PUBLIC DISCLOSURE COPY

PLEASE FILE IN A SAFE PLACE

ARMANINO^{LLP}

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Form	qqn
FOIIII	220

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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.



A F	For the 2	2021 calendar year, or tax year beginning and o	ending		
B c	Check if applicable:	C Name of organization		D Employer identifi	cation number
	Address change	BUSINESS FOR SOCIAL RESPONSIBILITY			
	Name	Doing business as		52-1764268	
	Initial		Room/suite	E Telephone numbe	r
	Final return/	220 MONTGOMERY STREET, 17TH FLOOR	(415) 984-32	00	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	33,829,333.
	Amendeo return	d SAN FRANCISCO, CA 94104		H(a) Is this a group re	eturn
	Applica-	F Name and address of principal officer: ARON CRAMER		for subordinates	? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		npt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions
		WWW.BSR.ORG		H(c) Group exemption	n number 🕨
		rganization: X Corporation Trust Association Other ►	L Year	of formation: 1991	VI State of legal domicile: DC
Pa	art I S	Summary			
Ð	1 B		K WITH BU	SINESS TO CREATE	
uc n	<u>A</u>	JUST AND SUSTAINABLE WORLD.			
Governance	2 C	heck this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more		sets.
Š	3 N			<u>3</u>	9
	1	umber of independent voting members of the governing body (Part VI, line 1b)			8
ies	1	otal number of individuals employed in calendar year 2021 (Part V, line 2a)			94
Activities &		otal number of volunteers (estimate if necessary)			0.
Act	1	otal unrelated business revenue from Part VIII, column (C), line 12			0.
		et unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		
	8 C	ontributions and grants (Part VIII, line 1h)		Prior Year 3,026,006.	Current Year 3,400,219.
Iue				25,438,204.	30,421,369.
evenue		rogram service revenue (Part VIII, line 2g) ivestment income (Part VIII, column (A), lines 3, 4, and 7d)		-64,046.	-82,268.
Be		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		19,598.	6,757.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		28,419,762.	33,746,077.
		rants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		enefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	45 0	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		18,552,788.	21,285,917.
Expenses	16a Pi	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
bei	в то	otal fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17 0	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,047,453.	9,178,838.
	18 To	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		26,600,241.	30,464,755.
		evenue less expenses. Subtract line 18 from line 12		1,819,521.	3,281,322.
S OF			Be	ginning of Current Year	End of Year
Net Assets	20 To	otal assets (Part X, line 16)		21,494,139.	23,283,625.
t As	21 To	otal liabilities (Part X, line 26)		13,281,305.	12,711,800.
		et assets or fund balances. Subtract line 21 from line 20		8,212,834.	10,571,825.
		Signature Block			
Ind	or nonalti	as at partury. I dealars that I have avamined this return, including accompanying achedulas	and stateme	into and to the best of m	unnowlodge and balief it is

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.

	Ci in Muchal		10/2	8/2022						
Sign	Signature of officer		Date	Date						
Here	MIKE ZEITOUNY, CFO									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	KATY BROWN	10/17/22	self-employed P00650274							
Preparer	Firm's name ARMANINO LLP		Firm's	EIN 🎽 94-6214841						
Use Only	Firm's address 💊 12657 ALCOSTA BLVD, STE. 500									
	SAN RAMON, CA 94583-4600 Phone no.925-790-2600									
May the I	RS discuss this return with the preparer shown abo	ve? See instructions		X Yes No						
				000						

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2021) BUSINESS FOR SOCIAL RESPONSIBILITY	52-1764268	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	BSR IS A GLOBAL NONPROFIT ORGANIZATION THAT WORKS WITH ITS NETWORK OF		
	MORE THAN 250 MEMBER COMPANIES TO BUILD A JUST AND SUSTAINABLE WORLD.		
	FROM ITS OFFICES IN ASIA, EUROPE, AND NORTH AND SOUTH AMERICA, BSR		
	DEVELOPS SUSTAINABLE BUSINESS STRATEGIES AND SOLUTIONS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🛛 No
	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 🗴 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as mea	, ,	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	le total expense	es, and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$2,082,806. including grants of \$0.) (Revenue \$)	R	167 133 V
4a	(Code:) (Expenses \$2,002,000: Including grants of \$0 (Revenue \$) (Revenue \$)	0	, =07, 133.)
	WE DRAW ON OVER 25 YEARS OF EXPERIENCE WORKING WITH COMPANIES AND THEIR		
	STAKEHOLDERS ACROSS DIFFERENT INDUSTRIES AND GEOGRAPHIES. WE CAN:		
	-WORK WITH COMPANIES TO DESIGN AND IMPLEMENT SUSTAINABILITY STRATEGIES		
	AND INCORPORATE SUSTAINABILITY INTO CORE CORPORATE STRATEGY.		
	-ADVISE ON MORE EFFECTIVE AND IMPACTFUL REPORTING APPROACHES.		
	-HELP COMPANIES UNDERSTAND AND ENGAGE STAKEHOLDERS AND BUILD TRUST,		
	BOTH AT THE CORPORATE LEVEL AND IN SPECIFIC GEOGRAPHIES OR SERVICE		
	AREAS.		
	-ADVISE COMPANIES ON A RAFT OF NEW ETHICS AND TRANSPARENCY CHALLENGES		
	AND HELP BUILD ORGANIZATIONAL CULTURES WHERE INTEGRITY AND		
4b	(Code:) (Expenses \$2,089,166. including grants of \$) (Revenue \$	1	,655,265.)
	HER PROJECT		<u>, , , ,</u> ,
	BSR'S HERPROJECT IS A COLLABORATIVE INITIATIVE THAT STRIVES TO EMPOWER		
	LOW-INCOME WOMEN WORKING IN GLOBAL SUPPLY CHAINS. BRINGING TOGETHER		
	GLOBAL BRANDS, THEIR SUPPLIERS, AND LOCAL NGOS, HERPROJECT DRIVES		
	IMPACT FOR WOMEN AND BUSINESS VIA WORKPLACE-BASED INTERVENTIONS ON		
	HEALTH, FINANCIAL INCLUSION, AND GENDER EQUALITY. SINCE ITS INCEPTION		
	IN 2007, HERPROJECT HAS WORKED IN MORE THAN 1,000 WORKPLACES ACROSS 17		
	COUNTRIES AND HAS INCREASED THE WELL-BEING, CONFIDENCE, AND ECONOMIC		
	POTENTIAL OF MORE THAN 1,225,000 WOMEN AND 775,000 MEN.		
4c	(Code:) (Expenses \$1,042,490. including grants of \$) (Revenue \$)	3	,885,109.)
	CLIMATE CHANGE		
	THE 2015 PARIS AGREEMENT DEFINES OUR COLLECTIVE VISION FOR A CLIMATE		
	RESILIENT WORLD. BSR WORKS WITH COMPANIES TO BUILD THE PARIS VISION IN		
	THREE MAIN WAYS:		
	-DEVELOP EMISSIONS REDUCTIONS STRATEGIES THAT ARE ALIGNED WITH THE		
	PARIS AGREEMENT. THIS INVOLVES SETTING AND VALIDATING CLIMATE TARGETS,		
	ESTABLISHING RENEWABLE ENERGY POLICIES AND ROADMAPS, AND BUILDING		
	RESILIENCE TO CLIMATE IMPACTS THROUGHOUT COMPANY OPERATIONS AND VALUE		
	CHAINS (E.G. SUPPLIER ENGAGEMENT, REVERSE SOURCING, AND LOW-CARBON		
	PROCUREMENT).		
4d	Other program services (Describe on Schedule O.)	412.000	
	(Expenses \$ 16,570,173. including grants of \$ 0.) (Revenue \$ 16,	413,862.)	
4e	Total program service expenses 21,784,635.		000 (225.1)
	SEE SCHEDULE O FOR CONTINUATION(S)	Fo	rm 990 (2021)
132002			
	3		

