Form **990**

Return of Organization Exempt From Income Tax

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

OMB No. 1545-0047

and ending A For the 2021 calendar year, or tax year beginning C Name of organization D Employer identification number Check if applicable: X Address BRAZIL FOUNDATION Name change 13-4131482 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 216 EAST 45TH STREET 1106 (212) 244-3663 G Gross receipts \$ 7,097,298. City or town, state or province, country, and ZIP or foreign postal code Amended NEW YORK, NY 10017 H(a) Is this a group return Applica-tion F Name and address of principal officer: REBECCA TAVARES for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) () ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions J Website: ► WWW.BRAZILFOUNDATION.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 2000 M State of legal domicile: NY Trust Part I Summary Briefly describe the organization's mission or most significant activities: BRAZIL FOUNDATION MOBILIZES Activities & Governance RESOURCES FOR IDEAS AND ACTIONS THAT TRANSFORM BRAZIL. if the organization discontinued its operations or disposed of more than 25% of its net assets. 14 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 14 4 8 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 3,512,7396,655,546. Contributions and grants (Part VIII, line 1h) 159,835 189,183. Program service revenue (Part VIII, line 2g) 21,387. 25,738. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -13,450.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -133,043. 11 6,737,424. 3,680,511. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 2,054,662. 2,784,195. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 548,153. 528,462. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 325,780. 397,086. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,928,595. 3,709,743. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 751,916. 3,027,681. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,409,067. 6,894,669. 20 Total assets (Part X, line 16) 140,020. 48,410. 21 Total liabilities (Part X, line 26) 3,269,047. 6,846,259. 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign REBECCA TAVARES, PRESIDENT & CEO Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature FRANK H. SMITH 08/26/22 **№**00639053 Paid self-employed Firm's EIN ▶ 11-1986323 Firm's name ▶ MARCUM, LLP Preparer Firm's address 1899 L STREET, NW, SUITE 850 Use Only Phone no. (202) 227-4000 WASHINGTON, DC 20036 X Yes May the IRS discuss this return with the preparer shown above? See instructions COPY 990 (2021)

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

Pa	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE BRAZIL FOUNDATION WORKS WITH LOCAL LEADERS, ORGANIZATIONS AND A
	GLOBAL NETWORK OF SUPPORTERS TO PROMOTE EQUALITY, SOCIAL JUSTICE, AND
	ECONOMIC OPPORTUNITY FOR ALL BRAZILIANS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2 , 846 , 671including grants of \$2 , 784 , 195) (Revenue \$\$
4 a	GRANTS AWARDED -
	DONOR RECOMMENDED GRANTS: DONOR RECOMMENDED GRANTS TO ORGANIZATIONS IN
	BRAZIL THAT PROMOTE EDUCATION, HEALTH, HUMAN RIGHTS, AND SOCIOECONOMIC
	DEVELOPMENT. FOLLOWING DILIGENT REVIEW OF RECOMMENDED ORGANIZATIONS,
	BRAZIL FOUNDATION PROVIDES SMALL GRANTS TO SELECTED ORGANIZATIONS.
	PILLET TOOLSTITION THOUSAND DIRECTOR TO DELECTED CHOICE,
	DISCRETIONARY AND PARTNERSHIP GRANTS: A PROGRAM SUPPORTING SMALL AND
	MEDIUM-SIZED ORGANIZATION PROMOTING SOCIAL CHANGE IN COMMUNITIES ACROSS
	BRAZIL. PROJECTS ARE SELECTED THROUGH CALLS FOR PROPOSALS IN THE AREAS
	OF EDUCATION AND CULTURE, HEALTH, HUMAN RIGHTS, SOCIOECONOMIC
	DEVELOPMENT AND CIVIC PARTICIPATION. GRANTS ARE MONITORED AND EVALUATED
4b	(Code:) (Expenses \$ 49,980 • including grants of \$) (Revenue \$ 27,500 •)
	PROGRAM ADMINISTRATION -
	MONITORING, EVALUATION AND CAPACITY BUILDING ARE PROVIDED TO SELECTED
	GRANTEE ORGANIZATIONS. BRAZIL FOUNDATION CONDUCTS SITE-VISITS AND
	OFFERS MENTORING AND TRAINING TO ORGANIZATIONS' LEADERS, TO MAXIMIZE
	THE IMPACT OF THE GRANTS.
4c	(Code:) (Expenses \$
1 ~	Other program convices (Describe on Schedule O.)
÷u	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 2,896,651.
<u></u>	Form 990 (2021
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Form 990 (2021) BRAZIL FOUNDATION Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ <u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_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? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the control of the Light of the Light of the Control	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<u></u> -
J	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		
13		15	Х	
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13	- 21	
16		16		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			_v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2021) BRAZIL FOUNDATION
Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J	23	X	1
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			1
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			1
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			1
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			1
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			37
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
24	contributions? If "Yes," complete Schedule M	30		X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	, ,	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
5 +		34	х	1
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
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Form 990 (2021) BRAZIL FOUNDATION

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 13-4131482

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 8								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			х					
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).		37						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		v					
	to file Form 8282?	7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		Х					
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
g	h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?								
8									
•	sponsoring organization have excess business holdings at any time during the year?								
9									
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans That the ground of progress as head.								
	Enter the amount of reserves on hand Did the expenience receive any payments for indeer tenning convices during the tay year?	1/10		Х					
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a 14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14D							
excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

