

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2011**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

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

**A** For the 2011 calendar year, or tax year beginning and ending

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

**C** Name of organization: **BROTHER'S BROTHER FOUNDATION**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **1200 GALVESTON AVENUE**

City or town, state or country, and ZIP + 4: **PITTSBURGH, PA 15233-1604**

**D** Employer identification number: **34-6562544**

**E** Telephone number: **(412) 321-3160**

**G** Gross receipts \$: **244,400,236.**

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number

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

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

**K** Form of organization:  Corporation  Trust  Association  Other

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

**Part I Summary**

1 Briefly describe the organization's mission or most significant activities: **INT'L DISTRIBUTION OF DONATED PHARMACEUTICALS, MEDICAL & EDUCATIONAL SUPPLIES TO THE NEEDY.**

2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	20
6	Total number of volunteers (estimate if necessary)	6	100
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	272,736,024. 241,436,125.
9	Program service revenue (Part VIII, line 2g)	603,134. 735,892.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	97,041. 215,403.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,720. 29,976.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	273,450,919. 242,417,396.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	272,256,313. 232,519,612.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	918,352. 947,632.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
16b	Total fundraising expenses (Part IX, column (D), line 25)	200,860.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,249,184. 1,637,572.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	274,423,849. 235,104,816.
19	Revenue less expenses. Subtract line 18 from line 12	-972,930. 7,312,580.

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	18,804,595. 25,645,174.
21	Total liabilities (Part X, line 26)	241,727. 103,374.
22	Net assets or fund balances. Subtract line 21 from line 20	18,562,868. 25,541,800.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: **LUKE L. HINGSON, PRESIDENT** (Signature of officer) Date: **7/10/12**

Print/Type preparer's name: **SUSAN M. KIRSCH** Preparer's signature: *Susan M. Kirsch* Date: **7/9/12** Check  self-employed PTIN: **P00341397**

Firm's name: **SCHNEIDER DOWNS & CO., INC.** Firm's EIN: **25-1408703**

Firm's address: **1133 PENN AVENUE PITTSBURGH, PA 15222** Phone no.: **(412) 261-3644**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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

OMB No. 1545-1709

▶ 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
- 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.*

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**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.*

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

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**WILLIAM P. DAVIS**

- The books are in the care of ▶ **1200 GALVESTON AVE. - PITTSBURGH, PA 15233-1604**  
 Telephone No. ▶ **(412) 321-3160** FAX No. ▶ **(412) 321-3325**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2011** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

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

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 93,233,517. including grants of \$ 92,487,638.) (Revenue \$ 154,461.) INTERNATIONAL EDUCATION PROGRAM: BBF RECEIVES DONATED NEW TEXT BOOKS AND EDUCATIONAL MATERIAL FROM A NUMBER OF LARGE U.S.- BASED PUBLISHERS. BBF WORKS WITH TRUSTED PARTNER ORGANIZATIONS TO ENSURE THAT ALL DONATED EDUCATIONAL MATERIAL WILL IMPROVE THE ACCESS AND QUALITY OF EDUCATION FOR DISADVANTAGED CHILDREN AND OUT-OF-SCHOOL YOUTH IN RECIPIENT COUNTRIES.

IN 2011, BBF SENT OVER 2,212,000 TEXT BOOKS AND EDUCATIONAL SUPPLIES (110 CONTAINER LOADS) TO 26 RECIPIENT COUNTRIES. THOUGH MOST OF BBF'S DONATIONS ARE DISTRIBUTED OUTSIDE THE UNITED STATES, ONE PROJECT IN PARTICULAR PROVIDED NEW TEXT BOOKS AND EDUCATIONAL MATERIALS TO FAITH-BASED AND CHARTER SCHOOLS, HEAD START PROGRAMS AND NATIVE

4b (Code: ) (Expenses \$ 140,593,313. including grants of \$ 139,668,651.) (Revenue \$ 581,431.) INTERNATIONAL HEALTH PROGRAM: WORKING WITH DOMESTIC AND IN-COUNTRY RELIEF ORGANIZATIONS, BBF'S MEDICAL PROGRAM PROVIDES PHARMACEUTICALS, MEDICAL SUPPLIES AND EQUIPMENT TO PROMOTE INTERNATIONAL HEALTH. BBF RECEIVES DONATED GOODS FROM CORPORATIONS, HOSPITALS AND INDIVIDUALS THROUGHOUT THE UNITED STATES. PHARMACEUTICAL DONATIONS INCLUDE ANALGESICS, ANTIBIOTICS, HYPERTENSIVE, ANTI-FUNGAL AND DIABETES MEDICATIONS. MEDICAL SUPPLIES AND EQUIPMENT RANGE FROM SYRINGES, BANDAGES, GLOVES AND SURGICAL INSTRUMENTS TO CRUTCHES, WHEELCHAIRS, EXAM TABLES, HOSPITAL BEDS AND OPERATING ROOM TABLES.

