

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2007

Prepared for	BROTHER'S BROTHER FOUNDATION 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604
Prepared by	SCHNEIDER DOWNS & CO., INC. 1133 PENN AVENUE PITTSBURGH, PA 15222
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Form 990 header section including: A For the 2007 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization (BROTHER'S BROTHER FOUNDATION); D Employer identification number (34-6562544); E Telephone number (412) 321-3160; F Accounting method (Accrual); G Website (WWW.BROTHERSBROTHER.ORG); J Organization type (501(c)(3)); K Check here; L Gross receipts (331,039,795); M Check if not required to attach Sch. B.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows detailing Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Revenue total is 331,025,239. Expenses total is 337,613,102. Net assets at end of year are 19,808,058.

723001 12-27-07

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2007)

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization BROTHER'S BROTHER FOUNDATION	Employer identification number 34-6562544
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1200 GALVESTON AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. PITTSBURGH, PA 15233-1604	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **WILLIAM P. DAVIS**
 Telephone No. ▶ **(412) 321-3160** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2007** or
 ▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0, noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 292,554, noncash \$ 335,608, 745) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	335,901,299	335,901,299	STATEMENT 4 STATEMENT 5	
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	222,703	28,406	108,596	85,701
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	390,150	169,876	197,008	23,266
27 Pension plan contributions not included on lines 25a, b, and c	13,891	5,132	8,485	274
28 Employee benefits not included on lines 25a-27	34,825	22,883	8,795	3,147
29 Payroll taxes	49,207	16,796	24,230	8,181
30 Professional fundraising fees				
31 Accounting fees	21,020		21,020	
32 Legal fees				
33 Supplies	21,908	12,948	8,960	
34 Telephone	10,669	45	10,624	
35 Postage and shipping	551,420	536,684	3,699	11,037
36 Occupancy	41,612	29,883	11,729	
37 Equipment rental and maintenance	17,612	6,516	10,351	745
38 Printing and publications	26,690	360	4,237	22,093
39 Travel	17,265	7,032	6,874	3,359
40 Conferences, conventions, and meetings	3,755	960	2,009	786
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	33,445	20,948	12,497	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	255,631	198,170	39,563	17,898
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	337,613,102	336,957,938	478,677	176,487

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a SEE STATEMENT 6	
(Grants and allocations \$ 90,911,485.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	91,423,339.
b SEE STATEMENT 7	
(Grants and allocations \$ 242143419.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	242,576,145.
c INTERNATIONAL HUMANITARIAN PROGRAM: IN 2007 BBF CONTINUED TO SUPPORT HOME REBUILDING PROGRAMS IN THE HURRICANE DAMAGED U.S. GULF COAST. ALONG WITH OTHER HUMANITARIAN SUPPLIES, BBF SHIPPED 22 CONTAINERS OF DONATED CROCS SHOES TO THOSE IN NEED IN 17 COUNTRIES.	
(Grants and allocations \$ 2,846,395.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	2,958,454.
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	336,957,938.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing	1,719,487.	45	1,457,970.
	46	Savings and temporary cash investments	597,570.	46	
	47 a	Accounts receivable	308,139.	47a	
	b	Less: allowance for doubtful accounts		47b	
			145,126.	47c	308,139.
	48 a	Pledges receivable		48a	
	b	Less: allowance for doubtful accounts		48b	
				48c	
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable		51a	
	b	Less: allowance for doubtful accounts		51b	
				51c	
	52	Inventories for sale or use	22,099,754.	52	14,726,934.
53	Prepaid expenses and deferred charges	12,092.	53	14,968.	
54 a	Investments - publicly-traded securities STMT 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,521,287.	54a	2,979,322.	
b	Investments - other securities		54b		
55 a	Investments - land, buildings, and equipment: basis		55a		
b	Less: accumulated depreciation		55b		
56	Investments - other		56		
57 a	Land, buildings, and equipment: basis	766,821.	57a		
b	Less: accumulated depreciation STMT 10	252,214.	57b		
		530,379.	57c	514,607.	
58	Other assets, including program-related investments (describe		58		
59	Total assets (must equal line 74). Add lines 45 through 58	26,625,695.	59	20,001,940.	
Liabilities	60	Accounts payable and accrued expenses	151,979.	60	193,882.
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe		65	
66	Total liabilities. Add lines 60 through 65	151,979.	66	193,882.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	25,364,058.	67	18,997,170.
	68	Temporarily restricted	758,168.	68	443,502.
	69	Permanently restricted	351,490.	69	367,386.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	26,473,716.	73	19,808,058.	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	26,625,695.	74	20,001,940.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	X	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright 0. ; section 4912 \blacktriangleright 0. ; section 4955 \blacktriangleright 0.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \blacktriangleright 0.		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0.		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed \blacktriangleright SEE STATEMENT 13		
90 b	Number of employees employed in the pay period that includes March 12, 2007	90b	12
91 a	The books are in care of \blacktriangleright WILLIAM P. DAVIS Telephone no. \blacktriangleright (412) 321-3160 Located at \blacktriangleright 1200 GALVESTON AVE., PITTSBURGH, PA ZIP + 4 \blacktriangleright 15233-1604		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country \blacktriangleright N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a INTERNATIONAL EDUCATION					141,855.
b INTERNATIONAL HEALTH					378,298.
c INTERNATIONAL					
d HUMANITARIAN					88,054.
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	48,244.	
96 Dividends and interest from securities			14	190,127.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	8,951.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		247,322.	608,207.
105 Total (add line 104, columns (B), (D), and (E))					855,529.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 14

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer: *Luke L. Hingson* Date: 6/24/08

Type or print name and title: LUKE L. HINGSON, PRESIDENT

Paid Preparer's Use Only

Preparer's signature: *DM/KNSW* Date: 4/25/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SCHNEIDER DOWNS & CO., INC.
1133 PENN AVENUE
PITTSBURGH, PA 15222

Preparer's SSN or PTIN (See Gen. Inst. X): _____
EIN: _____
Phone no.: (412) 261-3644