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

	Check if Schedule O contains a response or note to any line in this Part VI						X					
Sec	tion A. Governing Body and Management											
						Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		14								
	If there are material differences in voting rights among members of the governing body, or if the governing											
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.											
b	Enter the number of voting members included on line 1a, above, who are independent	1b		14								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		any other	\dashv								
_					2		х					
_				····			-25					
3	Did the organization delegate control over management duties customarily performed by or under the				_		₩					
					3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X					
6	•											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or									
	more members of the governing body?				7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or									
	persons other than the governing body?			L	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year											
а	The governing body?	-	-	[8a	Х						
b	Each committee with authority to act on behalf of the governing body?			Г	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			····								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re											
	This Section B requests information about policies not required by the internal ne	venue	Code.)			Yes	No					
100	Did the organization have local chapters, branches, or affiliates?			١	10a	103	X					
				}	IUa		-23					
ь	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,											
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?											
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					37						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$,										
	on Schedule O how this was done				12c	X						
13	Did the organization have a written whistleblower policy?				13	X						
14	Did the organization have a written document retention and destruction policy?				14	X						
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			L	15a		Х					
	Other officers or key employees of the organization				15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent w	ith a									
	taxable entity during the year?				16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			··· [
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		-									
	exempt status with respect to such arrangements?				16b							
Sec	tion C. Disclosure				100							
17	List the states with which a copy of this Form 990 is required to be filed ▶NY											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd aan	-T (section 501/	c)(3)e	ODIVA 4	availak						
10	for public inspection. Indicate how you made these available. Check all that apply.	เน ฮฮป	1 (3500011 301)	U)(U)S	orny) a	avallal	JI C					
40	X Own website Another's website X Upon request Other (explain				e:	.: _1						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ritiict c	or interest policy	, and	Tinano	iai						
	statements available to the public during the tax year.											
20	State the name, address, and telephone number of the person who possesses the organization's book	ks and	d records									
	REBECCA TAVARES - (212) 244-3663											
	216 EAST 45TH STREET, 1106, NEW YORK, NY 10017											

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization no	or any related	orga	niza	tion	con	npen	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos		l than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	amount of
	week		fficer and a direc		recto	ector/trustee)		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	ordi	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the
	organizations	ruste	l trus		99/	ubeu		1099-NEC)	1099-NEC)	organization and related
	below	Individual trustee or director	Institutional trustee		Key employee	st col	in in	10001120)		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			J
(1) REBECCA TAVARES	40.00									
PRESIDENT & CEO	0.00			X				175,000.	0.	9,719.
(2) WILL LANDERS	1.00									
CHAIR	1.00	Х		X				0.	0.	0.
(3) ROBERTA MAZZARIOL	1.00									
VICE CHAIR - UNTIL 12/2021	1.00	Х		X				0.	0.	0.
(4) RICARDO PUGGINA	1.00	l								
TREASURER	1.00	Х		X				0.	0.	0.
(5) MAURICIO MORATO	1.00	l								
SECRETARY	1.00	Х		X				0.	0.	0.
(6) MARCELLO HALLAKE	1.00	l								
GENERAL COUNSEL	1.00	Х						0.	0.	0.
(7) CLAUDIA AMBOSS	1.00	l								
DIRECTOR	1.00	Х						0.	0.	0.
(8) SYLVIA COUTINHO	1.00	l								
DIRECTOR	1.00	Х						0.	0.	0.
(9) KARIN DAUCH	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(10) MELIZA DIAMOND	1.00	ļ.								
DIRECTOR	1.00	Х						0.	0.	0.
(11) LEONA FORMAN	1.00	l								
DIRECTOR	1.00	Х						0.	0.	0.
(12) MANDY GULBRANDSEN	1.00	,,							_	•
DIRECTOR	1.00	Х						0.	0.	0.
(13) JANAINA HEES	1.00	,,							_	•
DIRECTOR	1.00	Х						0.	0.	0.
(14) KAREN JOHNSON LASSNER	1.00	,,								•
DIRECTOR		Х						0.	0.	0.
(15) PEDRO LICHTINGER	1.00	٦,							_	0
DIRECTOR	1.00	Х						0.	0.	0.
(16) ROBERT MILLER	1.00	v							_	0
DIRECTOR - UNTIL 12/2021	1.00	Х						0.	0.	0.
(17) DANIELA REBOUCAS DIRECTOR - UNTIL 07/2021	1.00	v						0.	0.	0
DIRECTOR - UNITH U//2021	1 1.00	X					l	<u> </u>	U •	0.

132007 12-09-21

COPY 990 (2021)

Part VII Section A. Officers, Directors, Trus	stees, Key Em	oloy	ees,	and	j Hi	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fr org an	pensa om the anizat d relate anization	e ion ed
(18) PAULO RIBEIRO DIRECTOR	1.00 1.00	X	lns	#0	Key	High	요	0.		0.			0.
		_											
4h Cubadal							L	175,000.		0.		9,7:	1 0
to Subtotal c Total from continuation sheets to Part V	II, Section A							175,000.		0.		9,7	0.
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but a compensation from the organization 							o re		000 of reportable		<u> </u>	<i></i>	<u></u> 1
3 Did the organization list any former officer	director trust	ا مم	(AV 6	mnl	love	- Ωr	hio	shest compensated emp	lovee on			Yes	No
line 1a? If "Yes," complete Schedule J for 3 For any individual listed on line 1a, is the s	such individual										3		Х
and related organizations greater than \$15 5 Did any person listed on line 1a receive or	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
rendered to the organization? If "Yes," cor Section B. Independent Contractors										<u></u>	5		Х
Complete this table for your five highest countries the organization. Report compensation for										pensa	tion fro	om	
(A) Name and business			ONE		Turre	JI WI		(B) Description of s		C	(Compe		 n
Total number of independent contractors (\$100,000 of compensation from the organ		ot lir	nited	d to		se lis	ted	above) who received mo	ore than				
											Form	990 /	2021