IN AN EFFORT TO INCREASE AID TO AREAS WHERE IT IS MOST NEEDED, BBF EMBARKED ON AN AFRICA MEDICAL INITIATIVE CENTERED AROUND THE DELIVERY

4c (Code: ) (Expenses \$ 397,738. including grants of \$ 358,437.) (Revenue \$ ) INTERNATIONAL HUMANITARIAN PROGRAM: BBF RECEIVES A VARIETY OF HUMANITARIAN DONATIONS INCLUDING NEW SHOES AND CLOTHING FROM U.S. MANUFACTURERS.

IN ADDITION TO PROMPT DISASTER RESPONSE, BBF PROVIDES ONGOING REQUESTED HUMANITARIAN DONATIONS THROUGH IN-COUNTRY PARTNER AGENCIES.

IN 2011, BBF SENT REQUESTED HUMANITARIAN ITEMS WITH A VALUE OF \$39,789. THESE ITEMS ACCOMPANIED MEDICAL AND EDUCATION SHIPMENTS TO THOSE IN NEED IN 15 COUNTRIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,886. including grants of \$ 4,886.) (Revenue \$ )

4e Total program service expenses 234,229,454.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	<i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

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

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
27		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28a		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
29	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
30		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
32		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
33		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
34		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35a		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
35b		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
36		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
37		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	
38	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, sub-questions (1a-14b), Yes/No checkboxes, and a box for Schedule O. Questions cover backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a through 16b regarding local chapters, conflict of interest, whistleblower policies, and joint ventures.

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed PA, AK, AL, AR, AZ, CT, FL, GA, IL, KS, KY, MA
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
WILLIAM P. DAVIS - (412)321-3160
1200 GALVESTON AVE., PITTSBURGH, PA 15233-1604