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MISSIONARY EXPEDITERS 5620 TCHOUPITOULAS STREET, NEW ORLEANS, LA 70115	OCEAN FREIGHT SHIPPING	314,124.
ROTARY CLUB OF MAKATI CAMIA ST. GUADALUPE VIEJO, 1211, MAKATI CITY, PHILIPPINES	PACKAGING & SHIPPING	93,600.
Total number of other contractors receiving over \$50,000 for other services	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?	SEE STATEMENT 15	
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	267,096,594.	281,922,790.	252,775,901.	128,147,269.	929,942,554.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	540,486.	585,119.	489,717.	356,487.	1,971,809.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	155,091.	64,155.	36,281.	30,272.	285,799.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	267,792,171.	282,572,064.	253,301,899.	128,534,028.	932,200,162.
24 Line 23 minus line 17	267,251,685.	281,986,945.	252,812,182.	128,177,541.	930,228,353.
25 Enter 1% of line 23	2,677,922.	2,825,721.	2,533,019.	1,285,340.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 18604567.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 652,124,759.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 930228353.
d Add: Amounts from column (e) for lines: 18 285,799. 19 652124759. 22					26d 652410558.
e Public support (line 26c minus line 26d total)					26e 277817795.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 29.8655%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
.....			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
.....			
.....			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group. Check b if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
	If the amount on line 40 is -		The lobbying nontaxable amount is -
	Not over \$500,000		20% of the amount on line 40
	Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000
	Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000
	Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000
	Over \$17,000,000		\$1,000,000
41		41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2007

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

Name of organization

Employer identification number

BROTHER ' S BROTHER FOUNDATION

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization BROTHER'S BROTHER FOUNDATION	Employer identification number 34-6562544
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 5,274.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 12,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 106,746.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 9,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 24,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16		\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19		\$ 8,547.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20		\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21		\$ 106,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22		\$ 10,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23		\$ 14,556.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25		\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26		\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27		\$ 7,733.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
31		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32		\$ 5,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33		\$ 38,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34		\$ 17,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35		\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36		\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$ 119,718.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38		\$ 4,445,173.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39		\$ 2,378,668.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40		\$ 48,469.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41		\$ 5,745.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42		\$ 2,358,805.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
43		\$ 3,150.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44		\$ 3,150.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45		\$ 3,600.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46		\$ 4,275.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47		\$ 3,150.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48		\$ 356,855.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
49		\$ 413,843.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50		\$ 182,039.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51		\$ 2,592.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52		\$ 2,181.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53		\$ 49,475.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54		\$ 25,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
55		\$ 11,519.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56		\$ 556,324.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57		\$ 119,073.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58		\$ 2,236,921.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59		\$ 11,517.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60		\$ 49,205.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
61		\$ 30,903.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
62		\$ 247,966.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
63		\$ 1,133,260.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
64		\$ 277,480.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
65		\$ 5,201.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
66		\$ 56,163,756.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
67		\$ 26,045,545.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68		\$ 6,822,575.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69		\$ 100,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70		\$ 134,390.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71		\$ 105,120.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72		\$ 120,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
73		\$ 120,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74		\$ 131,760.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75		\$ 120,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76		\$ 120,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77		\$ 120,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78		\$ 120,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
79		\$ 120,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80		\$ 195,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81		\$ 120,960.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82		\$ 100,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83		\$ 100,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84		\$ 100,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
85		\$ 100,080.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86		\$ 100,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87		\$ 100,080.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88		\$ 100,080.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89		\$ 84,900.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90		\$ 225,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION**34-6562544****Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
91		\$ 180,582.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92		\$ 10,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93		\$ 6,686.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94		\$ 5,625.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95		\$ 30,723.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96		\$ 149,556.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
97		\$ 6,570.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98		\$ 4,928.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99		\$ 165,838.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100		\$ 8,050,988.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101		\$ 2,122,301.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102		\$ 2,007,427.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
103		\$ 14,639.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104		\$ 14,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105		\$ 12,239.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106		\$ 288,052.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107		\$ 13,619.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108		\$ 1,110.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
109		\$ 1,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110		\$ 200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111		\$ 4,565.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112		\$ 5,596.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113		\$ 4,851.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114		\$ 31,140.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
115		\$ 1,064,203.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116		\$ 2,077,469.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117		\$ 702,738.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118		\$ 441,780.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119		\$ 361,853.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120		\$ 49,433.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
121		\$ 429,808.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122		\$ 440,585.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123		\$ 151,167.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124		\$ 4,996,511.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125		\$ 3,502,070.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126		\$ 3,083,565.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION**34-6562544****Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
127		\$ 4,637,210.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128		\$ 7,822,510.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129		\$ 17,433.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130		\$ 1,750.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131		\$ 6,990.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132		\$ 18,774.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BROTHER'S BROTHER FOUNDATION	Employer identification number 34-6562544
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
133		\$ 4,050.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
134		\$ 10,204.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
135		\$ 59,194.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
136		\$ 32,355.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
137		\$ 16,107.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
138		\$ 5,722.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
139		\$ 623,383.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
140		\$ 940,412.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
141		\$ 57,596.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
142		\$ 268,953.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
143		\$ 861,386.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
144		\$ 1,117,998.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
145		\$ 558,416.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
146		\$ 170,182.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
147		\$ 521,888.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
148		\$ 619,742.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
149		\$ 832,779.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
150		\$ 2,202,829.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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BROTHER'S BROTHER FOUNDATION**34-6562544****Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
151		\$ 1,289,438.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
152		\$ 224,493.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
153		\$ 246,277.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
154		\$ 951,323.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
155		\$ 190,400.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
156		\$ 80,777.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
157		\$ 923,528.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
158		\$ 1,457,582.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
159		\$ 6,036.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
160		\$ 102,436.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
161		\$ 6,473,157.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
162		\$ 6,046.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION**34-6562544****Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
163		\$ 13,098.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
164		\$ 9,612.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
165		\$ 13,534.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
166		\$ 18,159.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
167		\$ 17,778.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
168		\$ 11,669.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
169		\$ 11,868.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
170		\$ 1,736,157.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
171		\$ 17,342.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
172		\$ 8,431,336.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
173		\$ 4,195,977.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
174		\$ 216,553.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION**34-6562544****Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
175		\$ 4,045,059.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
176		\$ 1,531,873.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
177		\$ 460,348.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
178		\$ 9,004,972.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
179		\$ 11,709,066.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
180		\$ 1,452,897.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
181		\$ 22,533.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
182		\$ 135,760.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
183		\$ 32,200.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
184		\$ 5,252,964.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
185		\$ 1,318,033.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
186		\$ 3,757.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
187		\$ 2,913.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
188		\$ 489,024.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
189		\$ 1,185,765.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
190		\$ 13,824.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
191		\$ 12,676.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
192		\$ 1,197,307.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
193		\$ 559,034.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
194		\$ 48,534.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
195		\$ 20,784.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
196		\$ 1,061.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
197		\$ 2,110.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
198		\$ 1,415.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