NDV

13-4131482

Part VIII Statement of Revenue

			Check if Schedule O	cont	ains a r	response (or note to any lin				
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1	_	Federated campaigns			1a					
ant						1b					
Sign of							913,873.				
ts, An			Fundraising events			1c	913,073.				
igit İar						1d					
S.			Government grants (contr			1e	188,732.				
rio S	1	f	All other contributions, gifts,	gran	ts, and						
ipri			similar amounts not included	labo	ve	1f	5,552,941.				
dr		g	Noncash contributions included in	lines	1a-1f	1g \$	161,460.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					6,655,546.			
							Business Code				
o l	2	а	PROGRAM ADMINISTRAT	ION	FEE		900099	189,183.	189,183.		
, <u>k</u> ic	_	b									
Ser		c									
Z S		d									
gra Re											
Program Service Revenue		e	All ather management as its								
-			All other program service					189,183.			
\rightarrow		9	Total. Add lines 2a-2f					107,103.			
	3		Investment income (include					25 720			25 720
		other similar amounts)				25,738.			25,738.		
	4		Income from investment of		•		-				
	5		Royalties								
						Real	(ii) Personal				
			Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)		<u></u>					
	7	a	Gross amount from sales of		- ``	ecurities	(ii) Other				
			assets other than inventory	7a		85,055.					
	-	b	Less: cost or other basis								
ne			and sales expenses		_	85,055.					
Ven		С	Gain or (loss)	7с		0.					
Re		d	Net gain or (loss)			<u></u>					
Other Revenue	8	а	Gross income from fundraisi	ng ev	ents (n	ot					
₹			including \$	913	,873.	of					
			contributions reported on	line	1c). Se	ee					
			Part IV, line 18			8a	93,356.				
		b	Less: direct expenses			8b	274,819.				
		С	Net income or (loss) from	func	Iraising	events_	>	-181,463.			-181,463.
	9	а	Gross income from gamin	ig ac	tivities.	. See					
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from								
	10	а	Gross sales of inventory, I	less	returns	,					
			and allowances			10a					
		b	Less: cost of goods sold								
		С	Net income or (loss) from	sale	s of inv	entory					
							Business Code				
ous •	11 :	а	REFUND				900099	48,420.			48,420.
ane Duc	1	b									
eve		С									
Miscellaneous Revenue		d All other revenue									
_			Total. Add lines 11a-11d					48,420.			
	12		Total revenue. See instruction	ons				6,737,424.	189,183.	0.	-107,305.

132009 12-09-21

Form 990 (2021) BRAZIL FOUNDA Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	0 704 105	2 704 105		
	individuals. See Part IV, lines 15 and 16	2,784,195.	2,784,195.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	104 710	26 044	EE 416	00 250
_	trustees, and key employees	184,719.	36,944.	55,416.	92,359
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	262 015	12 012	70 004	140 260
7	Other salaries and wages	263,015.	43,842.	78,904.	140,269
8	Pension plan accruals and contributions (include	5 725	1 020	1 710	2 07'
0	section 401(k) and 403(b) employer contributions)	5,725. 38,337.	1,030. 6,408.	1,718.	2,977 19,267 19,066
9	Other employee benefits	36,666.	6,600.	11,000.	19,20
0	Payroll taxes	30,000.	0,000.	11,000.	13,000
11	Fees for services (nonemployees):				
	Management	1,800.		1,800.	
	Legal	30,825.		30,825.	
	Accounting	30,623.		30,023.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	74 940		74 940	
	column (A), amount, list line 11g expenses on Sch 0.)	74,849. 8,210.		74,849.	8,210
2	Advertising and promotion	25,274.		25,274.	0,210
3	Office expenses	28,768.		28,768.	
4	Information technology	20,700.		20,700.	
5	Royalties	94,263.	17,175.	27,471.	49,617
6	Occupancy	1,100.	11,113.	880.	220
7	Travel	1,100.		000.	22(
8	Payments of travel or entertainment expenses				
^	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
:0 :1	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,537.	457.	761.	1,319
		7,236.	±3/•	7,236.	Ι, ΟΙ.
3	Other expenses. Itemize expenses not covered	7,230•		7,250	
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) BAD DEBT EXPENSE	119,670.		119,670.	
a h	MEMBERSHIP AND SUBSCRIP	2,278.		2,278.	
D	OTHER EXPENSES	276.		138.	138
4		270•		130.	100
d	All other expenses				
e 5	Total functional expenses. Add lines 1 through 24e	3,709,743.	2,896,651.	479,650.	333,442
<u>5</u> 6	Joint costs. Complete this line only if the organization	J, 10J, 14J.	2,000,001.	±15,050 •	555, 44
J	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X | Balance Sheet

Par	<u>t X</u>	Balance Sheet					
		Check if Schedule O contains a response or r	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			842,927.	1	1,331,384.
	2	Savings and temporary cash investments			303,896.	2	2,529,015.
	3	Pledges and grants receivable, net			423,000.	3	455,024.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	rsons (as defined				
		under section 4958(f)(1)), and persons describ	ed in sec	ction 4958(c)(3)(B)		6	
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	57,107.	8,604.	10c	9,752, 2,543,094,
	11	Investments - publicly traded securities			1,788,640.	11	2,543,094
	12	Investments - other securities. See Part IV, lin			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	42,000.	15	26,400		
	16	Total assets. Add lines 1 through 15 (must e	33)	3,409,067.	16	6,894,669	
	17	Accounts payable and accrued expenses			35,921.	17	14,737
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complet	e Part IV	of Schedule D		21	
ဂ္ဂ	22	Loans and other payables to any current or fo	rmer offi	cer, director,			
≝		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	ons		22	
-	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela	ted third	parties	102,422.	24	0 .
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	nes 17-24). Complete Part X	4 688		22 682
		of Schedule D			1,677.		33,673.
_	26			. 177	140,020.	26	48,410.
ړ		Organizations that follow FASB ASC 958, c	heck he	re ▶ X			
ğ		and complete lines 27, 28, 32, and 33.			0 600 010		6 000 076
<u>a</u>	27	Net assets without donor restrictions		2,687,718.	27	6,009,076.	
ğ	28	Net assets with donor restrictions			581,329.	28	837,183.
<u> </u>		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
느		and complete lines 29 through 33.					
ţş	29	Capital stock or trust principal, or current fund				29	
SSe	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			2 260 047	31	6 0/6 250
ž	32	Total net assets or fund balances			3,269,047.	32	6,846,259.
	33	Total liabilities and net assets/fund balances			3,409,067.	33	6,894,669.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,73			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,70			
3	Revenue less expenses. Subtract line 2 from line 1	3	3,02			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,26			
5	Net unrealized gains (losses) on investments	5	549,531			
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6,84	6,2	59.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		. 3a		X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		ĺ	

Form **990** (2021)