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LINDA M. ALLEN TRUSTEE	0.50	X					0.	0.	0.	
(2) ROY DORRANCE TRUSTEE	0.50	X					0.	0.	0.	
(3) MICHAEL FOSTER TRUSTEE	0.50	X					0.	0.	0.	
(4) MARIANN GEYER TRUSTEE (ENTERED 07/11)	0.50	X					0.	0.	0.	
(5) DREW HARVEY TRUSTEE	0.50	X					0.	0.	0.	
(6) AUSTIN HENRY TRUSTEE	0.50	X					0.	0.	0.	
(7) GRAHAM JOHNSTONE TRUSTEE	0.50	X					0.	0.	0.	
(8) RALPH MARTIN TRUSTEE	0.50	X					0.	0.	0.	
(9) DEBORAH MCMAHON TRUSTEE	0.50	X					0.	0.	0.	
(10) RONALD MILLER TRUSTEE	0.50	X					0.	0.	0.	
(11) PAUL NEWBOURNE TRUSTEE	0.50	X					0.	0.	0.	
(12) LINDA RENNINGER TRUSTEE	0.50	X					0.	0.	0.	
(13) FRANCES STEPHEN TRUSTEE	0.50	X					0.	0.	0.	
(14) DAVID SWAN TRUSTEE	0.50	X					0.	0.	0.	
(15) JOHN TYMITZ TRUSTEE	0.50	X					0.	0.	0.	
(16) ROBERT VERSCHAREN TRUSTEE (EXITED 10/11)	0.50	X					0.	0.	0.	
(17) ROBERT WEBER TRUSTEE	0.50	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) THOMAS WENTLING TRUSTEE	0.50	X						0.	0.	0.
(19) JOHN WILSON TRUSTEE	0.50	X						0.	0.	0.
(20) JAMES WOLF TRUSTEE	0.50	X						0.	0.	0.
(21) CHARLES STOUT CHAIR	0.50	X		X				0.	0.	0.
(22) BJ LEBER VICE CHAIR	0.50	X		X				0.	0.	0.
(23) RACHEL L. ALLEN SECRETARY	0.50	X		X				0.	0.	0.
(24) JOSEPH SENKO TREASURER	0.50	X		X				0.	0.	0.
(25) CHIP LAMBERT, MD MEDICAL DIRECTOR	0.50	X		X				0.	0.	0.
(26) LUKE L. HINGSON PRESIDENT	37.50			X				153,191.	0.	11,625.
<b>1b Sub-total</b> .....								153,191.	0.	11,625.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								139,664.	0.	11,673.
<b>d Total (add lines 1b and 1c)</b> .....								292,855.	0.	23,298.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MISSIONARY EXPEDITERS, 5620 TCHOUPOTULAS STREET, NEW ORLEANS, LA 70115	INTERNATIONAL SHIPPING	319,842.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	126,744.				
	b	Membership dues	1b					
	c	Fundraising events	1c	4,756.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	241,304,625.				
	g	Noncash contributions included in lines 1a-1f: \$		239,451,654.				
	h	<b>Total.</b> Add lines 1a-1f		241,436,125.				
	Program Service Revenue	2 a	HEALTH/HUMANITARIAN	Business Code 900099	581,431.	581,431.		
b		EDUCATION	900099	154,461.	154,461.			
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		735,892.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		95,164.			95,164.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	39,000.				
		b	Less: rental expenses	(i) Real	16,388.			
		c	Rental income or (loss)	(i) Real	22,612.			
		d	Net rental income or (loss)		22,612.			22,612.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	2,077,559.				
		b	Less: cost or other basis and sales expenses	(i) Securities	1,957,320.			
		c	Gain or (loss)	(i) Securities	120,239.			
		d	Net gain or (loss)		120,239.			120,239.
	8 a	Gross income from fundraising events (not including \$ 4,756. of contributions reported on line 1c). See Part IV, line 18	a	16,496.				
		b	Less: direct expenses	b	9,132.			
		c	Net income or (loss) from fundraising events		7,364.			7,364.
9 a	Gross income from gaming activities. See Part IV, line 19	a						
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a								
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions.			242,417,396.	735,892.	0.	245,379.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	23,155,133.	23,155,133.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	5,742.	5,742.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	209358737.	209358737.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	316,154.	105,084.	167,669.	43,401.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	503,383.	164,182.	271,598.	67,603.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	21,851.	7,633.	10,073.	4,145.
9 Other employee benefits	45,087.	25,514.	13,401.	6,172.
10 Payroll taxes	61,157.	21,015.	31,739.	8,403.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,861.		25,861.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	97,641.	54,453.	43,188.	
12 Advertising and promotion	30,252.		2,330.	27,922.
13 Office expenses	447,057.	366,949.	43,184.	36,924.
14 Information technology				
15 Royalties				
16 Occupancy	34,357.	22,382.	11,975.	
17 Travel	39,561.	27,464.	9,846.	2,251.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,510.	613.	2,462.	435.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,497.	30,497.		
23 Insurance	20,336.	15,089.	5,247.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EXPIRED INVENTORY	766,187.	766,187.		
b PROGRAM SUPPLIES	78,322.	78,322.		
c MAINTENANCE	29,474.	14,240.	14,442.	792.
d MEALS & ENTERTAINMENT	10,789.	2,831.	6,920.	1,038.
e All other expenses	23,728.	7,387.	14,567.	1,774.
25 Total functional expenses. Add lines 1 through 24e	235104816.	234229454.	674,502.	200,860.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1		1	
	2	2,633,603.	2	1,999,542.
	3		3	
	4	97,274.	4	111,078.
	5		5	
	6		6	
	7		7	
	8	10,141,838.	8	17,427,910.
	9	21,930.	9	24,366.
	10a	10a 1,442,731.		
	b	10b 326,203.	10c	1,116,528.
	11	4,772,339.	11	4,965,750.
	12		12	
	13		13	
	14		14	
	15		15	
16	18,804,595.	16	25,645,174.	
Liabilities	17	241,727.	17	103,374.
	18		18	
	19		19	
	20		20	
	21		21	
	22		22	
	23		23	
	24		24	
	25		25	
	26	241,727.	26	103,374.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	17,250,072.	27	24,468,658.
	28	962,106.	28	748,142.
	29	350,690.	29	325,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30		30	
	31		31	
	32		32	
33	18,562,868.	33	25,541,800.	
34	18,804,595.	34	25,645,174.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	242,417,396.
2	Total expenses (must equal Part IX, column (A), line 25)	2	235,104,816.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,312,580.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18,562,868.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-333,648.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	25,541,800.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

**BROTHER'S BROTHER FOUNDATION**

Employer identification number

**34-6562544**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above? .....	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<input type="checkbox"/>	<input type="checkbox"/>
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	330,169,710.	1084054736.	267,371,991.	272,324,471.	241,436,125.	2195357033.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 Total. Add lines 1 through 3 .....	330,169,710.	1084054736.	267,371,991.	272,324,471.	241,436,125.	2195357033.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1625048686.
6 Public support. Subtract line 5 from line 4.						570,308,347.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4 .....	330,169,710.	1084054736.	267,371,991.	272,324,471.	241,436,125.	2195357033.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	238,371.	201,598.	84,392.	131,030.	134,164.	789,555.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 Total support. Add lines 7 through 10 .....						2196146588.
12 Gross receipts from related activities, etc. (see instructions) .....					12	4,487,896.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .....	<input type="checkbox"/>					

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	14	25.97	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 .....	15	28.85	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
5 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
6 Total. Add lines 1 through 5 .....						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
c Add lines 7a and 7b .....						
8 Public support (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6 .....						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
c Add lines 10a and 10b .....						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

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

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17 .....	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