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BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
199		\$ 5,747.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
200		\$ 42,100.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
201		\$ 47,983.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
202		\$ 7,150,713.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
203		\$ 6,338.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
204		\$ 9,338,440.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
205		\$ 3,117,052.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
206		\$ 1,031,879.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
207		\$ 6,277,688.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
208		\$ 191,160.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
209		\$ 14,164,168.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
210		\$ 9,040,940.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
211		\$ 15,339,371.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
212		\$ 4,927.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
213		\$ 1,137,844.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
214		\$ 4,351,461.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
215		\$ 249,953.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
216		\$ 5,173.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
217		\$ 2,754,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
218		\$ 11,611,900.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
219		\$ 147,323.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
220		\$ 138,291.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
221		\$ 12,886.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
222		\$ 193,324.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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BROTHER'S BROTHER FOUNDATION**34-6562544****Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
223		\$ 108,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
224		\$ 8,939.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
225		\$ 23,450.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
226		\$ 225,223.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
227		\$ 303,917.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
228		\$ 14,108.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
229		\$ 2,700.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
230		\$ 1,350.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
231		\$ 2,700.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
232		\$ 186,815.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
233		\$ 89,603.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
234		\$ 1,955,987.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
235		\$ 6,502.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
236		\$ 311,720.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
237		\$ 772,261.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
238		\$ 104,626.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
239		\$ 1,474.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
240		\$ 141,737.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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BROTHER'S BROTHER FOUNDATION

34-6562544

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
241		\$ 3,567,476.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
242		\$ 2,896,615.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
243		\$ 3,622.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
244		\$ 890,873.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
245		\$ 5,854,713.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
246		\$ 223,756.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BROTHER'S BROTHER FOUNDATION	Employer identification number 34-6562544
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
247		\$ 25,277.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
248		\$ 11,691.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
249		\$ 160,150.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
250		\$ 14,257.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
251		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ _____.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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BROTHER'S BROTHER FOUNDATION**34-6562544****Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
37	<u>EDUCATIONAL MATERIAL</u>	\$ <u>119,718.</u>	<u>12/26/07</u>
38	<u>PHARMACEUTICALS</u>	\$ <u>4,445,173.</u>	<u>05/04/07</u>
39	<u>PHARMACEUTICALS</u>	\$ <u>2,378,668.</u>	<u>06/22/07</u>
40	<u>EDUCATIONAL MATERIALS</u>	\$ <u>48,469.</u>	<u>12/28/07</u>
41	<u>MEDICAL EQUIPMENT</u>	\$ <u>5,745.</u>	<u>05/18/07</u>
42	<u>PHARMACEUTICALS</u>	\$ <u>2,358,805.</u>	<u>12/11/07</u>

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BROTHER'S BROTHER FOUNDATION

34-6562544

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
43	PHARMACEUTICALS	\$ 3,150.	05/17/07
44	PHARMACEUTICALS	\$ 3,150.	06/05/07
45	PHARMACEUTICALS	\$ 3,600.	08/17/07
46	PHARMACEUTICALS	\$ 4,275.	12/14/07
47	PHARMACEUTICALS	\$ 3,150.	12/26/07
48	PHARMACEUTICALS	\$ 356,855.	07/17/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
49	PHARMACEUTICALS	\$ 413,843.	11/13/07
50	PHARMACEUTICALS	\$ 182,039.	11/21/07
51	PHARMACEUTICALS	\$ 2,592.	08/27/07
52	PHARMACEUTICALS	\$ 2,181.	08/29/07
53	PHARMACEUTICALS	\$ 49,475.	03/12/07
54	CLOTHING	\$ 25,000.	03/05/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
55	PHARMACEUTICALS	\$ 11,519.	06/05/07
56	PHARMACEUTICALS	\$ 556,324.	01/31/07
57	PHARMACEUTICALS	\$ 119,073.	02/28/07
58	PHARMACEUTICALS	\$ 2,236,921.	03/21/07
59	PHARMACEUTICALS	\$ 11,517.	04/01/07
60	PHARMACEUTICALS	\$ 49,205.	06/25/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
61	PHARMACEUTICALS	\$ 30,903.	08/30/07
62	PHARMACEUTICALS	\$ 247,966.	10/30/07
63	PHARMACEUTICALS	\$ 1,133,260.	12/04/07
64	PHARMACEUTICALS	\$ 277,480.	12/10/07
65	PHARMACEUTICALS	\$ 5,201.	11/20/07
66	PHARMACEUTICALS	\$ 56,163,756.	09/04/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
67	PHARMACEUTICALS	\$ 26,045,545.	09/17/07
68	PHARMACEUTICALS	\$ 6,822,575.	11/15/07
69	CLOTHING	\$ 100,000.	01/12/07
70	CLOTHING	\$ 134,390.	04/02/07
71	CLOTHING	\$ 105,120.	05/30/07
72	CLOTHING	\$ 120,960.	09/13/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
73	CLOTHING	\$ 120,960.	09/11/07
74	CLOTHING	\$ 131,760.	08/20/07
75	CLOTHING	\$ 120,960.	08/20/07
76	CLOTHING	\$ 120,960.	08/20/07
77	CLOTHING	\$ 120,960.	08/20/07
78	CLOTHING	\$ 120,960.	08/20/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
79	CLOTHING	\$ 120,960.	09/05/07
80	CLOTHING	\$ 195,960.	08/02/07
81	CLOTHING	\$ 120,960.	08/29/07
82	CLOTHING	\$ 100,000.	10/23/07
83	CLOTHING	\$ 100,000.	12/24/07
84	CLOTHING	\$ 100,000.	12/24/07