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization BRAZIL FOUNDATION 13-4131482 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support	,,	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	()		` ,	` ,	.,	
•	membership fees received. (Do not						
	include any "unusual grants.")	2053862.	2065924.	1958725.	3512739.	6655546.	16246796.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2053862.	2065924.	1958725.	3512739.	6655546.	16246796.
	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)						1914330.
6	Public support. Subtract line 5 from line 4.						14332466.
	etion B. Total Support						<u></u>
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2053862.	2065924.	1958725.	3512739.	6655546.	16246796.
	Gross income from interest,	20330021	20033210	13307231	33127330	00333101	102107301
o	dividends, payments received on						
	-						
	securities loans, rents, royalties,	330,598.	7,134.	22,554.	20,806.	25,738.	406,830.
_	and income from similar sources	330,390.	7,134.	22,334.	20,000.	23,730.	400,030.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	226,906.	686,516.			40 420	961,842.
	assets (Explain in Part VI.)	220,900.	000,510.				17615468.
	Total support. Add lines 7 through 10		`				$\frac{17013408}{700,549}$
12	Gross receipts from related activities,	•	,				,700,549.
13	First 5 years. If the Form 990 is for th	-		•			. —
800	organization, check this box and store ction C. Computation of Publi		centage				P
	•			- L (n)		44	81.36 %
	Public support percentage for 2021 (li					14	
15						15	, - , -
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2020. If the c	-					
4-	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts		•	•	•	VI how the organiz	zation
	meets the facts-and-circumstances te	-	•		-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circu		-		• • •		>
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		(Form 000) 2024

Schedule A (Form 990) 2021

COPY

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-	ļ					
formed, or facilities furnished in any activity that is related to the	ļ					
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to	ļ					
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge					<u> </u>	
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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is	ļ					
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizat	ion,
check this box and stop here	<u></u>	<u></u>		<u></u>	·····	>
Section C. Computation of Publi						
15 Public support percentage for 2021 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	17 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ition	▶□
b 33 1/3% support tests - 2020. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	orted organization	▶□
20 Private foundation. If the organization						

132023 01-04-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
3c		
4a		
Tu		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
IA-A ÆOER	~ QQA)	2021

rai	LIV	Supporting Organizations (continued)			
		·		Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion l	B. Type I Supporting Organizations			
				Yes	No
1	Did th	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		rvised, or controlled the supporting organization.	2		
Sec	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		anagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sec	tion	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		rganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	•	ficant voice in the organization's investment policies and in directing the use of the organization's			
	-	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations		'	
1	Chec	sk the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	(2)	
2	Activ	ities Test. Answer lines 2a and 2b below.	traotrorr	Yes	No
а		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
		these activities constituted substantially all of its activities.	2a		
b		he activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
-		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
3		nt of Supported Organizations. Answer lines 3a and 3b below.			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
b		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ust complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see
	instructions).			

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
ее	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2021 distributable amount				
<u> </u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
<u> </u>	Excess from 2018				
с	Excess from 2019				
<u>d</u>	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
PARTNERSHIP INCOME
2017 AMOUNT: \$ 226,906.
2018 AMOUNT: \$ 686,516.
OTHER
2021 AMOUNT: \$ 48,420.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization Employer identification number BRAZIL FOUNDATION 13-4131482

Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	X 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					
	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) instead of the contributor name and address), II, and III.					
year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., neplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year					
answer "No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

BRAZIL FOUNDATION

13-4131482

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,146,138.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	- Nume, address, and En 1 7	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>193,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>188,732.</u>	Person X Payroll

Schedule B (Form 990) (2021)

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

13-4131482

BRAZIL FOUNDATION

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

BRAZIL FOUNDATION

13-4131482

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Page 4

Schedule B (Form 990) (2021) Name of organization **Employer identification number** BRAZIL FOUNDATION 13-4131482 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

BRAZIL FOUNDATION

Employer identification number 13-4131482

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes On Form 990, Fart IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	10	(b) r arrae arra enter accesario
2	Aggregate value of contributions to (during year)	2,789,186.	
3	Aggregate value of grants from (during year) Aggregate value of grants from (during year)	688,568.	
4	Aggregate value at end of year	2,206,737.	
5	Did the organization inform all donors and donor advisors in w		d funde
J	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		······
Ŭ	for charitable purposes and not for the benefit of the donor or		
	• •		Ŭ []
Pai			
1	Purpose(s) of conservation easements held by the organization		· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (for example, recreat	` `	a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	f a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	octure included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	e
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	rvation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing conservation	on easements during the year
_	\$		(1) (-)
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statemer	its that describes the
Pai	organization's accounting for conservation easements. rt III Organizations Maintaining Collections of	Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under FASB ASC 958		d halance sheet works
ıu	of art, historical treasures, or other similar assets held for pub	•	
	service, provide in Part XIII the text of the footnote to its finan	,	•
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	over morning addition, or recear or in running	rance of pasine convice,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB AS		>
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
b			. .
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