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

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

THE PRIMARY REASONS THE FOUNDATION HAS A PUBLIC SUPPORT PERCENTAGE BELOW 33 1/3% COMPUTED AS PRESCRIBED BY TREASURY REGULATION 1.170A-9(E)(2) ARE AS FOLLOWS: 1) ALTHOUGH IT HAS A BROAD IN-KIND DONOR BASE, WITHIN THAT BASE IS A SMALL GROUP OF CORPORATE DONORS WHO REGULARLY CONTRIBUTE SUBSTANTIAL QUANTITIES OF MEDICAL, EDUCATIONAL AND HUMANITARIAN SUPPLIES FOR DISTRIBUTION BY THE FOUNDATION AND ITS PARTNERS TO THE NEEDY WORLDWIDE. DURING THE FOUR YEAR PERIOD COVERED BY THE PUBLIC SUPPORT COMPUTATION, THE FOUR LARGEST IN-KIND DONORS PROVIDED APPROXIMATELY 74.88% OF IN-KIND CONTRIBUTIONS RECEIVED.

2) THE FOUNDATION'S MANAGEMENT AND MONITORING OF ITS FUND RAISING AND ADMINISTRATION 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

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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 2005, THE FOUNDATION RECEIVED CASH GIFTS FROM 5,803 GIVING UNITS (OVER 93% INDIVIDUALS), AND IN 2006, THE FOUNDATION RECEIVED CASH GIFTS FROM 1,998 GIVING UNITS (OVER 92% INDIVIDUALS). IN 2007, THE FOUNDATION RECEIVED CASH GIFTS FROM 1,875 GIVING UNITS (OVER 92% INDIVIDUALS), AND IN 2008, THE FOUNDATION RECEIVED CASH GIFTS FROM 1,730 GIVING UNITS (OVER 92% INDIVIDUALS). IN 2009, THE FOUNDATION RECEIVED CASH GIFTS FROM 1,627 GIVING UNITS (OVER 91% INDIVIDUALS). IN 2010, THE FOUNDATION RECEIVED CASH GIFTS FROM 5,920 GIVING UNITS (OVER 92% INDIVIDUALS). IN 2011, THE FOUNDATION RECEIVED CASH GIFTS FROM 4,195 GIVING UNITS (OVER 91% INDIVIDUALS).

PUBLIC SUPPORT IS GENERALLY THROUGH A CONTINUOUS LOW-COST FUNDRAISING PROGRAM DESIGNED TO ATTRACT NEW 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 GOODS AND 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 FIVE YEARS. THIS IS DUE LARGELY IN PART TO RESPONSES BY INDIVIDUALS TO WORLD DISASTERS. INDIVIDUALS REPRESENT 92.09% OF THE TOTAL DONOR BASE AVERAGED OVER THE PREVIOUS FOUR YEARS. IT IS QUITE EVIDENT THAT INDIVIDUAL DONORS CONTINUE TO RECOGNIZE

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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 FUND RAISING PROGRAM AND REALIZES FINANCIAL SUPPORT FROM A BROAD GROUP OF INDIVIDUALS, CORPORATIONS, CIVIC, AND CHURCH GROUPS, FOUNDATION'S HUMANITARIAN ORGANIZATIONS 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 CONTINUOUS 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 3,100 INDIVIDUALS PER YEAR AND OVER 260 ORGANIZATIONS PER YEAR. THE INDIVIDUAL DONOR GROUP AVERAGED 4,728 CONTRIBUTIONS PER YEAR AND THE DONOR GROUP OF ORGANIZATIONS AVERAGED 449 CONTRIBUTIONS PER YEAR.

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

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

V) REPRESENTATIVE GOVERNING BODY. THE FOUNDATION'S BOARD OF TRUSTEES AND OFFICERS ARE COMPRISED OF BUSINESS AND CIVIC LEADERS WITH EXPERIENCE IN A WIDE VARIETY OF FIELDS: EDUCATION, MEDICINE, LAW, BANKING, PHILANTHROPY, PUBLIC SERVICE, BUSINESS, MEDICAL MISSIONS 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 \$4 BILLION IN GOODS AND SERVICES INCLUDING, OVER 94,790 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).

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2011**

Name of the 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 an organization 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 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions 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 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does 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, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

**BROTHER'S BROTHER FOUNDATION**

**34-6562544**

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>19,233,474.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>28,756,560.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>73,622,574.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>89,940,285.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>9,296,468.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ <u>11,989,065.</u>	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 II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>1</u>	<u>BOOKS/EDUCATIONAL MATERIALS</u> _____ _____	\$ <u>19,233,474.</u>	<u>12/30/11</u>
<u>2</u>	<u>PHARMACEUTICALS</u> _____ _____	\$ <u>28,756,560.</u>	<u>03/22/11</u>
<u>3</u>	<u>BOOKS/EDUCATIONAL MATERIALS</u> _____ _____	\$ <u>73,622,574.</u>	<u>12/02/11</u>
<u>4</u>	<u>PHARMACEUTICALS</u> _____ _____	\$ <u>89,940,285.</u>	<u>11/08/11</u>
<u>5</u>	<u>PHARMACEUTICALS</u> _____ _____	\$ <u>9,296,468.</u>	<u>05/31/11</u>
<u>6</u>	<u>PHARMACEUTICALS</u> _____ _____	\$ <u>11,989,065.</u>	<u>12/21/11</u>

Name of organization

Employer identification number

**BROTHER'S BROTHER FOUNDATION**

34-6562544

**Part III**

*Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

BROTHER'S BROTHER FOUNDATION

Employer identification number

34-6562544

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... are the organization's property... 6 Did the organization inform all grantees, donors, and donor advisors...