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BROTHER'S BROTHER FOUNDATION**34-6562544****Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
85	CLOTHING	\$ 100,080.	12/24/07
86	CLOTHING	\$ 100,000.	12/24/07
87	CLOTHING	\$ 100,080.	12/31/07
88	CLOTHING	\$ 100,080.	11/08/07
89	CLOTHING	\$ 84,900.	12/18/07
90	CLOTHING	\$ 225,000.	12/31/07

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BROTHER'S BROTHER FOUNDATION**34-6562544****Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
91	EDUCATIONAL MATERIALS	\$ 180,582.	05/14/07
92	EDUCATIONAL MATERIALS	\$ 10,350.	08/14/07
93	PHARMACEUTICALS	\$ 6,686.	07/21/07
94	EDUCATIONAL MATERIALS	\$ 5,625.	05/17/07
95	PHARMACEUTICALS	\$ 30,723.	01/16/07
96	PHARMACEUTICALS	\$ 149,556.	04/17/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
97	EDUCATIONAL MATERIALS	\$ 6,570.	03/14/07
98	EDUCATIONAL MATERIALS	\$ 4,928.	05/01/07
99	EDUCATIONAL MATERIALS	\$ 165,838.	09/20/07
100	EDUCATIONAL MATERIALS	\$ 8,050,988.	12/01/07
101	EDUCATIONAL MATERIALS	\$ 2,122,301.	12/31/07
102	PHARMACEUTICALS	\$ 2,007,427.	11/30/07

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BROTHER'S BROTHER FOUNDATION

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
103	PHARMACEUTICALS	\$ 14,639.	11/02/07
104	PHARMACEUTICALS	\$ 14,000.	11/16/07
105	PHARMACEUTICALS	\$ 12,239.	12/14/07
106	EDUCATIONAL MATERIALS	\$ 288,052.	01/28/07
107	PHARMACEUTICALS	\$ 13,619.	05/07/07
108	PHARMACEUTICALS	\$ 1,110.	07/17/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
109	PHARMACEUTICALS	\$ 1,350.	07/25/07
110	PHARMACEUTICALS	\$ 200.	11/16/07
111	PHARMACEUTICALS	\$ 4,565.	12/31/07
112	PHARMACEUTICALS	\$ 5,596.	10/24/07
113	PHARMACEUTICALS	\$ 4,851.	01/17/07
114	EDUCATIONAL MATERIAL	\$ 31,140.	11/21/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
115	EDUCATIONAL MATERIAL	\$ 1,064,203.	03/19/07
116	EDUCATIONAL MATERIAL	\$ 2,077,469.	04/01/07
117	EDUCATIONAL MATERIAL	\$ 702,738.	06/10/07
118	EDUCATIONAL MATERIAL	\$ 441,780.	06/25/07
119	EDUCATIONAL MATERIAL	\$ 361,853.	06/25/07
120	EDUCATIONAL MATERIAL	\$ 49,433.	05/11/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
121	EDUCATIONAL MATERIALS	\$ 429,808.	07/09/07
122	EDUCATIONAL MATERIALS	\$ 440,585.	08/09/07
123	EDUCATIONAL MATERIALS	\$ 151,167.	12/31/07
124	EDUCATIONAL MATERIALS	\$ 4,996,511.	12/26/07
125	EDUCATIONAL MATERIALS	\$ 3,502,070.	05/01/07
126	EDUCATIONAL MATERIALS	\$ 3,083,565.	05/30/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
127	EDUCATIONAL MATERIALS	\$ 4,637,210.	12/01/07
128	EDUCATIONAL MATERIALS	\$ 7,822,510.	12/01/07
129	PHARMACEUTICALS	\$ 17,433.	02/05/07
130	PHARMACEUTICALS	\$ 1,750.	03/05/07
131	PHARMACEUTICALS	\$ 6,990.	03/09/07
132	PHARMACEUTICALS	\$ 18,774.	07/10/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
133	PHARMACEUTICALS	\$ 4,050.	07/10/07
134	PHARMACEUTICALS	\$ 10,204.	10/04/07
135	PHARMACEUTICALS	\$ 59,194.	12/10/07
136	PHARMACEUTICALS	\$ 32,355.	12/12/07
137	PHARMACEUTICALS	\$ 16,107.	12/18/07
138	PHARMACEUTICALS	\$ 5,722.	12/31/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
139	PHARMACEUTICALS	\$ 623,383.	01/08/07
140	PHARMACEUTICALS	\$ 940,412.	01/23/07
141	PHARMACEUTICALS	\$ 57,596.	02/06/07
142	PHARMACEUTICALS	\$ 268,953.	02/09/07
143	PHARMACEUTICALS	\$ 861,386.	02/19/07
144	PHARMACEUTICALS	\$ 1,117,998.	02/21/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
145	PHARMACEUTICALS	\$ 558,416.	02/21/07
146	PHARMACEUTICALS	\$ 170,182.	03/16/07
147	PHARMACEUTICALS	\$ 521,888.	05/02/07
148	PHARMACEUTICALS	\$ 619,742.	06/25/07
149	PHARMACEUTICALS	\$ 832,779.	08/02/07
150	PHARMACEUTICALS	\$ 2,202,829.	08/14/07

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BROTHER'S BROTHER FOUNDATION**34-6562544****Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
151	PHARMACEUTICALS	\$ 1,289,438.	08/20/07
152	PHARMACEUTICALS	\$ 224,493.	09/10/07
153	PHARMACEUTICALS	\$ 246,277.	09/28/07
154	PHARMACEUTICALS	\$ 951,323.	10/07/07
155	PHARMACEUTICALS	\$ 190,400.	10/19/07
156	PHARMACEUTICALS	\$ 80,777.	10/26/07