2021.04021 BRAZIL FOUNDATION

Par	t III Organizations Maintaining Co	ollections of Ar	t, Historical Tre	asures, or Otl	ner S	imilar .	Assets	(contir	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, check any of the f	ollowing that mak	e signi	ficant us	e of its	•		
	collection items (check all that apply):									
а	Public exhibition	d	I Loan or exc	hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	lections and explair	n how they further th	e organization's e	xempt	purpose	in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other sim	ilar ass	sets				
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's col	lection?				Yes		No
Par	t IV Escrow and Custodial Arrang	ements. Comple	ete if the organizatio	n answered "Yes"	on Fo	rm 990,	Part IV,	ine 9, or		
	reported an amount on Form 990, Part									
1a	Is the organization an agent, trustee, custodia	ın or other intermed	iary for contributions	s or other assets n	ot incl	uded				
	on Form 990, Part X?						\square	Yes		No
b	If "Yes," explain the arrangement in Part XIII a									
								Amoun	t	
С	Beginning balance					1c				
	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount on Fo							Yes		No
	If "Yes," explain the arrangement in Part XIII.				-]
Par										
	·	(a) Current year	(b) Prior year	(c) Two years bac		Three yea	ars back	(e) Four	years	back
1a	Beginning of year balance	2,131,468.	1,408,547.	1,500,84	L.	1,63	1,852.	1	406,	307.
b	Contributions	5,000.	369,445.						225,	545.
С	Net investment earnings, gains, and losses	574,762.	353,476.	339,48	1.	-8	1,568.		-	
d	Grants or scholarships	,	,	,			•			
	Other expenditures for facilities									
·		110,670.		431,778	3.					
f	Administrative expenses	, -		,		4	9,443.			
g	End of year balance	2,600,560.	2,131,468.	1,408,54	7.		0,841.	1	631,	852.
2	Provide the estimated percentage of the curre				- 1		,		,	
a	Board designated or quasi-endowment	95.3650	%) ficia as.						
b	Permanent endowment .0000	%								
	Term endowment 4.6350 9									
·	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses	•	ation that are held an	nd administered fo	r tha a	raanizati	on			
oa		Sion of the organize	tion that are note ar	ia administerea 10	1 1110 0	rgariizati	011	ſ	Yes	No
	by: (i) Unrelated organizations							3a(i)		X
								3a(ii)		X
h	(ii) Related organizations	ione lietod ae roquir	od on Schodulo D2					3b		
4	Describe in Part XIII the intended uses of the							SD		
	t VI Land, Buildings, and Equipme		willetti turius.							
	Complete if the organization answered). Part IV. line 11a. S	ee Form 990. Part	X. line	10.				
	Description of property	(a) Cost or o				ımulated		(d) Roo	k value	
	Description of property	basis (investn	, ,	(other)	•	imulated ciation	'	(d) Boo	N value	;
	Land	· · · · ·	54313	(531101)	aopi G					
_	Land	I								
b	Buildings						_			
c	Leasehold improvements	I	6	6,859.	F	7,10	7		9,75	52
d	Equipment	I	0	0,000		,,10	' •		,,,	, 4 •
	Other		<u> </u>	I					9,75	52
rota	I. Add lines 1a through 1e. (Column (d) must ed	iuai Form 990. Part	X. column (B). line 10	Jc.)					,,,,	14.

Schedule D (Form 990) 2021

COPY

Complete if the organization answered "Yes" o		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(8) (9)		
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	n Form 990. Part IV line	11d See Form 990 Part V line 15
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of		
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line lescription	11d. See Form 990, Part X, line 15. (b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1]		
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o		
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [1]		
(8) (9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) [1] (1)		
(8) (9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) D (1) (2) (3)		
(8) (9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" organization (a) Equal (2) (3) (4)		
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5)		
(8) (9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5)		
(8) (9) Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8)		
(8) (9) Otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) [1] (2) (3) (4) (5) (6) (7) (8) (9)	escription	(b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" o (a) □ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	escription	(b) Book value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" of (a) [2] (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line part X Other Liabilities.	escription	(b) Book value
(8) (9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Complete if the organization answered "Yes" of (a) Pages interest of liability.	escription	(b) Book value
(8) (9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" organization of liability	escription	(b) Book value
(8) (9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" organization of liability (1) Federal income taxes	escription	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
(8) (9) Ital. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT	escription	(b) Book value
(8) (9) Platal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Platal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3)	escription	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4)	escription	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
(8) (9) Part IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5)	escription	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" of (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4)	escription	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
(8) (9) part IX Other Assets. Complete if the organization answered "Yes" o (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5)	escription	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value
(8) (9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" of (a) □ (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) DEFERRED RENT (3) (4) (5) (6)	escription	(b) Book value 11e or 11f. See Form 990, Part X, line 25. (b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2021

Par	t XI Reconciliation of Revenue per Audited Financial Sta		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.			
1				1	7,386,924.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	F40 F04		
а	Net unrealized gains (losses) on investments		549,531.		
b	Donated services and use of facilities		99,969.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	-		_	C40 F00
е	Add lines 2a through 2d			2e	649,500. 6,737,424.
3	Subtract line 2e from line 1			3	6,/3/,424.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)				0
	Add lines 4a and 4b			4c	0. 6,737,424.
5 Par	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12, rt XII Reconciliation of Expenses per Audited Financial Sta) atements With	Fynansas nar F	5 }∆turr	0,/3/,424.
ı aı	Complete if the organization answered "Yes" on Form 990, Part IV, lir		Expenses per 1	ictuii	! !
				1	3,809,712.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			-	5,005,712.
z a	Donated services and use of facilities	2a	99,969.		
a b			55,505.		
C	Prior year adjustments Other losses				
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	99,969.
3	Subtract line 2e from line 1			3	3,709,743.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				07.007.200
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
С	Add lines 4a and 4b	·		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			5	3,709,743.
	rt XIII Supplemental Information.	•			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide and 4b.			; Part X	, line 2; Part XI,
PAR	RT V, LINE 4:				
THE	E INTEREST WILL BE USED TO AUGMENT FUNDS	S AVAILABI	E FOR FUTU	RE G	RANTS AND
FOR	R CONTINGENCIES.				
PAR	RT X, LINE 2:				
THE	E FOUNDATION PERFORMED AN EVALUATION OF	UNCERTAIN	TAX POSIT	IONS	FOR THE
YEA	AR ENDED DECEMBER 31, 2021, AND DETERMIN	NED THAT T	HERE ARE N	O M2	ATTERS
THA	AT WOULD REQUIRE RECOGNITION IN THE FIN	ANCIAL STA	ATEMENTS OR	THZ	AT MAY
HAV	/E ANY EFFECT ON ITS TAX-EXEMPT STATUS.				

Schedule D (Form 990) 2021 Part XIII Supplemental Infor	BRAZIL FOUNDATION	13-4131482	Page 5
Part XIII Supplemental Infor	mation (continued)		

Schedule D (Form 990) 2021

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization					Employer identi	fication number
BRAZIL FOUNDATI	ON				13-413148	32
Part I General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organ	ization answered "	Yes" on
Form 990, Part IV						
1 For grantmakers. Does	the organization	n maintain record	ds to substantiate the amount of its gra	nts and other a		
the grantees' eligibility for	or the grants or a	assistance, and t	the selection criteria used to award the	grants or assis	tance?LX	Yes No
0 F	other to Deat Value					tal a Mara
2 For grantmakers. Description United States.	ribe in Part V the	e organization's p	procedures for monitoring the use of its	grants and ot	ner assistance outs	side the
	he following Part	L line 3 table ca	an be duplicated if additional space is no	eeded)		
(a) Region	(b) Number of offices in the region	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activities a pro- describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SOUTH AMERICA	0	0	GRANTMAKING			2,784,195.
3 a Subtotal	0	0				2,784,195.
b Total from continuation sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				2,784,195.