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Form	990 (2021) BUSINESS FOR SOCIAL RESPONSIBILITY 52-17642	68	Р	age 3
Par	t 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	Х	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	<u> </u>
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		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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	х	
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
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	Х	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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 organization maintain an office, employees, or agents outside of the United States?	14a	X	—
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	──
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? 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			
	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	000	X
132003	12-09-21	Form	จลก	(2021)

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Form 990 (2021)	BUSINESS			
Part IV	Checklist	of Required So	chec	lules _{(c}	ontinued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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			
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
	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			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
~ ~	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			x
05 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
		35a		
u	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)2. If "Yes." complete Schedule R. Part V. line 2.	35b		1
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	1
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 35			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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-	990 (2021) BUSINESS FOR SOCIAL RESPONSIBILITY		52-176426	8	Р	age 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
					Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0	94								
h	filed for the calendar year ending with or within the year covered by this return	2a		Oh	х						
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instruction:			2b	21						
2-2				3a		x					
	F C C F										
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			3b							
	financial account in a foreign country (such as a bank account, securities account, or other financial a			4a	х						
b	If "Yes," enter the name of the foreign country > SEE SCHEDULE 0										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	s (FBAR).								
ōa	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		X					
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the										
	any contributions that were not tax deductible as charitable contributions?			6a		x					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts								
	were not tax deductible?			6b							
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X						
				7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	lired								
	to file Form 8282?	1 1		7c		X					
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X					
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g							
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•		0							
Э	sponsoring organization have excess business holdings at any time during the year?			8							
				9a							
				9b							
ט ס	Section 501(c)(7) organizations. Enter:			55							
	Initiation fees and capital contributions included on Part VIII, line 12	10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
1	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders	11a									
	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
2a	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	12b									
3	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	13b									
С	Enter the amount of reserves on hand	13c									
				14a		X					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b							
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner										
	excess parachute payment(s) during the year?			15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.										
	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incom	ne?	16		X					
6	If "Vac " complete Form 1700. Schodule O										
6	If "Yes," complete Form 4720, Schedule O.					I I					
6 7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in										
_				17							

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	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Se					X
800	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>		Δ
Sec					V.	
10	Enter the number of voting members of the governing body at the and of the tax year	1a		9	Yes	No
Id	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing					
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent	46		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		w othor			
2				2		x
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the dir					
5	of officers, directors, trustees, or key employees to a management company or other person?			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 v					x
- 5	Did the organization become aware during the year of a significant diversion of the organization's assets?			···· <u> </u>		x
6						x
0 7a						
74	more members of the governing body?			7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stock			1a		
5				7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by					
a			-	8a	х	
a h	Each committee with authority to act on behalf of the governing body?				x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		x
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Reven			j		
		<u>lue C</u>	.00e.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapter					
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body be				х	
b			in ig the fermi			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b					х	
c						
-	on Schedule O how this was done			12c	х	
13	Did the organization have a written whistleblower policy?				х	
14	Did the organization have a written document retention and destruction policy?				х	
15	Did the process for determining compensation of the following persons include a review and approval by					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а				15a	х	
b	• · · · · · · · · · · · · · · · · · · ·				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 arrangement	nt with	ha			
	taxable entity during the year?			16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organizat		-			
	exempt status with respect to such arrangements?			16b		
Sec	ction C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 9	990-T	(section 501(c	(3)s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			,(0)0 01113)	avana	010
	X Own website Another's website X Upon request Other (explain on	1 Sch	edule ()			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflic			and finan	cial	
19		5. 01				
19	statements available to the public during the tax year					
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books a	and	records 🗩			
19 20	State the name, address, and telephone number of the person who possesses the organization's books a	and	records 🕨 _			
		and	records –			

Form 990 (2021)	BUSINESS FOR SOCIAL RESPONSIBILITY	52-1764268	Page 7					
Part VII Compens	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated							
Employe	es, and Independent Contractors							
Check if Sc	hedule O contains a response or note to any line in this Part VII							
Section A. Officers, D	Pirectors, Trustees, Key Employees, and Highest Compensated Employee	es						
1a Complete this table	for all persons required to be listed. Report compensation for the calendar ye	ear ending with or within the organization's	s tax year.					
 List all of the orga 	nization's current officers, directors, trustees (whether individuals or organiza	ations), regardless of amount of compens	ation.					

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)				(D)	(E)	(F)		
Name and title	Average	(10	Position			Reportable	Reportable	Estimated		
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tri	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ARON CRAMER	40.00	_	-		-		<u> </u>			
PRESIDENT & CEO		х		x				441,027.	0.	67,951.
(2) LAURA S. GITMAN	40.00									
<u>coo</u>				х				362,413.	0.	46,804.
(3) MIKE ZEITOUNY	40.00									
CFO				х				345,124.	0.	32,887.
(4) ERIC OLSON	40.00									
SENIOR VICE PRESIDENT (THRU 06/21)				x				316,156.	0.	25,636.
(5) JOHN HODGES	40.00									
VICE PRESIDENT						X		289,545.	0.	46,790.
(6) DUNSTAN HOPE	40.00									
VICE PRESIDENT	10.00		<u> </u>			X		290,368.	0.	22,010.
(7) JEREMY PREPSCIUS	40.00							000 500		0.016
VICE PRESIDENT	10.00					X		292,562.	0.	2,316.
(8) DAVID WEI	40.00							100.011		46.000
MANAGING DIRECTOR	10.00					x		199,311.	0.	46,339.
(9) DAVID E. STEARNS	40.00							015 000		10 550
DIRECTOR						x		215,299.	0.	19,758.
(10) ALESSANDRO CARLUCCI	2.00								•	0
BOARD CHAIR	2.00	х						0.	0.	0.
(11) ADAM WERBACH	2.00	x							0.	0
BOARD DIRECTOR	2.00	~						0.	0.	0.
(12) GERALYN RITTER BOARD DIRECTOR	2.00	x						0.	0.	0.
(13) JEFF SEABRIGHT	2.00	Δ						0.	0.	0.
BOARD DIRECTOR	2.00	x						0.	0.	0.
(14) KATE BRANDT	2.00							·		
BOARD DIRECTOR		x						0.	0.	0.
(15) ROSE STUCKEY KIRK	2.00									
BOARD DIRECTOR (AS OF 06/21)		х						0.	0.	0.
(16) SUSAN MACCORMAC	2.00									
BOARD DIRECTOR		х						0.	0.	0.
(17) KARINA LITVACK	2.00						1			
BOARD DIRECTOR		х			L			0.	0.	0.
120007 10 00 01										Form 990 (2021)

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Form 990 (2021)