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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
157	PHARMACEUTICALS	\$ 923,528.	11/21/07
158	PHARMACEUTICALS	\$ 1,457,582.	11/30/07
159	PHARMACEUTICALS	\$ 6,036.	07/09/07
160	PHARMACEUTICALS	\$ 102,436.	05/02/07
161	PHARMACEUTICALS	\$ 6,473,157.	07/23/07
162	PHARMACEUTICALS	\$ 6,046.	02/01/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
163	PHARMACEUTICALS	\$ 13,098.	03/08/07
164	PHARMACEUTICALS	\$ 9,612.	05/11/07
165	PHARMACEUTICALS	\$ 13,534.	06/25/07
166	PHARMACEUTICALS	\$ 18,159.	07/12/07
167	PHARMACEUTICALS	\$ 17,778.	10/15/07
168	PHARMACEUTICALS	\$ 11,669.	10/22/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
169	PHARMACEUTICALS	\$ 11,868.	12/04/07
170	EDUCATIONAL MATERIALS	\$ 1,736,157.	01/10/07
171	EDUCATIONAL MATERIALS	\$ 17,342.	01/25/07
172	EDUCATIONAL MATERIALS	\$ 8,431,336.	05/01/07
173	EDUCATIONAL MATERIALS	\$ 4,195,977.	06/29/07
174	EDUCATIONAL MATERIALS	\$ 216,553.	06/11/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
175	EDUCATIONAL MATERIALS	\$ 4,045,059.	09/11/07
176	EDUCATIONAL MATERIALS	\$ 1,531,873.	10/02/07
177	EDUCATIONAL MATERIALS	\$ 460,348.	12/01/07
178	EDUCATIONAL MATERIALS	\$ 9,004,972.	12/01/07
179	EDUCATIONAL MATERIALS	\$ 11,709,066.	12/27/07
180	EDUCATIONAL MATERIALS	\$ 1,452,897.	12/28/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION**34-6562544****Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
181	<u>EDUCATIONAL MATERIALS</u>	\$ 22,533.	12/27/07
182	<u>EDUCATIONAL MATERIALS</u>	\$ 135,760.	12/28/07
183	<u>EDUCATIONAL MATERIALS</u>	\$ 32,200.	12/30/07
184	<u>EDUCATIONAL MATERIALS</u>	\$ 5,252,964.	12/31/07
185	<u>EDUCATIONAL MATERIALS</u>	\$ 1,318,033.	12/01/07
186	<u>PHARMACEUTICALS</u>	\$ 3,757.	04/05/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION**34-6562544****Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
187	PHARMACEUTICALS	\$ 2,913.	09/07/07
188	PHARMACEUTICALS	\$ 489,024.	06/25/07
189	EDUCATIONAL MATERIALS	\$ 1,185,765.	12/26/07
190	PHARMACEUTICALS	\$ 13,824.	01/08/07
191	PHARMACEUTICALS	\$ 12,676.	10/26/07
192	PHARMACEUTICALS	\$ 1,197,307.	02/07/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
193	PHARMACEUTICALS	\$ 559,034.	02/06/07
194	PHARMACEUTICALS	\$ 48,534.	02/08/07
195	PHARMACEUTICALS	\$ 20,784.	06/04/07
196	PHARMACEUTICALS	\$ 1,061.	04/13/07
197	PHARMACEUTICALS	\$ 2,110.	05/30/07
198	PHARMACEUTICALS	\$ 1,415.	12/19/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
199	PHARMACEUTICALS	\$ 5,747.	01/16/07
200	PHARMACEUTICALS	\$ 42,100.	04/01/07
201	PHARMACEUTICALS	\$ 47,983.	04/01/07
202	PHARMACEUTICALS	\$ 7,150,713.	01/25/07
203	PHARMACEUTICALS	\$ 6,338.	06/19/07
204	PHARMACEUTICALS	\$ 9,338,440.	07/11/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
205	PHARMACEUTICALS	\$ 3,117,052.	07/12/07
206	PHARMACEUTICALS	\$ 1,031,879.	07/12/07
207	PHARMACEUTICALS	\$ 6,277,688.	07/12/07
208	PHARMACEUTICALS	\$ 191,160.	08/02/07
209	PHARMACEUTICALS	\$ 14,164,168.	08/21/07
210	PHARMACEUTICALS	\$ 9,040,940.	08/21/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
211	PHARMACEUTICALS	\$ 15,339,371.	08/21/07
212	PHARMACEUTICALS	\$ 4,927.	08/23/07
213	PHARMACEUTICALS	\$ 1,137,844.	08/28/07
214	PHARMACEUTICALS	\$ 4,351,461.	08/30/07
215	PHARMACEUTICALS	\$ 249,953.	11/20/07
216	PHARMACEUTICALS	\$ 5,173.	12/12/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION**34-6562544****Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
217	PHARMACEUTICALS	\$ 2,754,000.	12/12/07
218	PHARMACEUTICALS	\$ 11,611,900.	09/28/07
219	PHARMACEUTICALS	\$ 147,323.	01/23/07
220	PHARMACEUTICALS	\$ 138,291.	02/12/07
221	PHARMACEUTICALS	\$ 12,886.	03/12/07
222	PHARMACEUTICALS	\$ 193,324.	03/19/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part II: Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
223	<u>PHARMACEUTICALS</u>	\$ 108,350.	04/24/07
224	<u>PHARMACEUTICALS</u>	\$ 8,939.	04/26/07
225	<u>PHARMACEUTICALS</u>	\$ 23,450.	08/07/07
226	<u>PHARMACEUTICALS</u>	\$ 225,223.	08/09/07
227	<u>PHARMACEUTICALS</u>	\$ 303,917.	11/30/07
228	<u>PHARMACEUTICALS</u>	\$ 14,108.	09/17/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION**34-6562544****Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
229	<u>PHARMACEUTICALS</u>	\$ 2,700.	11/01/07
230	<u>PHARMACEUTICALS</u>	\$ 1,350.	11/02/07
231	<u>PHARMACEUTICALS</u>	\$ 2,700.	11/13/07
232	<u>PHARMACEUTICALS</u>	\$ 183,815.	05/08/07
233	<u>PHARMACEUTICALS</u>	\$ 89,603.	02/12/07
234	<u>PHARMACEUTICALS</u>	\$ 1,955,987.	02/12/07

