

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation

OMB No 1545-0052

2006

-	or calen		or tax year begi			0/	01 . 200		d ending		09/3	0/2007
_		all that apply	Initial retur		Final return	T	Amended return		Address		7	Name change
=	- CHOOK	Name of fou			1	<u> </u>	1	<del></del>			r ident	ification number
	l lee the li	Use the IRS label THE BRUNS FOUNDATION										
										13-	7225	243
	Otherwis				er if mail is not deliver	ed t	o street address)					
	print	1	S ASSOCIATES	/						the instructions)		
	or type.	100 5727		э, ць	C			110	CH FL.	(21)	2 \ 1	40-0800
	See Spec	City or town	L STREET , state, and ZIP cod						C If exen	ption applica	on is	
ŀ	Instructio	ns City of town	, state, and zin oot						1 '	g, check here		_
		NEET VODA	, NY 1000E						I -	ign organizatı ign organizat		
-	Chask		(, NY 10005	n 501/	c)(3) exempt priva	to f	oundation.		85%	test, check he	ere and a	attach
	<del></del> 1						vate foundation		com	putation .		
2018 -			nexempt charitable		unting method X							vas terminated
			1	J ACCO					ł			heck here .
 	of year 16) ►	(from Part II, coi	· · ·	(Port I	Other (specify) column (d) must be				1			nonth termination
~ T			107012.	<del></del>	Column (a) mast b	<del>- 1</del>	r caon basis j		under	50011 307(0)		Disbursements
}0N			nue and Expens		(a) Revenue and		(b) Net investment		(c) Adjusto	ed net		or charitable
Z	m	ay not necessarily	equal the amounts	s in	expenses per books		income		incom	e 1/^		purposes
Ω _	CO	lumn (a) (see pag	e 11 of the instruct	ions))			<del></del>	+		NH	(Ca	ash basis only)
SCANNED	1 Con	if the f	etc , received (attach sche oundation is not requ	edule) .	10,00	0.	<del></del>	┼				
Z,		eck ▶ L attach	Sch B									
₹ C	ı	_	temporary cash inves			4.	4					STMT 1
$\widetilde{S}$	4 Div	idends and intere	est from securities		35,72	2.	35,722				····	STMT 2
	5 a Gro	ss rents						+				
	b Net	rental income or (los	ss)					+-				
ne	6 a Net	gain or (loss) from s	sale of assets not on I	ine 10	NoN	E						
Revenue	ass	ets on line 6a -										
Ş	7 Ca	oital gain net inco	me (from Part IV, I	ne 2) .		_	None	<b>-</b>			•••	
	8 Net	•	algaın		······································							
			s · · · · · · · · ·	• • • •				-}	-			
		ss sales less returns allowances • • • •									Dodoca.	<b></b>
	1	s Cost of goods sold				-		<b>-</b>		Trail and		<b>K</b>
			(attach schedule)					+				
			n schedule)					+	N	0 <b>V 1 0</b>	201A	<del> </del>
_			rough 11		45,72		35,726	<del>-  </del>		_		<del></del>
			rs, directors, trustees,		NO	NE		+	*	SIVAL KEVENI	L SERWI	A
ý	1		ries and wages					+	·	19		
nses			oyee benefits				<del> </del>	+				· · · · · · · · · · · · · · · · · · ·
Expens			hedule)				<del></del>	+		۰ ۱۹		
ũ			ach schedule)			$\dashv$		+				<del></del>
š	c Oth	•	es (attach schedul	·	<del></del>	$\dashv$	<del></del>	+				<del> </del>
<u>E</u>	17 Inte	erest		• • • •		$\dashv$		+				
Administrative	18 Tax	es (attach schedule)	(see page 14 of the instr	uctions)		$\dashv$		+-				
Ē	19 Der		schedule) and dep	l l		$\dashv$		+				
Ad	20 Occ		· · · · · · · · · ·			$\dashv$	<del></del>	+				
ğ	21 Tra		and meetings				<del></del>	+				<del></del>
<u>a</u>	22 Prir		ions			_		-				
Ę	23 Oth	•	ch schedule)STM		13	5.	NON	E		NONE		135
Operating	24 Tot	•	administrative exp			_		_				=
ğ	Add	=	23	i i	13		NON	E		NONE		135
Ŭ	25 Cor		grants paid	Į	65,75		<del></del>	_				65,750
_			sements Add lines 24	and 25	65,88	5.	NON	E		NONE		65,885
		stract line 26 from			<b>.</b>							
	i	-	penses and disbursemen		-20,15	9.		+				
	ł		me (if negative, enter	·			35,726	+				<del></del>
		ucted not income	LIE DOGGENIO OCTOR	-111 1						_ ^ _		