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Form 990 (2021) BUSINESS FOR	SOCIAL RES	PON	SIB	ILI	ТΥ				52-17	6426	В	Р	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(A)(B)(C)(D)(E)Name and titleAveragePosition (do not check more than oneReportableReportable										Fe	(F) stimate	-d
	hours per week (list any	box offi	, unle	ss per	rson i	than o s both pr/trust	an	compensation from the	compensation from related organizations	6	an	nount other pensa	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	C/	org and	om th anizat d relat anizati	ion ed
(18) MARIE-CLAIRE DAVEU	2.00	_	-		×	1 0	<u> </u>						
BOARD DIRECTOR (THRU 03/21)		х						0.		٥.			0.
1b Subtotal								2,751,805.		0.		310,	491. 0.
c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c)								2,751,805.		0.		310,	491.
2 Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	I		<u> </u>	
compensation from the organization												Yes	44 No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated emp	loyee on	[100	
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150										[4	Х	
5 Did any person listed on line 1a receive or a	iccrue comper	isati	on fi	rom	any	unre	late	ed organization or individ	dual for services				
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or si	ıch r	oers	on .					5		X
1 Complete this table for your five highest con	mpensated inc	lepe	nde	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wit	hin		ear.				
(A) Name and business	address							(B) Description of s	ervices	С	(C ompe	;) nsatio	n
TRANSITIONS, 21 RUE DU FAUBOURG SAIN	Г											_	
ANTOINE, PARIS, FRANCE 75011 EPIC BIODIVERSITY, 1373 PRINCES HIGH	NV V						_	IMPLEMENTATION CON	TRACTOR			674,	284.
WOLUMLA, AUSTRALIA 2550	NAI,							IMPLEMENTATION CON	TRACTOR			278,	367.
POLECAT, INC, 5170 GOLDEN FOOTHILL													
PARKWAY, EL DORADO HILLS, CA 95762							_	SOFTWARE LICENSE				172,	022.
KNOWLENS SOLUTIONS PRIVATE LIMITED, S VAISHALI ENCLAVE, PITAMPURA, NEW DELI								IMPLEMENTATION CON	TRACTOR			154	241.
FIASCO DESIGN LTD, 127-131 RALEIGH RI							ſ					- /	
BRISTOL, UNITED KINGDOM BS31QU								IMPLEMENTATION CON				144,	005.
2 Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f		se list 6	ed	above) who received mo	ore than				
φτου,σου οι compensation from the organiz	Δαιιστή 🚩					-							

Form 990 (2021)

132008 12-09-21

		Check if Schedule O		·		(A) Total revenue	(B) Related or exempt function revenue		Revenue exclu
Q	1 a	Federated campaigns		1a					
		Membership dues							
	с	Fundraising events		1c					
		Related organizations							
	е	Government grants (contr	ributi	ons) 1e					
0	f	All other contributions, gifts,	grant	s, and					
ז		similar amounts not included	l abov	re 1f	3,400,219.				
כ	g	Noncash contributions included in	lines 1	a-1f 1g \$					
0	h	Total. Add lines 1a-1f				3,400,219.			
					Business Code				
	2 a	CONSULTING REVENUE			561499	22,392,274.			
þ	b	MEMBERSHIP DUES			561499	7,035,605.			
D	С	CONTRACT SERVICES			561499	993,490.	993,490.		
	d								
	e				-				
		All other program service				30,421,369.			
	<u> </u>	Total. Add lines 2a-2f Investment income (include				50,421,505.			
	3	other similar amounts)	-			988.			
	4	Income from investment of							
	5	Royalties		-	· · ·				
	Ũ			(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
		Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss							
	7 a	Gross amount from sales of		(i) Securiti	es (ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
		and sales expenses	7b		83,256.				
		Gain or (loss)			-83,256.				
	d	Net gain or (loss)			····· •	-83,256.			-83,2
	8 a	Gross income from fundraisi	U						
		including \$							
		contributions reported on		-					
	_	Part IV, line 18			8a				
		Less: direct expenses			8b				
		Net income or (loss) from		-	s 🕨				
	9 a	Gross income from gamir			00				
	h	Part IV, line 19 Less: direct expenses			9a 9b				
		Net income or (loss) from							
.		Gross sales of inventory,							
	u	and allowances			10a				
	b	Less: cost of goods sold			10b				
		Net income or (loss) from							
ĺ					Business Code				
	11 a	OTHER INCOME			900099	6,757.			6,5
	b								
E V E	с								
٩	d	All other revenue							
		Total. Add lines 11a-11d				6,757.			
	12	Total revenue. See instruction	one			33,746,077.	30,421,369.	0.	-75,5

BUSINESS FOR SOCIAL RESPONSIBILITY

Form 990 (2021)

11011026 701245 104257.1

10

2021.04030 BUSINESS FOR SOCIAL RESPO 104257.1

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BUSINESS FOR SOCIAL RESPONSIBILITY

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Do	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,638,000.	1,261,036.	376,964.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,089,960.	11,446,514.	3,643,446.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	569,883.	447,269.	122,614.	
9	Other employee benefits	1,781,017.	1,455,280.	325,737.	
0	Payroll taxes	2,207,057.	1,777,147.	429,910.	
1	Fees for services (nonemployees):				
а	Management				
b	Legal	141,780.	43,864.	97,916.	
С	Accounting	186,564.	16,722.	169,842.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	4,545,834.	4,183,377.	362,457.	
2	Advertising and promotion	55,548.	12,882.	42,666.	
3	Office expenses	220,523.	53,016.	167,507.	
4	Information technology	912,622.	182,514.	730,108.	
5	Royalties				
6	Occupancy	1,621,333.	6,873.	1,614,460.	
7	Travel	223,943.	219,625.	4,318.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	102,717.	80,796.	21,921.	
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	222,215.		222,215.	
3	Insurance	192,613.	728.	191,885.	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	TAXES AND FEES	313,240.	238,685.	74,555.	
b	PERSONNEL RECRUITING/DE	226,594.	182,817.	43,777.	
с	PRODUCTION	127,859.	127,859.		
d	MISCELLANEOUS	85,453.	47,631.	37,822.	
е	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	30,464,755.	21,784,635.	8,680,120.	
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

11

11011026 701245 104257.1

33

Total liabilities and net assets/fund balances

21,494,139.

33

23,283,625.

Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

BUSINESS FOR SOCIAL RESPONSIBILITY

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

					(A) Beginning of year		(B) End of year
Т	1	Cash - non-interest-bearing			11,010,779.	1	12,762,734.
	2	Savings and temporary cash investments				2	660,723.
:	3	Pledges and grants receivable, net			3,187,653.	3	2,039,443.
	4	Accounts receivable, net			5,797,192.	4	6,118,589.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit	fied per				
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
·	7	Notes and loans receivable, net			1,917.	7	833.
	8	Inventories for sale or use				8	
	9				344,998.	9	528,386.
1	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,170,152.			
	b	Less: accumulated depreciation	10b	1,687,680.	451,736.	10c	482,472.
1	1	Investments - publicly traded securities				11	
1	2	Investments - other securities. See Part IV, line 1	1			12	
1	3	Investments - program-related. See Part IV, line	11			13	
1	4	Intangible assets				14	
1	5	Other assets. See Part IV, line 11			699,864.	15	690,445.
1	6	Total assets. Add lines 1 through 15 (must equa			21,494,139.	16	23,283,625.
1	7	Accounts payable and accrued expenses			4,238,498.	17	3,420,190.
1	8	Grants payable				18	
1	9	Deferred revenue			8,638,427.	19	9,035,195.
2	0	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete I				21	
2	2	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes	-			22	
2		Secured mortgages and notes payable to unrela				23	
2		Unsecured notes and loans payable to unrelated				24	
2	5	Other liabilities (including federal income tax, pa	-				
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	404 200		256 415
	_	of Schedule D			404,380.		256,415.
2	6	Total liabilities. Add lines 17 through 25			13,281,305.	26	12,711,800.
		Organizations that follow FASB ASC 958, che	ск ner	e 🕨 🔼			
	-	and complete lines 27, 28, 32, and 33.			2,655,983.	07	6,305,410.
2					5,556,851.	27	4,266,415.
2	8	Net assets with donor restrictions			5,550,051.	28	4,200,413.
		Organizations that do not follow FASB ASC 9	56, Che				
0	9	and complete lines 29 through 33. Capital stock or trust principal, or current funds				29	
3		Paid-in or capital surplus, or land, building, or ec				30	
3		Retained earnings, endowment, accumulated in				31	
	2	Total net assets or fund balances			8,212,834.	32	10,571,825.
13	~	TOTAL HEL ASSELS OF TUHU DAIAHUES	,,	52			