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION**34-6562544****Part II Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
235	<u>PHARMACEUTICALS</u>	\$ <u>6,502.</u>	<u>02/23/07</u>
236	<u>PHARMACEUTICALS</u>	\$ <u>311,720.</u>	<u>04/17/07</u>
237	<u>PHARMACEUTICALS</u>	\$ <u>772,261.</u>	<u>04/26/07</u>
238	<u>PHARMACEUTICALS</u>	\$ <u>104,626.</u>	<u>06/05/07</u>
239	<u>PHARMACEUTICALS</u>	\$ <u>1,474.</u>	<u>06/06/07</u>
240	<u>PHARMACEUTICALS</u>	\$ <u>141,737.</u>	<u>06/12/07</u>

Name of organization

Employer identification number

BROTHER'S BROTHER FOUNDATION

34-6562544

Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
241	PHARMACEUTICALS	\$ 3,567,476.	06/13/07
242	PHARMACEUTICALS	\$ 2,896,615.	08/14/07
243	PHARMACEUTICALS	\$ 3,622.	10/04/07
244	PHARMACEUTICALS	\$ 890,873.	10/24/07
245	PHARMACEUTICALS	\$ 5,854,713.	10/30/07
246	PHARMACEUTICALS	\$ 223,756.	10/26/07

Name of organization BROTHER'S BROTHER FOUNDATION	Employer identification number 34-6562544
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Part II Noncash Property (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
247	PHARMACEUTICALS	\$ 25,277.	01/10/07
248	PHARMACEUTICALS	\$ 11,691.	08/01/07
249	PHARMACEUTICALS	\$ 160,150.	10/29/07
250	EDUCATIONAL MATERIALS	\$ 14,257.	05/01/07
		\$	
		\$	

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
MARKETABLE SECURITIES	23,507.	14,556.	0.	8,951.
TO FORM 990, PART I, LINE 8	23,507.	14,556.	0.	8,951.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED LOSS	-77,795.
TOTAL TO FORM 990, PART I, LINE 20	-77,795.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
OUTSIDE SERVICES	45,404.	19,367.	9,513.	16,524.
INSURANCE	14,266.	9,384.	4,837.	45.
TRAINING EXPENSE	120.		20.	100.
MISCELLANEOUS EXPENSE	17,192.	1,138.	15,390.	664.
DUES AND SUBSCRIPTIONS	9,872.	1,130.	8,177.	565.
TRUCK EXPENSE	2,504.	2,504.		
CONSULTING	3,133.	1,507.	1,626.	
INVENTORY ADJUSTMENTS	163,140.	163,140.		
TOTAL TO FM 990, LN 43	255,631.	198,170.	39,563.	17,898.

DESCRIPTION OF PROGRAM SERVICE ONE

INTERNATIONAL EDUCATION PROGRAM: IN 2007 BBF SENT 2,845,515 EDUCATIONAL TEXT BOOKS (130 CONTAINER LOADS) TO 31 RECIPIENT COUNTRIES. ONE PROJECT IN PARTICULAR PROVIDED 22 CONTAINERS OF EDUCATIONAL MATERIAL TO SCHOOLS AND LIBRARIES IN EIGHT AFRICAN COUNTRIES (ETHIOPIA, GAMBIA, GHANA, LIBERIA, MADAGASCAR, SIERRA LEONE, SUDAN AND UGANDA) THROUGH THE USAID'S AFRICAN EDUCATION INITIATIVE (AEI). ANOTHER PROJECT PROVIDED 11 CONTAINERS OF EDUCATIONAL MATERIAL TO THE AUTONOMOUS REGION OF MUSLIM MINDANAO IN THE PHILIPPINES AS PART OF THE USAID'S EDUCATION QUALITY AND ACCESS FOR LEARNING AND LIVELIHOOD SKILLS (EQUALS) PROJECT IN THE FIRST SIX MONTHS OF 2007. BBF WORKS WITH TRUSTED PARTNER ORGANIZATIONS TO ENSURE THAT ALL DONATED EDUCATIONAL MATERIAL WILL IMPROVE THE ACCESS AND QUALITY OF EDUCATION FOR DISADVANTAGED CHILDREN AND OUT-OF-SCHOOL YOUTH IN RECIPIENT COUNTRIES.

TO FORM 990, PART III, LINE A

GRANTS

EXPENSES

90,911,485.

91,423,339.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 7

DESCRIPTION OF PROGRAM SERVICE TWO

INTERNATIONAL HEALTH PROGRAM: BBF SENT 66 CONTAINERS OF MEDICINES AND MEDICAL SUPPLIES TO 47 COUNTRIES IN 2007. ALONG WITH SUPPLYING MEDICAL DONATIONS TO HOSPITALS AND CLINICS, BBF ALSO SUPPORTS MEDICAL MISSION TRIPS. IN 2007, BBF SUPPLIED DONATIONS FOR 130 MEDICAL MISSION TRIPS. THESE TRIPS ALLOW BBF TO SERVE AND REACH ADDITIONAL MARGINALIZED POPULATIONS.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE B	242,143,419.	242,576,145.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III STATEMENT 8

EXPLANATION

DISTRIBUTION OF DONATED PHARMACEUTICALS AND MEDICAL SUPPLIES, EDUCATIONAL SUPPLIES AND HUMANITARIAN ITEMS (FOOD AND SHOES) TO WORLDWIDE DISTRIBUTION ORGANIZATIONS TO AID IN IMPROVING THE LIVING CONDITIONS, HEALTH AND WELFARE OF THOSE IN NEED.