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations... 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year... 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	350,690.	314,997.	244,680.	367,386.	
b Contributions					
c Net investment earnings, gains, and losses	-18,752.	44,804.	79,220.	-112,887.	
d Grants or scholarships					
e Other expenditures for facilities and programs	6,069.	4,561.	6,424.	6,900.	
f Administrative expenses	869.	4,550.	2,479.	2,910.	
g End of year balance	325,000.	350,690.	314,997.	244,680.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  0.00 %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  0.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		213,201.		213,201.
b Buildings		1,098,442.	200,464.	897,978.
c Leasehold improvements				
d Equipment		131,088.	125,739.	5,349.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>1,116,528.</b>

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

Part IX Other Assets. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

Part X Other Liabilities. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-11.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	242,417,396.
2	Total expenses (Form 990, Part IX, column (A), line 25)	235,104,816.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	7,312,580.
4	Net unrealized gains (losses) on investments	-333,648.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	-333,648.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	6,978,932.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	241343081.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	-333,648.
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV.)	25,520.
e	Add lines 2a through 2d	-308,128.
3	Subtract line 2e from line 1	241651209.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	766,187.
c	Add lines 4a and 4b	766,187.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	242417396.

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	234364149.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV.)	25,520.
e	Add lines 2a through 2d	25,520.
3	Subtract line 2e from line 1	234338629.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV.)	766,187.
c	Add lines 4a and 4b	766,187.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	235104816.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE ENDOWMENT CONSISTS OF AN INVESTMENT FUND**

**ESTABLISHED PRIMARILY FOR PROGRAMMING AND OPERATING NEEDS OF THE**

**FOUNDATION AND INCLUDES DONOR-RESTRICTED FUNDS. AS REQUIRED BY GENERALLY**

**ACCEPTED ACCOUNTING PRINCIPLES, NET ASSETS ASSOCIATED WITH ENDOWMENT**

**FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS**

**ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE**

**OF DONOR-IMPOSED RESTRICTIONS.**

Part XIV Supplemental Information (continued)

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

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

PART X, LINE 2: THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER

Part XIV Supplemental Information (continued)

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 16,388.
SPECIAL EVENT EXPENSES: 9,132.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 25,520.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPIRED INVENTORY: 766,187.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES: 16,388.
SPECIAL EVENT EXPENSES: 9,132.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D 25,520.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EXPIRED INVENTORY: 766,187.

**SCHEDULE F**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

Employer identification number

**BROTHER'S BROTHER FOUNDATION**

**34-6562544**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GRANTMAKING	10,711.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GRANTMAKING	445,500.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GRANTMAKING	2,580.
SOUTH ASIA	0	0	GRANTS TO RECIPIENTS LOCATED IN REGION	GRANTMAKING	539,485.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS	161,242,688.
EAST ASIA AND THE PACIFIC	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS	6,959,750.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS	1,062,032.
MIDDLE EAST AND NORTH AFRICA	0	0	NON-CASH ASSISTANCE PROVIDED TO RECIPIENTS LOCATED IN REGION	PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS	29,583.
<b>3 a</b> Sub-total .....	0	0			170292329.
<b>b</b> Total from continuation sheets to Part I .....	0	0			39,065,650.
<b>c</b> Totals (add lines 3a and 3b) .....	0	0			209357979.

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

Schedule F (Form 990) 2011

SEE PART V FOR COLUMN (E) DESCRIPTIONS



**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	HAITI SCHOOL CONSTRUCTION/PURCHASE HOSPITAL GENERATOR	445,000	CHECK	0		N/A
		EAST ASIA AND THE PACIFIC	RAINBOW HOUSE FOR CHILDREN ORPHANED IN THE TSUNAMI/EARTHQUAKE	539,410	CHECK/WIRE TRANSFER	0		N/A
		CENTRAL AMERICA AND THE CARIBBEAN	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	0	N/A	161,242,688	BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION
		EAST ASIA AND THE PACIFIC	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	0	N/A	6,959,750	BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION
		EUROPE (INCLUDING ICELAND & GREENLAND)	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	0	N/A	1,062,032	BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION
		MIDDLE EAST AND NORTH AFRICA	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	0	N/A	29,583	BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION
		NORTH AMERICA	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	0	N/A	2,144,116	BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION
		RUSSIA & THE NEWLY INDEPENDENT STATES	PROVISION OF BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MED. SUPPLIES & EQUIPMENT	0	N/A	49,2812	BOOKS, EDUCATIONAL SUPPLIES, PHARMACEUTICALS, MEDICAL SUPPLIES	SEE PART V; SUPPLEMENTAL INFORMATION