 \square

Form	990 (2021) BUSINESS FOR SOCIAL RESPONSIBILITY	52-176426	8	Pa	_{ae} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,	,746,	077.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,	,464,	755.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,	,281,	322.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,	,212,	834.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-922,	331.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	10 ,	,571,	825.
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	0.			
2a			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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			77	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			v
-	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 requir				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	<u> </u>

Form **990** (2021)

132012 12-09-21

(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0	047
000	4

(,	Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.							ZUZI
Depa	rtment c	of the Treasury	Attach to Form 990 or Form 990-EZ.						Open to Public	
Interr	nal Reve	nue Service			/Form990 for instruction			nformation.		Inspection
Nar	ne of	the organization	on						Employer	identification number
				SS FOR SOCIAL R						52-1764268
Pa	art I	Reason	for Public (Charity Status.	(All organizations must o	complete th	nis part.) S	ee instructior	IS.	
The	organ	nization is not a	a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, cor	nvention of ch	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	1)(A)(i).		
2		A school des	cribed in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990).)				
3		=	-		anization described in so			-		
4			-	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A	.)(iii). Enter	the hospital's name,
		city, and state	-							
5				or the benefit of a co Complete Part II.)	llege or university owned	d or operat	ed by a go	overnmental u	nit describe	ed in
6					nental unit described in	contion 17	70(6)(1)(1)	64		
7	X			-	ntial part of its support fi				ho gonoral i	aublic described in
'		-		omplete Part II.)	Intial part of its support in	ioni a gove	enninentai		ne general j	
8	\square	-			(1)(A)(vi). (Complete Par	+ 11)				
9	\square	-			in section 170(b)(1)(A)(-	ed in coniu	unction with a	land-grant	college
-		-	-	-	ulture (see instructions).		-		-	-
		university:		,			·····, -··,	,		
10			on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersł	nip fees, and	d gross receipts from
					t to certain exceptions; a					
					(less section 511 tax) fro					
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functio	ns of, or to ca	arry out the	purposes of one or
		more publicly	supported or	ganizations describe	ed in section 509(a)(1) c	or section	509(a)(2).	See section	509(a)(3). (Check the box on
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.	
a	ı 🗌	Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by	giving
		the support	ted organizatio	on(s) the power to re	gularly appoint or elect a	i majority c	of the direc	tors or truste	es of the su	ipporting
	_	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
k)	Type II. A s	supporting org	anization supervised	l or controlled in connect	tion with it	s supporte	ed organizatio	on(s), by hav	ring
		control or n	nanagement o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	¬ ~		t complete Part IV,						
C			-		g organization operated				lly integrate	d with,
			-). You must complete I					
C		••	-	• · ·	porting organization oper				· ·	
				с с	zation generally must sat	•		•	an attentiv	/eness
		- ·			nplete Part IV, Sections				II. True e III	
e	,		•		written determination fro			турет, туре	п, туре ш	
	Ent	er the number of			nally integrated supporti					
ç				about the supporte	ad organization(s)					
		(i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization	ı		(described on lines 1-10 above (see instructions))	Yes	ing document? No	support (see i	nstructions)	support (see instructions)
_										

BUSINESS FOR SOCIAL RESPONSIBILITY

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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
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,964,180.	3,325,630.	6,091,688.	3,026,006.	3,400,219.	18,807,723.
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	2,964,180.	3,325,630.	6,091,688.	3,026,006.	3,400,219.	18,807,723.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						8,166,133.
	Public support. Subtract line 5 from line 4.						10,641,590.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	2,964,180.	3,325,630.	6,091,688.	3,026,006.	3,400,219.	18,807,723.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	176,930.	128,064.	421.	347.	988.	306,750.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,320.	10,976.	6,294.	1,045.	6,757.	29,392.
11	Total support. Add lines 7 through 10						19,143,865.
	Gross receipts from related activities,		,			12	123,160,032.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
-	organization, check this box and stop						
	ction C. Computation of Publi						55 50
	Public support percentage for 2021 (I			olumn (f))		14	55.59 %
	Public support percentage from 2020					15	54.92 %
16a	33 1/3% support test - 2021. If the c			line 13, and line 1	4 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual		• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	VI how the organiz	ation
	meets the facts-and-circumstances te	-		• • • •	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		•		•		
18	Private foundation. If the organizatio	on did not check a l	box on line 13, 16a	i, 100, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2021

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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.)

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	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
Sec	ction B. Total Support								
Cale	ndar 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								
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	organizatio	on,	
							<u></u>	🕨	
Sec	ction C. Computation of Publi	c Support Per	rcentage						
15	Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15			%
	Public support percentage from 2020					16			%
Sec	ction D. Computation of Inves	tment Income	e Percentage						
17	Investment income percentage for 20)21 (line 10c, colui	mn (f), divided by I	ine 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 r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%,	and line 17	7 is not	
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly :	supported organiza	ation .		►	
b	33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than	33 1/3%, a	nd	_
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	anization qualifies	as a publicly suppo	orted org	ganization	►	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	struction	S	►	
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1

2

Yes No

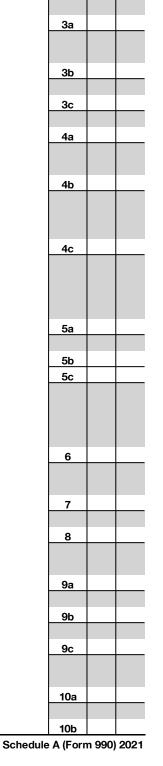
Part IV Supporting Organizations

(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.)

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Schedule A (Form 99	0)2021 BUSINESS FOR SOCIAL RESPONSIBILITY 52	2-1764268	Pa	age 5
Part IV Suppo	orting Organizations (continued)			
			Yes	No
11 Has the organiz	zation accepted a gift or contribution from any of the following persons?			
a A person who c	directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the	governing body of a supported organization?	11a		
b A family member	er of a person described on line 11a above?	11b		
c A 35% controlle	ed 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		
Section B. Type	I Supporting Organizations			
			Yes	No
U	ing body, members of the governing body, officers acting in their official capacity, or membership of one of organizations have the power to regularly appoint or elect at least a majority of the organization's officer			

	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the					
2	supported organization operate for the benefit of any supported organization other than the supported					
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in					
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	-	l			

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Yes No 2a 2b 3a 3b

Schedule A (Form 990) 2021

Yes No

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Sche	dule A (Form 990) 2021 BUSINESS FOR SOCIAL RESPONSIBILITY			52-1764268	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain i</i>	n Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations must		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
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 (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
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 Y	ear
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-functionally	/ integra	ted Type III supporting or	ganization (see	

instructions).