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

Schedule F (Form 990) 2021

BRAZIL FOUNDATION

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
			INSTITUTIONAL					
			MAINTENANCE, PROJECTS					
		SOUTH AMERICA	AND ACTIVITIES	773,344.	WIRE	0.		
			INSTITUTIONAL					
			MAINTENANCE, PROJECTS					
		SOUTH AMERICA	AND ACTIVITIES	273,417.	WIRE	0.		
				,				
			INSTITUTIONAL					
			MAINTENANCE, PROJECTS					
		SOUTH AMERICA	AND ACTIVITIES	237,500.	WIRE	0.		
			INSTITUTIONAL					
			MAINTENANCE, PROJECTS					
		SOUTH AMERICA	AND ACTIVITIES	227,120.	WIRE	0.		
			COVID EMERGENCY					
		SOUTH AMERICA	ASSISTENCE	197,486.	WIRE	0.		
			INSTITUTIONAL					
			MAINTENANCE, PROJECTS	105 160				
		SOUTH AMERICA	AND ACTIVITIES	187,160.	WIRE	0.		
			INSTITUTIONAL					
			MAINTENANCE, PROJECTS					
		SOUTH AMERICA	AND ACTIVITIES	134,360.	WIRE	0.		
			TNCMTMIMTONAT					
			INSTITUTIONAL MAINTENANCE, PROJECTS					
		SOUTH AMERICA	AND ACTIVITIES	104,460.	 WIRE	0.		

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2021

Part II Continuation of	of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			INSTITUTIONAL MAINTENANCE, PROJECTS					
		SOUTH AMERICA	AND ACTIVITIES	47,460.	WIRE	0.		
				,				
			INSTITUTIONAL					
			MAINTENANCE, PROJECTS			_		
		SOUTH AMERICA	AND ACTIVITIES	43,160.	WIRE	0.		
			INSTITUTIONAL					
			MAINTENANCE, PROJECTS					
		SOUTH AMERICA	AND ACTIVITIES	43,120.	WIRE	0.		
			INSTITUTIONAL					
			MAINTENANCE, PROJECTS	27 021	turn II			
		SOUTH AMERICA	AND ACTIVITIES	37,021.	WIRE	0.		
			INSTITUTIONAL					
			MAINTENANCE, PROJECTS					
		SOUTH AMERICA	AND ACTIVITIES	33,080.	WIRE	0.		
			INSTITUTIONAL					
		SOUTH AMERICA	MAINTENANCE, PROJECTS AND ACTIVITIES	27,520.	WIDE	0.		
		DOUTH AMERICA	AND ACTIVITIES	27,320.	WIKE	0.		
			COVID EMERGENCY					
		SOUTH AMERICA	ASSISTENCE	26,320.	WIRE	0.		
			INSTITUTIONAL MAINTENANCE, PROJECTS					
		SOUTH AMERICA	AND ACTIVITIES	22,920.	WIRE	0.		
				,-200				
			INSTITUTIONAL					
			MAINTENANCE, PROJECTS					
		SOUTH AMERICA	AND ACTIVITIES	22,800.	WIRE	0.		

Part II	Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the l	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name	e 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)
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS AND ACTIVITIES	20,560.	WIRE	0.		
				IND HOTTVITIES	20,300.	WITE .	· ·		
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS					
			SOUTH AMERICA	AND ACTIVITIES	19,312.	WIRE	0.		
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS AND ACTIVITIES	19,200.	WIRE	0.		
				1011/1111	25,200,				
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS					
			SOUTH AMERICA	AND ACTIVITIES	18,360.	WIRE	0.		
				INSTITUTIONAL MAINTENANCE, PROJECTS					
				AND ACTIVITIES	18,360.	WIRE	0.		
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS					
			SOUTH AMERICA	AND ACTIVITIES	18,360.	WIRE	0.		
			SOUTH AMERICA	SCHOLARSHIP GRANTS	16,748.	 WIRE	0.		
					,				
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS					
			SOUTH AMERICA	AND ACTIVITIES	16,050.	WIRE	0.		
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS					
				AND ACTIVITIES	13,970.	WIRE	0.		

Part II	Continuation of	Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (a) Name o	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)
				TNOTETINETONAL					
				INSTITUTIONAL MAINTENANCE, PROJECTS					
			SOUTH AMERICA	AND ACTIVITIES	13,760.	WIRE	0.		
					,				
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS					
			SOUTH AMERICA	AND ACTIVITIES	13,360.	WIRE	0.		
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS					
			SOUTH AMERICA	AND ACTIVITIES	13,235.	WIRE	0.		
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS			_		
			SOUTH AMERICA	AND ACTIVITIES	10,494.	WIRE	0.		
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS					
			SOUTH AMERICA	AND ACTIVITIES	8,984.	WIRE	0.		
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS		L			
			SOUTH AMERICA	AND ACTIVITIES	8,984.	WIRE	0.		
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS					
			SOUTH AMERICA	AND ACTIVITIES	8,603.	WIRE	0.		
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS	0.015	L	_		
			SOUTH AMERICA	AND ACTIVITIES	8,240.	WIRE	0.		
				INSTITUTIONAL					
				MAINTENANCE, PROJECTS					
			SOUTH AMERICA	AND ACTIVITIES	7,771.	WIRE	0.		