FORM 990 GOVERNMENT SECURITIES STATEMENT 9

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
MUTUAL FUNDS	FMV	2,979,322.		2,979,322.
TOTAL TO FORM 990, LINE 54A, COL B		2,979,322.		2,979,322.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FURNITURE & EQUIPMENT	201,764.	154,730.	47,034.
BUILDINGS	540,057.	97,484.	442,573.
LAND	25,000.	0.	25,000.
TOTAL TO FORM 990, PART IV, LN 57	766,821.	252,214.	514,607.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LUKE L. HINGSON 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	PRESIDENT 40.00	105,000.	8,625.	0.
KAREN DEMPSEY 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	VP DEVELOPMENT/ADMIN. 40.00	60,000.	8,657.	0.
WILLIAM P. DAVIS 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	VP FINANCE 22.50	40,000.	421.	0.
L. RICHARD MILNER 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD CHAIR 0.40	0.	0.	0.
ROY G. DORRANCE, III 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD VICE CHAIR 0.40	0.	0.	0.
DANIEL SIMPSON 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD SECRETARY 0.40	0.	0.	0.
JOSEPH T. SENKO 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD TREASURER 0.40	0.	0.	0.

CHIP LAMBERT, M.D. 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEDICAL DIRECTOR 0.40	0.	0.	0.
RACHEL LOREY ALLEN, ESQ. 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
ELENA BAYLIS, ESQ. 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
SETH BEKOE, MD 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
MICHAEL DOHERTY 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
CAROLYN ELLIS, MD 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
PAUL EUWER, JR. 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
MICHAEL FOSTER 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
WALTER FOWLER 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
MARIANN K. GEYER 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
AUSTIN P. HENRY, ESQ. 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
CHESTER A. HOBERT, JR. 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
MICHAEL KARP, MD 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.

BROTHER'S BROTHER FOUNDATION

34-6562544

DAVID W. LIPPY 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
PATRICK MARX 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
CHRISTINA W. MICHELMORE 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
KERRY J. O'DONNELL 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
WILLIAM SANTE 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
CHARLES J. STOUT 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD MEMBER 0.40	0.	0.	0.
ROBERT VERSCHAREN 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD CHAIR 0.40	0.	0.	0.
ROBERT WEBER 1200 GALVESTON AVENUE PITTSBURGH, PA 15233-1604	BOARD CHAIR 0.40	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		205,000.	17,703.	0.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 12

INDIVIDUAL'S NAME

TITLE OR ROLE

CHESTER HOBERT

BOARD MEMBER

INDIVIDUAL'S NAME

TITLE OR ROLE

AUSTIN HENRY

BOARD MEMBER

EXPLANATION OF RELATIONSHIP

AUSTIN HENRY IS THE SON-IN-LAW OF CHESTER HOBERT.

FORM 990

LIST OF STATES RECEIVING COPY OF RETURN
PART VI, LINE 90

STATEMENT 13

STATES

PA, OH, IL, CT, NY, MD, WI, NJ, VA, UT, MS, OK, AL, WA, MA, NC, FL

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 14

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

93A HANDLING FEES RECEIVED TO OFFSET COSTS RELATED TO SHIPMENTS OF
TEXTBOOKS & EDUCATIONAL MATERIALS TO UNDER-SERVED COUNTRIES ABROAD

93B HANDLING FEES RECEIVED TO OFFSET COSTS RELATED TO SHIPMENTS OF
MEDICAL SUPPLIES, EQUIPMENT & PHARMACEUTICALS

93C HANDLING FEES RECEIVED TO OFFSET COSTS RELATED TO SHIPMENTS OF FOOD,
SHOES & HUMANITARIAN SUPPLIES

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 15

BOARD MEMBERS ARE PROVIDED WITH PHARMACEUTICAL AND MEDICAL SUPPLIES FURNISHED BY THE BROTHER'S BROTHER FOUNDATION TO PROVIDE MEDICAL CARE IN CONNECTION WITH MISSION TRIPS TO NICARAGUA, GHANA AND CUBA.

13100620 786250 13415 24000

2007 05065 BROTHER'S BROTHER FOUNDATIO 13415-21

SCHEDULE A	GENERAL EXPLANATION FORM AND LINE REFERENCES	STATEMENT 16
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FORM/LINE IDENTIFIER	DESCRIPTION/RETURN REFERENCE
FORM 990, SCHEDULE A, PART IV-A	FACTS AND CIRCUMSTANCES DISCLOSURE

SCHEDULE A	GENERAL EXPLANATION	STATEMENT 17
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FACTS AND CIRCUMSTANCES TEST: BROTHER'S BROTHER FOUNDATION ("THE FOUNDATION") DOES 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 26F OF FORM 990, SCHEDULES 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 FOUR YEAR PERIOD COVERED BY THE PUBLIC SUPPORT COMPUTATION, THE FOUR LARGEST IN-KIND DONORS PROVIDED APPROXIMATELY 56% OF IN-KIND CONTRIBUTIONS RECEIVED. 2) THE FOUNDATION'S MANAGEMENT AND MONITORING OF IT'S FUND RAISING AND ADMINISTRATIVE COSTS HAS RESULTED IN THE FINANCIAL RESULTS WHEREBY NON-PROGRAM EXPENDITURES REPRESENT LESS THAN 1% OF TOTAL EXPENSES ON AN ANNUAL BASIS. DUE TO THE FOUNDATION'S ABILITY TO POWERFULLY LEVERAGE ITS LOW OPERATING OVERHEAD IN DISTRIBUTING DONATED IN-KIND RESOURCES WORLDWIDE, THE FINANCIAL RESOURCES REQUIRED TO RUN ITS PROGRAMS ARE MODEST. THE FOUNDATION IS FREQUENTLY ACKNOWLEDGED BY THE MEDIA AS A LEADER IN PROGRAM SUPPORT SPENDING EFFICIENCY.