Schedule A (Form 990) 2021

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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
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 exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	6	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	e 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	IS	(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				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
	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)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	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:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021		S FOR SOCIAL RESP			52-1764268	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 6, 9a, 9b, 9 3; Part IV, Section E, li	c, 11a, 11b, and 11 nes 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a c; Part IV, Section B, lines and 3b; Part V, line 1; Part lete this part for any additi	1 and 2; Part IV, Section V, Section B, line 1e; Pa	۱C,
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				21			,

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Schedule of Contributors

OMB No. 1545-0047

202

er identification number

(Form 990) Department of the Treasury Internal Revenue Service	 Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. 	2021
Name of the organization		Employer identification n
	BUSINESS FOR SOCIAL RESPONSIBILITY	52-1764268
Organization type (chec	k 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	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
•	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalir any one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$170,000.	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
2		\$300,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	, , , , , , , , , , , , , , , , ,	\$150,000.	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
4		\$1,190,000.	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
5		\$100,000.	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
6	, ,, ,,,	\$360,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

BUSINESS FOR SOCIAL RESPONSIBILITY

Name of organization

52-1764268

Employer identification number

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123452 11-11-21

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$100,000.	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
8		\$200,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$386,000.	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
10		\$250,000.	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
		\$	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 poprash contributions)

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

noncash contributions.)

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Part I

Employer identification number

52-1764268

BUSINESS FOR SOCIAL RESPONSIBILITY

11011026 701245 104257.1

123452 11-11-21

Name of or	ganization	Employer identification number	
BUSINESS	FOR SOCIAL RESPONSIBILITY		52-1764268
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	۶.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - - - - - - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - - - - - - - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - \$	

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Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021)

2021.04030 BUSINESS FOR SOCIAL RESPO 104257.1

Page 3

Schedule B	(Form 9	90) (2021)
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USINESS FOR SOCIAL RESPONSIBILITY Part III Exclusively religious, charitable, etc., contributions to organizations described in section a from any one contributor. Complete columns (a) through (e) and the following line entry. For completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less to Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift	r organizations
from any one contributor. Complete columns (a) through (e) and the following line entry. For completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less fo Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (c) Use of gift	r organizations
(a) No. from (b) Purpose of gift (c) Use of gift	
from (b) Purpose of gift (c) Use of gift Part I	
	(d) Description of how gift is held
(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
(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 Part I	(d) Description of how gift is held
(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
(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

11011026 701245 104257.1

		Currente monte		Otatomont	_			1545-0047
	(Form 990) Schedule D (Form 990) ■ 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.						20	21
	ment of the Treasury		Attach to Form 990	Э.				to Public
-	I Revenue Service e of the organizati	Go to www.irs.gov/Form9	90 for instructions	and the latest inform	ation.	Emr	Inspector ployer identification	
INAIII	e of the organizati	BUSINESS FOR SOCIAL RESPONS	IBILITY			Em	52-176426	
Pa	t I Organiza	ations Maintaining Donor Advise	d Funds or Oth	er Similar Funds	or Ac	coun	its. Complete if	the
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.					
			(a) Donor a	dvised funds	()	b) Fun	nds and other acco	ounts
1		nd of year						
2		of contributions to (during year)						
3		of grants from (during year)						
4		It end of year		to hold in donor odvio	ad fund			
5	-	on inform all donors and donor advisors in on's property, subject to the organization's	-				Yes	No
6		on inform all grantees, donors, and donor a					163	
Ū		poses and not for the benefit of the donor o						
	impermissible priv					•	Yes	🗌 No
Pa	t II Conserv	ration Easements. Complete if the org						
1	Purpose(s) of con	servation easements held by the organization	on (check all that ap	ply).				
	Preservation	n of land for public use (for example, recrea	tion or education)	Preservation of	a histo	rically	important land ar	ea
		of natural habitat		Preservation of	a certif	ied his	storic structure	
		n of open space						
2	Complete lines 2a day of the tax yea	through 2d if the organization held a qualit	fied conservation co	ntribution in the form	of a con]	iserva	tion easement on Held at the End of	
-						2a		
a b		onservation easements				Za 2b		
c						20 20		
d		vation easements included in (c) acquired a						
	listed in the Natio	nal Register	, ,			2d		
3		vation easements modified, transferred, rel			organiz	zation	during the tax	
	year 🕨							
4		where property subject to conservation eas						
5		ation have a written policy regarding the per		spection, handling of				
6	,	forcement of the conservation easements it er hours devoted to monitoring, inspecting,		a and onforcing cons				
6		er nours devoted to monitoring, inspecting,	nandling of violation	is, and emorcing cons	servation	Tease	ements during the	year
7	Amount of expense	 ses incurred in monitoring, inspecting, hanc	lling of violations an	nd enforcing conservat	tion eas	ement	ts during the year	
•	► \$		ing of violations, a			onion	to during the your	
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the require	ments of section 170(h)(4)(B)(i	i)		
	and section 170(h)(4)(B)(ii)?					Yes	🗌 No
9	In Part XIII, descri	be how the organization reports conservation	on easements in its	revenue and expense	stateme	ent an	d	
		d include, if applicable, the text of the footr	note to the organizat	ion's financial stateme	ents tha	t desc	cribes the	
Da		counting for conservation easements. ations Maintaining Collections of	Art Historical	Tressures or Ot	hor Si	mila	r Accote	
ra		f the organization answered "Yes" on Form	-	-		IIIIa	1 A33613.	
19		elected, as permitted under FASB ASC 95			nd hala	nce st	heet works	
14	•	easures, or other similar assets held for put	· ·					
		Part XIII the text of the footnote to its finar						
b	•	elected, as permitted under FASB ASC 95				sheet	works of	
	-	sures, or other similar assets held for public						
	provide the follow	ing amounts relating to these items:						
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1				•	\$	
	.,					•	\$	
2		received or held works of art, historical tre			l gain, p	orovide	e	
-	-	unts required to be reported under FASB A	-				¢	
а	nevenue included	on Form 990, Part VIII, line 1					U U	

а	Revenue included on Form 990, Part VIII, line 1	
	As a stalling local stalling Farmer 2000, Farst M	