Schedule F (Form 990)

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

Part III can be duplicated if ac	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		₩
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X 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	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

Part V Supplemental Information

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

PART I, LINE 2:
BRAZIL FOUNDATION'S MONITORING PROCESS IS BASED ON THE WORK PLANS
PRESENTED BY THE BENEFICIARY ORGANIZATION AND APPROVED BY BRAZIL
FOUNDATION'S MONITORING TEAM. PLANS DEFINE OBJECTIVES, EXPECTED RESULTS
AND INDICATORS IN A LOGICAL FRAMEWORK APPROACH. OVER A ONE-YEAR SUPPORT
CYCLE, MONITORING IS DONE THROUGH TWO PROGRESS REPORTS (ACTIVITY AND
FINANCIAL REPORTS) AND A FINAL REPORT PRESENTING THE RESULTS. BIMONTHLY
CONFERENCE CALLS ARE HELD WITH THE GRANTEE'S MANAGEMENT TO ASSESS
ACHIEVEMENTS AND DISCUSS THE PROJECT'S CHALLENGES AND STRATEGIES. A
COMPLEMENTARY SITE VISIT CAN ALSO BE CARRIED OUT WHENEVER NECESSARY.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service	► Go	to www.irs.gov/Form990 for instru	uction	s and	the latest information	on.		Inspection				
Name of the organization								entification number				
		FOUNDATION					13-4131					
Part I Fundrais	sing Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li	ne 17	7. Form 990-E	Z filers are not				
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.												
a Mail solicitations e Solicitation of non-government grants												
b Internet and email solicitations f Solicitation of government grants												
c Phone solicitations g Special fundraising events												
d In-person solicitations												
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or												
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be												
compensated at le			ant to a	agreei	ments under wnich th	ie tun	idraiser is to b	e				
	.ast \$0,000 by the	T			ı			1				
(i) Name and address or entity (fund		(ii) Activity	fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o f	Amount paid or retained by) fundraiser red in col. (i)	(vi) Amount paid to (or retained by) organization				
			Yes	No								
Total				•								
3 List all states in whi or licensing.	ich the organizatio	on is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	exempt from re	egistration				

132081 10-21-21

Schedule G (Form 990) 2021

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

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

		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					NONE	(add col. (a) through
			NY GALA			col. (c))
Ф			(event type)	(event type)	(total number)	35(3)/
Revenue						
ě	1	Gross receipts	1,007,229.			1,007,229.
ш						
	2	Less: Contributions	913,873.			913,873.
			22.256			00.056
	3	Gross income (line 1 minus line 2)	93,356.			93,356.
	١.	Oash a issa				
	4	Cash prizes				
	5	Noncoch prizos	3,430.			3,430.
Ø		Noncash prizes	3,430.			3,430.
use	6	Rent/facility costs	72,000.			72,000.
xpe	١	Tiend lability code	727000			727000
Direct Expenses	7	Food and beverages	23,258.			23,258.
) Jre			,			
_	8	Entertainment	35,242.			35,242.
	9	Other direct expenses	140,889.			140,889.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	274,819.
_	11	Net income summary. Subtract line 10 from I				-181,463.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				1
е			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				biligo/progressive biligo		coi. (a) throught coi. (c)
Вè	_	Cross revenue				
	1	Gross revenue				
	2	Cash prizes				
ses	-					
Direct Expenses	3	Noncash prizes				
Ť						
irec	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	L No	No	
	_				_	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		_	
	0	Net garning income summary. Subtract line 7	nom line 1, column (a)			
9	Fn	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a				Yes No
		No," explain:				
		· · ·				
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	rminated during the tax y	rear?	Yes No
k	If "	Yes," explain:				
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021 BRAZIL FOUNDATION 1	<u>3 – 4 1</u>	<u> </u>	<u> 482</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		_	Yes	No
13	Indicate the percentage of gaming activity conducted in:				
	The organization's facility	- 1	13a		%
	An outside facility		13b		/ %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	L	100		
'7	Title the flame and address of the person who prepares the organization's gaming/special events books and records.				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		,	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount				
	of gaming revenue retained by the third party \$\bigs\sum_{\text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\tint{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi{\text{\text{\text{\texi{\texi{\text{\texi}\text{\texi}\texit{\texi{\text{\texi{\texi{\texi{\texi{\texi{\texi{\te				
С	: If "Yes," enter name and address of the third party:				
	Name				
	Address >				
16	Gaming manager information:				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
-	retain the state gaming license?		П,	Yes	No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	 e			
	organization's own exempt activities during the tax year > \$	Ü			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part	III line	25 9 0	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ıı ait	, <u>.</u>	, .	, 10b,
	100, 100, 10, and 170, as applicable. Also provide any additional mormation. Occ instructions.				
					-

Schedule G (Form 990)	BRAZIL FOUNDATION	13-4131482 Page 4
Part IV Supplem	BRAZIL FOUNDATION nental Information (continued)	
,		

Schedule G (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

QUZ I
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

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

Employer identification number 13-4131482

	BRAZIL FOUNDATION	13-4131482			
Pa	art I Questions Regarding Compensation				
	·		Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or charter travel Housing allowance or residence for person	nal use			
	Travel for companions Payments for business use of personal res	sidence			
	Tax indemnification and gross-up payments Health or social club dues or initiation feet	3			
	Discretionary spending account Personal services (such as maid, chauffeu	r, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2			
	, , , , , , , , , , , , , , , , , , , ,				
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization				
	establish compensation of the CEO/Executive Director, but explain in Part III.				
	X Compensation committee Written employment contract				
	Independent compensation consultant Compensation survey or study				
	Form 990 of other organizations X Approval by the board or compensation c	ommittee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4a		Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			Х	
С	Participate in or receive payment from an equity-based compensation arrangement?			Х	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the revenues of:				
а	The organization?	5a		Х	
b	Any related organization?	l		Х	
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the net earnings of:				
а	The organization?	6a		Х	
b	Any related organization?			X	
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
	not described on lines 5 and 6? If "Yes," describe in Part III			X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	e			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in				

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

Schedule J (Form 990) 2021

Regulations section 53.4958-6(c)?