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 212

3 Enter total number of other organizations or entities 0





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

**Part V** Supplemental Information

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

SCHEDULE F, PART I, LINE 2: GRANT MAKING/ELIGIBLE RECIPIENT PROCESS:

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

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

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

4. IF THE MATERIAL BEING REQUESTED BY THE RECIPIENT COUNTRY WILL BE USED WITHIN A NATIONAL AND/OR COMMUNITY DEVELOPMENT PLAN, BBF REQUIRES A COPY

**Part V** Supplemental Information

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

OF THIS PLAN THAT OUTLINES THE DISTRIBUTION PROCESS, DURATION OF PLAN AND EVALUATION PROCESS OF THE EFFECTIVENESS.

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

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

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

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

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

10. THE RECIPIENT IS REQUIRED TO CONFIRM ITS REQUEST FOR MATERIAL SELECTED FROM THE BBF PROVIDED INVENTORY LIST IN WRITING. THE LIST PROVIDED WILL INCLUDE RELATIVE INFORMATION SUCH AS PRODUCT DESCRIPTION,

**Part V** Supplemental Information

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

QUANTITIES ON HAND, DATING INFORMATION AND ANY DISTRIBUTION RESTRICTIONS.

SCHEDULE F, PART I, LINE 3:

BOOKS AND EDUCATIONAL SUPPLIES ARE VALUED AT FAIR MARKET VALUE.

HUMANITARIAN SUPPLIES ARE VALUED AT FAIR MARKET VALUE.

PHARMACEUTICALS ARE VALUED AT FEDERAL AND STATE MEDICARE & MEDICAID

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

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

PART I, LINE 3, COLUMN (E):

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS/HUMANITARIAN SUPPLIES

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS/HUMANITARIAN SUPPLIES

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS/HUMANITARIAN SUPPLIES

REGION: MIDDLE EAST AND NORTH AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS/HUMANITARIAN SUPPLIES

REGION: NORTH AMERICA - CANADA AND MEXICO

**Part V** Supplemental Information

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

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS/HUMANITARIAN SUPPLIES

REGION: RUSSIA & THE NEWLY INDEPENDENT STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS/HUMANITARIAN SUPPLIES

REGION: SOUTH AMERICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS/HUMANITARIAN SUPPLIES

REGION: SOUTH ASIA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS/HUMANITARIAN SUPPLIES

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVISION OF BOOKS/EDUCATIONAL SUPPLIES/MEDICAL SUPPLIES/PHARMACEUTICALS/HUMANITARIAN SUPPLIES

PART II, COLUMN (D):

REGION: EAST ASIA AND THE PACIFIC

(D) PURPOSE OF GRANT: RAINBOW HOUSE FOR CHILDREN ORPHANED IN THE TSUNAMI/EARTHQUAKE; REPLACE HOSPITAL EQUIPMENT



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>DINNER</b> (event type)	(event type)	<b>NONE</b> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	21,252.		21,252.
	2	Less: Charitable contributions	4,756.		4,756.
	3	Gross income (line 1 minus line 2)	16,496.		16,496.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	5,632.		5,632.
	8	Entertainment	1,500.		1,500.
	9	Other direct expenses	2,000.		2,000.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			( 9,132 )
	11	Net income summary. Combine line 3, column (d), and line 10			7,364.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Revenue	1	Gross revenue	
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine line 1, column d, and line 7			

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?  Yes  No

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

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

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**BROTHER'S BROTHER FOUNDATION**

Employer identification number  
**34-6562544**

**1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes  No

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

**Part II** Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLEANNING FOR THE WORLD 7539 STAGE RD CONCORD, VA 24538	54-1930105	501(C)(3)	54,374.	0.	N/A	N/A	SHIPPING SUPPLIES FOR HURRICANE/FLOOD RELIEF
HOSANNA INDUSTRIES, INC. 109 RINARD LANE ROCHESTER, PA 15074	25-1626784	501(C)(3)	5,000.	0.	N/A	N/A	TORNADO RELIEF-RECONSTRUCTION
AL-IHSAN ACADEMY 14350 TIREMAN DETROIT, MI 48228	38-3537457	501(C)(3)	0.	465,728.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES
BUFFALO EDUCATION OPPORTUNITY CENTER - 465 WASHINGTON STREET - BUFFALO, NY 14203	14-2600212	501(C)(3)	0.	100,607.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES
CARES CENTER, INC. 402 WESLEY AVE. JACKSON, MS 39202-1000	64-0823550	501(C)(3)	0.	13,457.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES
CHRISTIAN APPALACHIAN PROJECT 441 KENTUCKY 2417 CORBIN, KY 40701	61-0661137	501(C)(3)	0.	5,213,154.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES

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

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

15.  
0.