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Schedule D (Form 990) 2021

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<u>Sche</u>		OR SOCIAL RESPON						52-176			_{age} 2
Par	t III Organizations Maintaining C	ollections of Art	, Hist	torical Tre	easures, o	r Othe	r Simila	Assets	(conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	, chec	k any of the	following that	make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	change progra	am					
b	Scholarly research	е									
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	how t	hev further th	he organizatio	n's exer	not purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	-		-	-						
-	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pai							, , -			
1a	Is the organization an agent, trustee, custodi	an or other intermedi	arv for	contribution	s or other ass	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ <u> </u>]
			eg						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fe								Yes		No
	If "Yes," explain the arrangement in Part XIII.										1
Par								<u></u>	<u></u>		4
		(a) Current year		Prior year	(c) Two year	r	(d) Three y	ears back	(e) Fou	vears	back
1 a	Beginning of year balance		. ,	,			., .		. ,		
b	Contributions										
r c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
e											
	and programs										
	Administrative expenses										
g	End of year balance		(line 1								
2	Provide the estimated percentage of the curr	•		g, column (a	u) neio as.						
a	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с		%									
•	The percentages on lines 2a, 2b, and 2c show	•									
за	Are there endowment funds not in the posse	ssion of the organizat	tion tha	at are held a	nd administer	ed for th	ie organiza	ation		Yes	Na
	by:									res	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the two second		vment	funds.							
Fai				V line 11 - C		Devt V	line 10				
	Complete if the organization answere							.			
	Description of property	(a) Cost or ot basis (investm		• •	t or other (other)	• •	ccumulate preciation	ed	(d) Boo	k value	Э
1a	Land										
	Buildings										
	Leasehold improvements				279,656.		225,	014.		54,	642.
	Equipment				791,974.		558,	209.		233,	765.
	Other			1	.,098,522.		904,	457.		194,	065.
	Add lines 1a through 1e. (Column (d) must e			1						482,	
		gaari onni 330, Fall /	<u>., colul</u>	ו שווו גע וווכ ו	<u>vv.</u> ,			<u> </u>			0004

Schedule D (Form 990) 2021

132052 10-28-21

Schedule D (Form 990) 2021 BUSINESS FOR SOCIAL RESPONSIBI	LIT
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Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨 Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value 1 (1) Federal income taxes DEFERRED RENT 256,415 (2)(3) (4) (5) (6) (7) (8) (9) 256,415. ► Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial state

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 ... X

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 BUSINESS FOR SOCIAL RESPONSIBILITY			52-17	764268 Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statemen	ts With Re	evenue per Re	turn.	1 490
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		-		
1	Table and the second state and the second state of the second stat			1	33,856,504.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а		2a			
b		2b	27,171.		
с	Recoveries of prior year grants	2c			
d		2d			
е	Add lines 2a through 2d			2e	27,171.
3	Subtract line 2e from line 1			3	33,829,333.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-83,256.		
С	Add lines 4a and 4b			4c	-83,256.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	33,746,077.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemer	nts With E	xpenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	30,575,182.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	27,171.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d			83,256.		
е	5			2e	110,427.
3	Subtract line 2e from line 1			3	30,464,755.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	30,464,755.
		/ lines 1 h an			line (): Deut VI
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV			; Part X,	line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additi	onal informat	lon.		
PAR	TX, LINE 2:				
BSR	HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF T	HE			
INT	ERNAL REVENUE CODE, UNDER SECTION 1(D) OF TITLE II OF THE DISTRI	CT OF			
COL	JMBIA DEPARTMENT OF FINANCE AND REVENUE CODE, AND UNDER SECTION				
237)L(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE AND GENERALLY	IS NOT			
SUB	JECT TO STATE OR FEDERAL INCOME TAXES. TAXES ARE PAID ON UNRELAT	ED			
BUS	INESS INCOME THAT ARISES FROM CERTAIN CONSULTING SERVICES. THE				
SUB	SIDIARIES AND HONG KONG BRANCH OF BSR ARE ALL SUBJECT TO INCOME	TAXES			

IN FOREIGN JURISDICTIONS. THE CHINESE SUBSIDIARY IS A WHOLLY-FOREIGN-OWNED

ENTERPRISE AND THE FRENCH SUBSIDIARY IS A 1901 ASSOCIATION. INCOME TAX

EXPENSE IS RECORDED BASED ON MANAGEMENT'S ESTIMATES OF TAX LIABILITY IN

THOSE JURISDICTIONS. TAX EXPENSE RECORDED FOR FOREIGN JURISDICTIONS DURING

132054 10-28-21

Schedule D (Form 990) 2021

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ASSESSES TAX POSITIONS TAKEN OR EXPECTED TO BE	E TAKEN AGAINST THE	
MORE-LIKELY THAN NOT RECOGNITION THRESHOLD ANI	D MEASUREMENT ATTRIBUTES FOR	
RECOGNITION IN THE CONSOLIDATED FINANCIAL STAT	TEMENTS. BSR'S POLICY FOR	
EVALUATING UNCERTAIN TAX POSITIONS IS A TWO-ST	TEP PROCESS. THE FIRST STEP	
IS TO EVALUATE THE TAX POSITION FOR RECOGNITIO	ON BY DETERMINING IF THE	
WEIGHT OF AVAILABLE EVIDENCE INDICATES THAT IT	T IS MORE-LIKELY-THAN-NOT	
THAT THE POSITION WILL BE SUSTAINED UPON AUDI?	F, INCLUDING RESOLUTION OF	
RELATED APPEALS OR LITIGATIONS PROCESSES, IF A	ANY. THE SECOND STEP IS TO	
MEASURE THE TAX BENEFIT OR LIABILITY AS THE LA	ARGEST AMOUNT THAT IS MORE	
THAN 50% LIKELY TO BE REALIZED OR INCURRED UPO	ON SETTLEMENT. AS BSR IS	
EXEMPT FROM TAXATION UNDER SECTION 501(C)(3)	OF THE INTERNAL REVENUE CODE	
AND IS GENERALLY NOT SUBJECT TO FEDERAL OR STA	ATE INCOME TAXES, THE TAX	
POSITIONS TAKEN OR EXPECTED TO BE TAKEN BY BSF	R HAVE NOT HAD A MATERIAL	
IMPACT ON THE CONSOLIDATED FINANCIAL STATEMENT	IS. TAX EXPENSE RECORDED FOR	
UNRELATED BUSINESS INCOME TAX ("UBIT") DURING	THE YEAR ENDED DECEMBER 31,	
2021 AMOUNTED TO \$(19,219), WHICH REPRESENTS A	A REFUND RECEIVED.	
PART XI, LINE 4B - OTHER ADJUSTMENTS:		
LOSS ON CURRENCY EXCHANGE	-83,174.	
LOSS ON ASSET DISPOSAL	-82.	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-83,256.	
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
LOSS ON CURRENCY EXCHANGE	83,174.	
LOSS ON ASSET DISPOSAL	82.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	83,256.	
	Scho	dule D (Form 990)

BUSINESS FOR SOCIAL RE					52-1764268					
Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on										
Form 990, Part IV, line 14b.										
1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance,										
the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 🗌 Yes 📃 No										
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outs	ide the				
United States.										
3 Activities per Region. (T			n be duplicated if additional space is r							
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total				
	offices	employees, agents, and independent	(by type) (such as, fundraising, pro- gram services, investments, grants to		gram service,	expenditures for and				
	in the region	contractors	recipients located in the region)		e specific type (s) in the region	investments				
		in the region	recipients located in the region,			in the region				
				MEMBERSHIP	, MANAGEMENT					
EUROPE	2	50	PROGRAM SERVICES	CONSULTING	, RESEARCH	7,210,263.				
EAST ASIA AND THE				MEMBERSHIP	, MANAGEMENT					
PACIFIC	5	22	PROGRAM SERVICES	CONSULTING	, RESEARCH	2,496,339.				
				ļ						
				ļ						
3 a Subtotal	7	72				9,706,602.				
b Total from continuation										
sheets to Part I	0	0				0.				
c Totals (add lines 3a										
and 3b)	7	72				9,706,602.				