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

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

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

COMPENSATION COMPE		(B) Breakdown of W	I-2 and/or 1099-MISo compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
PRESIDENT & CEO (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(A) Name and Title		compensation	incentive	reportable	compensation			
PRESIDENT & CEO (II) 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	(1) REBECCA TAVARES	(i)	175,000.						0.
	PRESIDENT & CEO		0.	0.	0.	0.	0.	0.	0.
		(i)							
		(i)							
		(i)							
(i) (i) (ii) (ii) (iii)									
(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) (
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii									
(i) (ii) (i) (ii) (i) (ii) (i) (ii) (ii) (iii) (ii) (iii) (i) (iii)									
(ii) (i) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (ii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii) (iiii) (iiiiiiii									
(ii) (i) (ii)									
(i)									
		(i) (ii)							

Schedule J (Form 990) 2021



Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization BRAZIL FOUNDATION Employer identification number 13-4131482

Part	t 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 dete noncash contributi	•	s
1 .	Art - Works of art						
	Art - Historical treasures						
	Art - Fractional interests						
	Books and publications						
	Clothing and household goods						
	Cars and other vehicles						
	Boats and planes						
	Intellectual property						
9	Securities - Publicly traded	X	7	79,735.	FMV		
	Securities - Closely held stock						
	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						
	Real estate - Other						
	Collectibles						
	Food inventory						
	Drugs and medical supplies						
	Taxidermy [
22	Historical artifacts						
	Scientific specimens						
	Archeological artifacts						
25	Other (AUCTION ITEMS)	X	23	81,725.	FMV		
26	Other • ()						
27	Other						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			
					_	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?					30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	quires the review of	of any nonstandard contribut	ions?	31	X
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			_
	contributions?					32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

Part II	Supple is reporti this part	ement ing in P for any	t al Info i art I, colu addition	rmation Lumn (b) Lal inform	on. Pro , the nui mation.	ovide the inform mber of contri	matior bution	n required by Part I, lines 3 s, the number of items rec	0b, 32 eived,	b, and 33, or a comb	and v oinatio	whether the organizat n of both. Also comp	ion lete
SCHEDU	JLE M,	PAI	RT I,	COI	LUMN	(B):							
THE FO	OUNDAT	ION	REPO	RTS	THE	NUMBER	OF	CONTRIBUTORS	IN	PART	I,	COLUMN	
(B).													

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Name of the organization

BRAZIL FOUNDATION

Employer identification number 13-4131482

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THROUGH THE GRANT CYCLE. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROMOTING PHILANTHROPY: BRAZIL FOUNDATION IS A RECOGNIZED AUTHORITY ON PHILANTHROPY IN BRAZIL AND GIVES FREQUENT PRESENTATIONS IN THE MEDIA AND AT CONFERENCES. THE FOUNDATION EDUCATES DONORS AND OTHER STAKEHOLDERS ABOUT SOCIOECONOMIC DEVELOPMENT IN BRAZIL. FORM 990, PART VI, SECTION B, LINE 11B: THE FEDERAL FORM 990 WAS E-MAILED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL BEFORE FILING WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: BRAZIL FOUNDATION MONITORS AND ENFORCES COMPLIANCE OF THE CONFLICT OF INTEREST POLICY BY REQUIRING THE BOARD OF DIRECTORS AND EMPLOYEES TO CERTIFY COMPLIANCE ANNUALLY. THE BOARD CHAIR, PRESIDENT & CEO OR GOVERNANCE COMMITTEE REVIEWS POTENTIAL CONFLICTS OF INTEREST, AND UPON RECOGNITION OF AN ACTUAL CONFLICT OF INTEREST, WILL FORMULATE A RECOMMENDATION TO THE BOARD OF DIRECTORS. PART VI, SECTION B, LINE 15: THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS APPROVES COMPENSATION AND BENEFITS.

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

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

Schedule O (Form 990) 2021

08420829 150872 234002

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** BRAZIL FOUNDATION 13-4131482 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AND UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

132161 11-17-21 LHA

BRAZIL FOUNDATION

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-4131482

(a)	(b)	(c)	(d)	(e)			f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-yea	r assets	Direct co en	ontrolling tity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had one	or more rela	ated tax-exen	npt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		(g) Section 512(b)(13 controlled entity?	
				501(c)(3))			Yes	No
ASSOCIACAO BRAZIL FOUNDATION	SUPPORTING EDUCATION AND							
AVENIDA NILO PECANHA 50 ROOMS 2001 & 2002 RIO DE JANEIRO, BRAZIL 20020-906	SOCIAL WELFARE PROGRAMS IN BRAZIL.	BRAZIL	501(C)(3)	LINE 7	BRAZIL FO	OUNDATION	х	
For Paperwork Reduction Act Notice, see the Instructi	ons for Form 990.				<u> </u>	Schedule R (Form 99	90) 2021

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Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(h)		(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionat		Code V-UBI	Genera	al or Per	rcentage		
of related organization		(state or foreign	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	alloca	tions?	amount in box 20 of Schedule K-1 (Form 1065)	partn	er? OW	rcentage wnership		
		country)		sections 512-514)		assets	Yes	No K-1 (Form 1065)		Yes	No			
										\vdash				
-														
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Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		Country)						Yes	No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	n Parts II-IV?						
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
	Gift, grant, or capital contribution to related organization(s)				1b	X				
	c Gift, grant, or capital contribution from related organization(s)									
	d Loans or loan guarantees to or for related organization(s)									
	Loans or loan guarantees by related organization(s)				1e		X			
							X			
	f Dividends from related organization(s)									
g	Sale of assets to related organization(s)				1g		X			
g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) k Lease of facilities, equipment, or other assets from related organization(s) l Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)										
i	Exchange of assets with related organization(s)				1i		X			
j					1j		_X_			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		<u>X</u>			
- 1										
m										
p Reimbursement paid to related organization(s) for expenses										
q	Reimbursement paid by related organization(s) for expenses				1q		X			
r	Other transfer of cash or property to related organization(s)				1r	X				
	Other transfer of cash or property from related organization(s)				1s		X			
2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on which it is the above it is th	ho must complete th	is line, including covered r	elationships and transaction thresholds.						
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved					
		type (a-s)								
(1)	ASSOCIACAO BRAZIL FOUNDATION	В	773,344.	FMV						
(2)	ASSOCIACAO BRAZIL FOUNDATION	R	303,960.	FMV						
-, -			222,200							
(3)										
(4)										

(5)

BRAZIL FOUNDATION 13-4131482 Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec	Share of	Share of	Dispro	por-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	or Percentage
of entity		(state or foreign	related, unrelated,	partners sec 501(c)(3) orgs.?	total	end-of-year	allocati	ite ons?	amount in box 20	managi	ownership
·		country)	sections 512-514)	Yes No		assets	Yes	No	(Form 1065)	Yes N	
			000000000000000000000000000000000000000	Tes No			1165	INO	(1 01111 1000)	resin	-
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Schedule R (Form 990) 2021

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