II) THE FOUNDATION CONTINUES EFFORTS TO INEXPENSIVELY EXPAND PUBLIC SUPPORT FROM INDIVIDUAL DONORS AND OTHER DONOR UNITS. IN 2003 THE FOUNDATION RECEIVED CASH GIFTS FROM 1,013 GIVING UNITS (OVER 90% INDIVIDUALS). IN 2004 THE FOUNDATION RECEIVED CASH GIFTS FROM 2,373 GIVING UNITS (OVER 90% INDIVIDUALS), IN 2005 THE FOUNDATION RECEIVED CASH GIFTS FROM 5,803 GIVING UNITS (OVER 90% INDIVIDUALS), AND IN 2006 THE FOUNDATION RECEIVED CASH GIFTS FROM 1,998 GIVING UNITS (OVER 90% INDIVIDUALS). IN 2007, THE FOUNDATION RECEIVED CASH GIFTS FROM 1,875 GIVING UNITS (OVER 90% INDIVIDUALS). PUBLIC SUPPORT IS GENERALLY

THROUGH A CONTINUOUS LOW-COST FUNDRAISING PROGRAM DESIGNED TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT, AS WELL AS ROUTINE MEDIA RECOGNITION BY THE MEDIA IN THE UNITED STATES AND WORLDWIDE, ATTESTING TO THE ABILITY TO DELIVER USEFUL SERVICES WORLDWIDE.

III) **PERCENTAGE OF FINANCIAL SUPPORT.** THE FOUNDATION HAS WITNESSED A DRAMATIC INCREASE IN THE NUMBER OF INDIVIDUAL DONORS AND IN THE QUANTITY OF GIFTS FROM INDIVIDUALS OVER THE PAST FOUR YEARS. AN INCREASE FROM 929 INDIVIDUAL DONORS IN 2003 TO 2,281 INDIVIDUAL DONORS IN 2004 REPRESENTS A 246% INCREASE IN DONOR BASE, DUE LARGELY IN PART TO RESPONSES BY INDIVIDUALS TO WORLD DISASTERS. IN ADDITION, THE AMOUNT OF GIFTS RECEIVED FROM INDIVIDUALS HAS INCREASED FROM 1,367 IN 2003 TO OVER 3,000 IN 2004, AGAIN REPRESENTING A SUBSTANTIAL INCREASE IN PUBLIC SUPPORT TO THE ORGANIZATION. INDIVIDUALS REPRESENT 93.68% OF THE TOTAL DONOR BASE AVERAGED OVER THE PREVIOUS FOUR YEARS. LIKEWISE, 93.01% OF THE TOTAL GIFTS RECEIVED WERE DONATED BY INDIVIDUALS AS AVERAGED OVER THE PREVIOUS FOUR YEARS. IT IS QUITE EVIDENT THAT INDIVIDUAL DONORS CONTINUE TO RECOGNIZE THE ORGANIZATION AS A PREMIER CHARITY. AN EFFORT TO INCREASE PUBLIC SUPPORT IS GARNERED THROUGH A CONTINUOUS FUNDRAISING PROGRAM THAT IS DESIGNED TO ATTRACT NEW AND ADDITIONAL PUBLIC SUPPORT.

IV) **SOURCES OF SUPPORT.** THE FOUNDATION MAINTAINS AN ACTIVE FUNDRAISING PROGRAM AND REALIZES FINANCIAL SUPPORT FROM A BROAD GROUP OF INDIVIDUALS, CORPORATIONS, CIVIC, AND CHURCH GROUPS, FOUNDATION'S HUMANITARIAN ORGANIZATIONS AND FROM USAID.

GENERAL FUND RAISING APPEALS TO A CAREFULLY DEVELOPED GROUP OF PAST AND POTENTIAL SUPPORTERS ARE UNDERTAKEN GENERALLY TWICE A YEAR. SEPARATE ANNUAL APPEALS ARE MADE THROUGH THE UNITED WAY AND COMBINED FEDERAL CAMPAIGN. ALSO, GOVERNMENT GRANTS AND PROGRAM RELATIONSHIPS ARE PURSUED ON A CONTINUING BASIS AS OPPORTUNITIES AND WORLD DEVELOPMENTS OCCUR.

DURING THE FOUR YEAR PERIOD COVERED BY THE PUBLIC SUPPORT COMPUTATION, THE FOUNDATION'S FINANCIAL DONOR COUNT AVERAGED OVER 2,600 INDIVIDUALS PER YEAR AND OVER 170 ORGANIZATIONS PER YEAR. THE INDIVIDUAL DONOR GROUP AVERAGED OVER 3,600 CONTRIBUTIONS PER YEAR AND THE DONOR GROUP OF ORGANIZATIONS AVERAGED OVER 270 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 ON 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 BROAD OF TRUSTEES AND OFFICERS ARE COMPRISED OF BUSINESS AND CIVIC LEADERS WITH EXPERIENCE IN A WIDE VARIETY OF FIELDS: EDUCATION, MEDICINE, LAW, BANKING, PHILANTHROPY, PUBLIC SERVICE, BUSINESS, INTERNATIONAL DIPLOMACY AND NEWS MEDIA. GOVERNING BODY REPRESENTATIVES HAVE PROVIDED SIGNIFICANT OVERSIGHT TO ENSURE EFFECTIVE LOCAL MANAGEMENT OF THE

RESOURCES THAT THE FOUNDATION AND ITS PARTNERS HAVE FORWARDED FOR DISTRIBUTION TO THE NEEDY.

VI) AVAILABILITY OF PUBLIC FACILITIES OR SERVICES; PUBLIC PARTICIPATION IN PROGRAMS OR POLICIES. DONATED MEDICAL, EDUCATIONAL AND HUMANITARIAN SUPPLIES ARE DISTRIBUTED BY THE FOUNDATION AND ITS PARTNERS IN DEVELOPING TRANSITIONAL AND DISASTER-STRICKEN COUNTRIES THROUGHOUT THE WORLD. SINCE ITS FOUNDING IN 1958, THE FOUNDATION TOGETHER WITH ITS PARTNERS HAS PROVIDED OVER \$2.3 BILLION IN GOODS AND SERVICES INCLUDING, OVER 85,000 TONS OF MEDICAL SUPPLIES, TEXTBOOKS, SEEDS, AND FOOD. SUCH ASSISTANCE HAS ENHANCED THE QUALITY OF LIFE FOR TENS OF MILLIONS OF PEOPLE PROVIDING THEM WITH BETTER HEALTH, EDUCATION, NUTRITION, MATERIAL SECURITY AND HOPE IN OVER 120 COUNTRIES.

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

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).