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

Schedule I (Form 990) (2011)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DESERET INTERNATIONAL FOUNDATION 1282 E. CAMBRIDGE COURT PROVO UT 84604	77-0222786	501(C)(3)	0.	471,872.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES
GENERATION FLORECIENTE GENERA 854 ELM AVE. SALT LAKE CITY, UT 84106	20-3787381	501(C)(3)	0.	23,676.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES
INTERNATIONAL BOOK PROJECT 1440 DELEWARE AVE. LEXINGTON, KY 40505	61-6309627	501(C)(3)	0.	422,897.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES
INTERNATIONAL ORTHODOX CHRISTIAN CHARITIES - 110 WEST RD, SUITE 360 - BALTIMORE, MD 21204	25-1679348	501(C)(3)	0.	9,862,843.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES
LIFE FOR RELIEF AND DEVELOPMENT P.O. BOX 236 SOUTHFIELD, MI 48037	73-1635264	501(C)(3)	0.	5,162,391.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES
MAKS HOME FOR YOUTH 521 ROUTE 228 MAKS, PA 16046	25-1793268	501(C)(3)	0.	112,501.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES
PRESSLEY RIDGE SCHOOL 530 MARSHALL AVE PITTSBURGH, PA 15214	25-0965460	501(C)(3)	0.	487,101.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES
MASJID SAAD FOUNDATION 5225 W. ALEXIS RD. SYLVANIA, OH 43560	34-1798918	501(C)(3)	0.	127,017.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES FOR TOLEDO ISLAMIC ACADEMY
TRI COUNTY OIC 500 MACLAY STREET HARRISBURG, PA 17110	23-1667266	501(C)(3)	0.	613,092.	SEE PART IV; SUPPLEMENTAL INFORMATION	BOOKS & EDUCATIONAL MATERIAL	PROVISION OF BOOKS AND EDUCATIONAL SUPPLIES

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TRAINING IN US	1	5,742.	0	N/A	N/A

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 2: THE FOUNDATION'S PROCEDURES FOR MONITORING THE USE OF DOMESTIC GRANT FUNDS IS SIMILAR TO THAT DESCRIBED IN SCHEDULE F, PART IV.**

**FORM 990, SCHEDULE I, PART I AND PART II BOOKS AND EDUCATION SUPPLIES ARE VALUED AT FAIR MARKET VALUE.**

**HUMANITARIAN SUPPLIES ARE VALUED AT FAIR MARKET VALUE.**

Part IV Supplemental Information

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2011**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization

**BROTHER 'S BROTHER FOUNDATION**

Employer identification number

**34-6562544**

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p><input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	<b>1b</b>	
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....</p>	<b>2</b>	<b>X</b>
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <p><input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract</p> <p><input type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? .....</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	<b>X</b>
	<b>4b</b>	<b>X</b>
	<b>4c</b>	<b>X</b>
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	<b>5a</b>	<b>X</b>
	<b>5b</b>	<b>X</b>
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p> <p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	<b>6a</b>	<b>X</b>
	<b>6b</b>	<b>X</b>
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>	<b>7</b>	<b>X</b>
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>	<b>8</b>	<b>X</b>
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>	<b>9</b>	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LUKE L. HINGSON	(i) 143,062. (ii) 0. (iii)	10,000. 0.	129. 0.	10,749. 0.	876. 0.	164,816. 0.	0. 0.
2	(i) (ii) (iii)						
3	(i) (ii) (iii)						
4	(i) (ii) (iii)						
5	(i) (ii) (iii)						
6	(i) (ii) (iii)						
7	(i) (ii) (iii)						
8	(i) (ii) (iii)						
9	(i) (ii) (iii)						
10	(i) (ii) (iii)						
11	(i) (ii) (iii)						
12	(i) (ii) (iii)						
13	(i) (ii) (iii)						
14	(i) (ii) (iii)						
15	(i) (ii) (iii)						
16	(i) (ii) (iii)						

**Part III Supplemental Information**

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

PART I, LINE 7: BONUS AWARDS ARE RELATED TO INDIVIDUAL PERFORMANCE AND IS DETERMINED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**BROTHER'S BROTHER FOUNDATION**

Employer identification number

**34-6562544**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....	X		94,413,611.	FAIR MARKET VALUE
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	1	810.	FAIR MARKET VALUE
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....	X		144,994,123.	SEE SCHEDULE I
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( HUMANITARIAN )	X	37	43,110.	FAIR MARKET VALUE
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... 29 3

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

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

Schedule M (Form 990) (2011)

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

SCHEDULE M, LINE 32B: THE ORGANIZATION USES AN UNRELATED THIRD PARTY  
BROKERAGE FIRM TO SELL PUBLICLY TRADED SECURITIES.