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

132071 12-20-21

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule F (Form 990) 2021

S	state	ement	of Act	ivities O	utsid	e the	Uni	ited	St	ates	5
•	-				· ·· -						

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

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

OMB No. 1545-0047

Employer identification number

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter							

Schedule F (Form 990) 2021

Schedule F (Form 990) 2021

52-1764268

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region , recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2021

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2021

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Pa	ane	5

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.

132075 12-20-21	37	Schedule F (Form 990) 2021

sc	HEDULE J	Compens	ation Information		OMB No.	1545-004	47			
	rm 990)	-	rs, Trustees, Key Employees, and Highest		2021					
•	-	Comp	pensated Employees		ZU					
Dono	tment of the Treasury		nswered "Yes" on Form 990, Part IV, line 23. tach to Form 990.		Open to Publi					
	al Revenue Service		Inspection							
Nan	ame of the organization Employer identific									
		BUSINESS FOR SOCIAL RESPONS	SIBILITY	52-17	64268					
Pa	rt I Question	s Regarding Compensation								
						Yes	No			
1a	Check the appropri	ate 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 rele	vant information regarding these items.							
	First-class or c		Housing allowance or residence for perso	nal use						
	Travel for com	•	Payments for business use of personal res							
		ation and gross-up payments	Health or social club dues or initiation fee							
	Discretionary	spending account	Personal services (such as maid, chauffer	ir, chef)						
b			follow a written policy regarding payment or							
-			ove? If "No," complete Part III to explain		. 1 b					
2	•		or allowing expenses incurred by all directors,							
	trustees, and office	rs, including the CEO/Executive Director, reg	garding the items checked on line 1a?		. 2					
•										
3			establish the compensation of the organization's							
		,	boxes for methods used by a related organization	on to						
	·	ation of the CEO/Executive Director, but exp								
	Compensatior		Written employment contract							
	·	ompensation consultant	Compensation survey or study							
	Form 990 of o	ther organizations	X Approval by the board or compensation c	ommittee						
4	During the year. did	any person listed on Form 990, Part VII, Se	ction A. line 1a, with respect to the filing							
	organization or a re	• •								
а	•	e payment or change-of-control payment?			4a	х				
b		eive payment from a supplemental nonquali					x			
с	•	eive payment from an equity-based compen	•		4c		x			
	-	ies 4a-c, list the persons and provide the ap			-					
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.							
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n						
	contingent on the r	evenues of:								
а	The organization?				5a		x			
					5b		x			
		r 5b, describe in Part III.								
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n						
	contingent on the r	et earnings of:								
а	The organization?				6a	X				
b					6b		x			
		r 6b, describe in Part III.								
7			the organization provide any nonfixed payments							
	not described on lir	les 5 and 6? If "Yes," describe in Part III \ldots			7		x			
8	Were any amounts	reported on Form 990, Part VII, paid or accr	ued pursuant to a contract that was subject to th	ie						
	initial contract exce	ption described in Regulations section 53.4	958-4(a)(3)? If "Yes," describe in Part III		. 8		x			
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	e presumption procedure described in							
	Regulations section	53.4958-6(c)?		<u></u>	9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions	for Form 990.	Schedu	le J (Forr	n 990)	2021			

132111 11-02-21

Schedule J (Form 990) 2021

52-1764268

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) ARON CRAMER	(i)	333,215.	107,812.	0.	29,847.	38,104.	508,978.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) LAURA S. GITMAN	(i)	286,867.	75,546.	0.	8,700.	38,104.	409,217.	0.	
COO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) MIKE ZEITOUNY	(i)	273,182.	71,942.	0.	8,700.	24,187.	378,011.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ERIC OLSON	(i)	108,583.	39,276.	168,297.	5,456.	20,180.	341,792.	0.	
SENIOR VICE PRESIDENT (THRU 06/21)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) JOHN HODGES	(i)	239,159.	50,386.	0.	8,686.	38,104.	336,335.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) DUNSTAN HOPE	(i)	239,839.	50,529.	0.	8,711.	13,299.	312,378.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(7) JEREMY PREPSCIUS	(i)	241,836.	50,726.	0.	2,316.	0.	294,878.	0.	
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(8) DAVID WEI	(i)	176,343.	22,968.	0.	5,979.	40,360.	245,650.	0.	
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(9) DAVID E. STEARNS	(i)	194,781.	20,518.	0.	6,459.	13,299.	235,057.	0.	
DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

PART I, LINE 4A:

THE SENIOR VICE PRESIDENT RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF

\$134,277 FOR THE 2021 TAX YEAR.

PART I, LINE 6:

THE ORGANIZATION COMPENSATION SCHEME INCLUDES THE PAYOUT OF BONUSES, BASED

ON THE ORGANIZATION ACHIEVING AN ANNUAL NET TARGET. FOR THE YEAR IN

QUESTION, BSR DID PAY PERFORMANCE RELATED BONUSES BECAUSE THE ORGANIZATION

ACHIEVED THE TARGET SET.

Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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.



52-1764268

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

SUSTAINABILITY ARE CORE CONSIDERATIONS.

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

-MANAGE UNAVOIDABLE CLIMATE RISKS. THIS INVOLVES ASSESSING AGAINST AND

BUSINESS FOR SOCIAL RESPONSIBILITY

IMPLEMENTING THE TCFD RECOMMENDATIONS, EVALUATING PHYSICAL AND

TRANSITION RISKS, AND CO-DEVELOPING STANDARD APPROACHES TO INTEGRATE

SUCH RISK MANAGEMENT INTO THE BUSINESS. SUCH INTEGRATION MIGHT INCLUDE

CONDUCTING CLIMATE RISK ASSESSMENTS AND CLIMATE SCENARIO ANALYSIS, AND

BUILDING RESILIENCE AT THE NEXUS OF PEOPLE AND CLIMATE.

-LEVERAGE COLLABORATION TO CREATE NET ZERO VALUE CHAINS. BSR MANAGES A

RANGE OF LEADING, CROSS-SECTOR COLLABORATIVE INITIATIVES THAT ALLOW

COMPANIES TO WORK TOGETHER ON SOLUTIONS TO LARGE-SCALE REDUCTION AND

MITIGATION CHALLENGES.

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

HUMAN RIGHTS

WE DRAW ON A TEAM OF NEARLY 20 HUMAN RIGHTS EXPERTS AND A NETWORK OF

PARTNERS FROM BUSINESS AND CIVIL SOCIETY TO TACKLE GLOBAL CHALLENGES

AND HELP COMPANIES IN ALL SECTORS MEET AND EXCEED GLOBAL HUMAN RIGHTS

STANDARDS. OUR WORK INCLUDES SURVEYING AND BENCHMARKING HUMAN RIGHTS

PRACTICES AND POLICIES ACROSS INDUSTRIES TO AID OUR MEMBER COMPANIES'

EFFORTS TO CRAFT COMPREHENSIVE, RESPONSIBLE APPROACHES TO HUMAN RIGHTS.

