3 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) 2022

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, 2022.

LINE 25 - THE FOUNDATION RECEIVED HUMANITARIAN SUPPLIES TOTALING \$381,108 DURING 2022.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

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 2022, BBF SENT 120 SHIPMENTS OF REQUESTED PHARMACEUTICALS, MEDICAL
SUPPLIES, AND EQUIPMENT. BBF PROVIDED SUPPLIES FOR 34 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 SHIPMENTS AND MED-SURG TRIPS WENT TO 20 COUNTRIES AROUND
THE WORLD

FORM 990, PART III, LINE 4C, 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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

BROTHER'S BROTHER FOUNDATION

Employer identification number

34-6562544

AND QUALITY OF EDUCATION FOR DISADVANTAGED CHILDREN AND SCHOOL AGE
YOUTH IN RECIPIENT COUNTRIES.

IN 2022, BBF SUPPORTED 10 EDUCATIONAL PROGRAMS IN 5 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 4D, OTHER PROGRAM SERVICES:

INFRASTRUCTURE PROGRAM:

THE INFRASTRUCTURE PROGRAM FOCUSES ON THE AREAS OF SOLAR POWER AND WASH
(WATER, SANITATION, AND HYGIENE). IN 2022, BBF SUPPORTED INFRASTRUCTURE
PROJECTS IN GHANA, NEPAL, KENYA, LIBERIA, AND INDIA.

1. SOLAR: BBF HAS BEEN WORKING WITH PARTNERS TO HELP INSTALL SOLAR
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 MORE
THAN 90 CLINICS AND HOSPITALS IN SUB-SAHARAN AFRICA, INDIA, AND PUERTO
RICO IN COLLABORATION WITH PARTNERS.

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

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 \$ 166,073. INCLUDING GRANTS OF \$ 119,206. 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 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.

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

FORM 990, PART VI, SECTION A, LINE 4:

BORTHER'S BROTHER FOUNDATION AMENDED ITS BYLAWS TO FURTHER DEFINE THE ORGANIZATION PURPOSE, BOARD MEMBERS STRUCTURE, AND TO ADD A NEW ARTICLE OF CONFLICT OF INTEREST POLICY.

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 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 ORGANIZATIONS, AND IS

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

APPROVED BY THE ORGANIZATION'S BOARD OR COMPENSATION COMMITTEE. THIS PROCESS IS DOCUMENTED IN THE MINUTES OF THE EXECUTIVE 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.