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public  
Inspection

Name of the organization

BROTHER'S BROTHER FOUNDATION

Employer identification number  
34-6562544

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

AMERICAN RESERVATION SCHOOLS AND LIBRARIES THROUGHOUT THE US.

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

OF REQUESTED MEDICAL ITEMS TO BOTH MISSION AND GENERAL HOSPITALS IN  
COUNTRIES IN AFRICA. IN 2011, BBF SENT MEDICAL CONTAINERS TO LIBERIA,  
MALAWI, SOUTH SUDAN, TANZANIA AND ZIMBABWE. THE MATERIALS, PRIMARILY  
SIMPLE MEDICAL EQUIPMENT AND MEDICAL SUPPLIES SUCH AS SURGICAL PACKS,  
SYRINGES, GLOVES AND OTHER CONSUMABLE ITEMS, WERE SENT TO INDIVIDUAL  
HOSPITALS AND HOSPITAL DISTRIBUTION SYSTEMS.

IN 2011, BBF SENT 125 CONTAINERS OF REQUESTED PHARMACEUTICALS, MEDICAL  
SUPPLIES AND EQUIPMENT TO 54 RECIPIENT COUNTRIES AROUND THE WORLD.

BBF PROVIDED SUPPLIES FOR 270 HAND-CARRY MEDICAL AND HUMANITARIAN  
MISSION TRIPS AT NO COST TO THE MISSION TEAMS. THESE TRIPS ALLOW BBF  
TO SERVE AND REACH ADDITIONAL MARGINALIZED POPULATIONS.

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

OTHER PROGRAMS

EXPENSES \$ 4,886. INCLUDING GRANTS OF \$ 4,886. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE VP OF  
FINANCE, PRESIDENT, APPROPRIATE STAFF AND TRUSTEES PRIOR TO FILING WITH THE  
IRS.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

Name of the organization

BROTHER'S BROTHER FOUNDATION

Employer identification number

34-6562544

COVERS ALL EMPLOYEES, FOUNDATION OFFICERS AND TRUSTEES. POTENTIAL CONFLICTS OF INTEREST INVOLVING A TRUSTEE OR FOUNDATION OFFICER SHALL BE DISCLOSED DIRECTLY TO THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES, WHICH SHALL DETERMINE IF A CONFLICT EXISTS. IF THE EXECUTIVE COMMITTEE DETERMINES THAT CONFLICT EXISTS, IT SHALL REFER THE MATTER TO THE FULL BOARD OF TRUSTEES FOR EXAMINATION. POTENTIAL CONFLICTS OF INTEREST INVOLVING EMPLOYEES SHOULD BE DISCLOSED TO THEIR SUPERVISOR OR THE PRESIDENT. THE MINUTES OF MEETINGS OF THE EXECUTIVE COMMITTEE WITH BOARD-DELEGATED POWERS SHALL CONTAIN THE NAMES OF THE PERSONS WHO DISCLOSED OR WERE FOUND TO HAVE A CONFLICT OF INTEREST. IF A CONFLICT EXISTS THE EXECUTIVE COMMITTEE SHALL DETERMINE WHETHER THE FOUNDATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DETERMINES COMPENSATION FOR INDIVIDUALS BASED ON A COMPENSATION SURVEY OR STUDY, FORM 990 OF OTHER ORGANIZATIONS, AND IS APPROVED BY THE ORGANIZATION'S BOARD OR COMPENSATION COMMITTEE. THIS PROCESS IS DOCUMENTED IN THE MINUTES OF THE EXECUTIVE COMMITTEE MEETING.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: PA, AK, AL, AR, AZ, CT, FL, GA, IL, KS, KY, MA, MD, ME, MI, MN, MO, MS, NC, NH, NJ, NM, NY, OH, OR, RI, SC, TN, UT, VA, WI, WV

FORM 990, PART VI, SECTION C, LINE 19: A COPY OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON BROTHER'S BROTHER FOUNDATION'S WEBSITE. THE CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

Name of the organization

BROTHER'S BROTHER FOUNDATION

Employer identification number

34-6562544

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -333,648.

FORM 990, PART XII, LINE 2C

FINANCIAL STATEMENTS AND REPORTING:

THE AUDIT COMMITTEE MEETS ON A REGULAR BASIS TO MONITOR THE FINANCIAL REPORTS OF THE ORGANIZATION. THE AUDIT COMMITTEE REVIEWS THE WORK OF THE AUDIT FIRM AND CHOOSES AUDIT FIRMS AFTER CAREFUL CONSIDERATION. THE AUDIT COMMITTEE REVIEWS AND APPROVES THE COMPLETED DRAFT REPORT.