DEI

BSR WORKS WITH OUR MEMBER COMPANIES TO DEVELOP DEI STRATEGIES AND

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

Schedule O (Form 990) 2021

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Name of the organization	Employer identification number
BUSINESS FOR SOCIAL RESPONSIBILITY	52-1764268
ASSESSMENTS THAT ARE GLOBALLY RELEVANT AND ENCOMPASS ENTIRE COMPANY	
VALUE CHAINS. IN THAT RESPECT, BSR OFFERS COMPANIES: DEI IMPACT	
ASSESSMENTS, WITH A FOCUS (WHERE RELEVANT) ON A SPECIFIC IDENTITY SUCH	
AS GENDER LENS OR RACIAL EQUITY ASSESSMENTS. STRATEGY DEVELOPMENT,	
INCLUDING GUIDANCE ON HOW TO DEVELOP HOLISTIC DEI APPROACHES THAT	
ADDRESS INDIVIDUAL COMPANY AND SYSTEM-WIDE CHANGE. STAKEHOLDER	
ENGAGEMENT, INPUT FROM LEADING DEI ORGANIZATIONS ON STRATEGY AND	
PROGRAMS GUIDANCE ON HOW TO EMBED DEI IN GOVERNANCE AND MANAGEMENT,	
INCLUDING ADVICE ON HOW TO BETTER EMBED DEI INTO DECISION MAKING AND	
DAY-TO-DAY OPERATIONS AT COMPANIES. BEST PRACTICES FOR REPORTING AND	
TRANSPARENCY, INCLUDING RECOMMENDATIONS ON KEY METRICS AND NARRATIVES	
TO ENSURE COMPANIES ARE EFFECTIVELY COMMUNICATING ACTIVITIES, IMPACT,	
AND PROGRESS.	
EXPENSES \$ 16,570,173. INCLUDING GRANTS OF \$ 0. REVENUE \$ 16,413,862.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
FRANCE, CHINA, HONG KONG, DENMARK,	
JAPAN, SINGAPORE	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE FORM 990 IS COMPLETED BY THE ORGANIZATION'S INDEPENDENT ACCOUNTANT AND	
REVIEWED BY THE CONTROLLER, TREASURER, AND AUDIT COMMITTEE. THE FINAL FORM	
990 IS PROVIDED TO THE BOARD PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BSR'S CONFLICTS OF INTEREST POLICY APPLIES TO THE BOARD OF DIRECTORS AND	
OFFICERS. THE BOARD OF DIRECTORS REVIEW ANY POTENTIAL CONFLICTS OF	
INTEREST ON AN ANNUAL BASIS. APPROPRIATE CORRECTIVE ACTION WILL BE TAKEN	
132212 11-11-21 42	Schedule O (Form 990) 202

TOTAL TO FORM 990, PART XI, LINE 9	-922,331.	
NON-OPERATING CHANGE IN NET ASSETS	-832,056.	
FOREIGN EXCHANGE LOSS	-90,275.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL	A 4,545,834.	
TOTAL EXPENSES	4,545,834.	
FUNDRAISING EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	362,457.	
OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES	4,183,377.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
WEBSITE.		
REQUEST. AUDITED FINANCIAL STATEMENTS ARE ALSO POSTE	D ON THE ORGANIZATION'S	
SSR DISCLOSES ELEMENTS OF ITS FINANCIAL PERFORMANCE	TO THE PUBLIC UPON	
FORM 990, PART VI, SECTION C, LINE 19:		
ESTABLISHED. THE COMPENSATION DECISION IS DOCUMENTED	BY THE BOARD.	
INDEPENDENT WITH RESPECT TO THE EMPLOYEES FOR WHOM CO	OMPENSATION IS BEING	
A REVIEW OF DATA FROM COMPARABLE ORGANIZATIONS. BOAR	D MEMBERS ARE	
COMPENSATION FOR THE CEO IS REVIEWED AND ESTABLISHED	BY THE BOARD FOLLOWING	
FORM 990, PART VI, SECTION B, LINE 15:		
ANNUAL CONFLICT OF INTEREST DISCLOSURE FORM EACH YEA	R.	

Page **2**

Employer identification number

52-1764268

Schedule O (Form 990) 2021

BUSINESS FOR SOCIAL RESPONSIBILITY

Name of the organization

Schedule O (Form 990) 2021	Page 2
Name of the organization BUSINESS FOR SOCIAL RESPONSIBILITY	Employer identification number 52–1764268
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
132212 11-11-21 ДД	Schedule O (Form 990) 2021

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SCHEDUL	ER
(Form 990)	

(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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-1764268

Department of the Treasury Internal Revenue Service Name of the organization

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

BUSINESS FOR SOCIAL RESPONSIBILITY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BUSINESS FOR SOCIAL RESPONSIBILITY - HONG					
KONG, ROOM 01-03, 10/F YU YUET LAI BUILDING,	1				BUSINESS FOR SOCIAL
43-55 WYNDHAM STREET, HONG KONG, HONG KONG	PROGRAM SERVICES	HONG KONG	-1,421,215.	245,617.	RESPONSIBILITY
BUSINESS FOR SOCIAL RESPONSIBILITY - FRANCE					
1 RUE SAINT-GEORGES, PARIS, FRANCE]				BUSINESS FOR SOCIAL
PARIS, FRANCE	PROGRAM SERVICES	FRANCE	-5,922,598.	1,154,744.	RESPONSIBILITY
BUSINESS FOR SOCIAL RESPONSIBILITY - JAPAN					
MG MEGURO EKIMAE BLDG. 2F, 2-15-19 KAMIOSAKI	1				BUSINESS FOR SOCIAL
TOKYO, JAPAN	PROGRAM SERVICES	JAPAN	232,821.	536,379.	RESPONSIBILITY
BUSINESS FOR SOCIAL RESPONSIBILITY- DENMARK					
VESTER VOLDGADE 8, 2ND	1				BUSINESS FOR SOCIAL
COPENHAGEN V, DENMARK	PROGRAM SERVICES	DENMARK	-1,001,745.	382,942.	RESPONSIBILITY

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(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	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No

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

Schedule R (Form 990) 2021

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
BUSINESS FOR SOCIAL RESPONSIBILITY - CHINA ROOM 2010, BUILDING A, 411 RUIJIN ER ROAD		CULINA	COE 020		BUSINESS FOR SOCIAL
SHANGHAI, CHINA BSR PTE. LTD.	PROGRAM SERVICES	CHINA	-605,030.	76,039.	RESPONSIBILITY
160 ROBINSON ROAD#14-04	-				BUSINESS FOR SOCIAL
SINGAPORE, SINGAPORE	PROGRAM SERVICES	SINGAPORE	-53.		RESPONSIBILITY
	-				
	-				
	-				
	-				
	-				
	-				
	-				

Part III 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.

											<u> </u>																	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)																	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income S (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Predominant income SP (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	e Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partne	^{Il or} Percentage ^{ing} ownership							
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10																	
	-																											
	-																											
	-																											
]																											
											+																	
	4																											
	4																											
	4																											

Part IV 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	(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	Sec 512(t contr ent	(i) ction b)(13) rolled tity?				
		country)				400010		Yes	No				
]												

Schedule R (Form 990) 2021 BUSINESS FOR SOCIAL RESPONSIBILITY

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
	Gift, grant, or capital contribution from related organization(s)	1c		
	Loans or loan guarantees to or for related organization(s)	1d		
	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g		1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
- 1	Performance of services or membership or fundraising solicitations for related organization(s)	11		
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	10		
р	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<u>(1)</u>				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
(6)				

Schedule R (Form 990) 2021 BUSINESS FOR SOCIAL RESPONSIBILITY

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) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.? Yes No	(g) Share of end-of-year assets	(ř Dispr tior alloca Yes	n) opor- nate tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner? Yes No	(k) Percentage ownership

Schedule R (Form 990) 2021

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2021

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