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

Form 990-PF (2006) Page 2 Attached schedules and amounts in the Beginning of year End of year Part II Balance Sheets description column should be for end-of-year amounts only (See instructions) (a) Book Value (b) Book Value (c) Fair Market Value Cash - non-interest-bearing 23,341 42,476. 42,476. 2,968 2,968. 2,862 2 Accounts receivable ▶\_\_\_ 3 Less: allowance for doubtful accounts ▶ Pledges receivable ▶\_\_\_\_\_\_ Less allowance for doubtful accounts ▶ \_ \_ \_ \_ \_ 5 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions) Other notes and loans receivable (attach schedule) Less allowance for doubtful accounts ▶ Inventories for sale or use 10 a Investments - U.S. and state government obligations (attach schedule) . 948,198. 908,798. 1,018,198. b Investments - corporate stock (attach schedule) STMT 4 c Investments - corporate bonds (attach schedule) 11 Investments - land, buildings, and equipment basis Less accomplated depreciation (Attach achadula) 12 Investments - other (attach schedule) 13 14 Land, buildings, and equipment basis equipment basis
Less accumulated depreciation Other assets (describe 15 Total assets (to be completed by all filers - see page 17 of 16 974,401 954,242 1,063,642. 17 Accounts payable and accrued expenses 18 19 Deferred revenue Liabilities 20 Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule) . . . . . 21 22 Other liabilities (describe Total liabilities (add lines 17 through 22) . . . . . . 23 Organizations that follow SFAS 117, check here ▶ and complete lines 24 through 26 and lines 30 and 31. Balances 24 25 26

	the instructions)	242.	
	Part III Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on prior year's return)	1	974,401
2	Enter amount from Part I, line 27a	2	-20,159
3	Other increases not included in line 2 (itemize) ▶	3	·
4	Add lines 1, 2, and 3	4	954,242
5		5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	954,242
		6	954,24

974,401

974,401

NONE

954,242

954,242

NONE

6E1420 3 000

Fund

5

Net

27

28

29

30

31

Organizations that do not follow SFAS 117,

Total net assets or fund balances (see page 18 of the

check here and complete lines 27 through 31.  $\blacktriangleright x$ 

Capital stock, trust principal, or current funds . . . . . . . . .

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Part IV Capital Gains	and Losses for Tax on Inv	vestment Income			
	d describe the kind(s) of property sold rick warehouse, or common stock, 200		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a NONE					
<u>b</u>				ļ	
<u>c</u>			ļ		
<u>d</u>					
<u>e</u>		(-) ()	<u> </u>	L	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	•
<u>a</u>					
_b					
<u>c</u>					
<u>d</u>			<del> </del>		
Complete only for assets st	sowing gain in column (b) and ow	ned by the foundation on 12/31/69	40		
Complete only for assets si	(i) Adjusted basis	(k) Excess of col (i)		Gains (Col (h) g (k), but not less t	
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
a				<del></del>	
b					
С					
d					
e					
2 Capital gain net income or	(net capital loss) {	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	2		NA
3 Net short-term capital gain	or (loss) as defined in sections 13	,			1
If gain, also enter in Part I,	line 8, column (c) (see pages 13	and 18 of the instructions)			- 1
If (loss), enter -0- in Part I, I	ine 8 <u></u> <u></u> .	<u> </u>	3		
Part V Qualification Un	der Section 4940(e) for Redu	uced Tax on Net Investment In	come		
		outable amount of any year in the b	ase perio	d?	Yes X No
		, see page 19 of the instructions be	efore mak	ung anv entries	· · · <del>-</del> · · · ·
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
2005	82,725.	979,849.			42627384
2004		1,024,148.	<u> </u>		13728875
2003	127,500.	1,030,433.			73439127
2002	53,015.	962,731.			06730333
2001	197,015.	1,043,793.		0.188	74911022
2 Total of line 1, column (d)			2	0 520	11426741
3 Average distribution ratio f	or the 5-year base period - divide	the total on line 2 by 5 or by		0.529	11436741
<del>-</del>	· · · · · · · · · · · · · · · · · · ·	less than 5 years	3	0 105	82287348
are number of years are to	andation has been in existence ii	ress aran o yours	-	0.103	02207340
4 Enter the net value of none	charitable-use assets for 2006 fro	om Part X, line 5	4	··· <del>·</del> ···	980,747.
5 Multiply line 4 by line 3		·	5		103,785.
6 Enter 1% of net investmen	t income (1% of Part I, line 27b)		6		357.
7 Add lines 5 and 6			7		104,142.
			8		65,885.
If line 8 is equal to or greater than	line 7, check the box in Part VI, line 1b, and	d complete that part using a 1% tax rate. See t	he Part VI in		19
JSA 6E1430 3 000			-	Form	990-PF (2006)

Х

Х

8 b

9

10

8a Enter the states to which the foundation reports or with which it is registered (see page 20 of the

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

instructions)  $\blacktriangleright$  IL<sub>I</sub>

names and addresses

	10 110010			
Par	t VII-A Statements Regarding Activities Continued			,
11a	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11a	_	Х
ь	If "Yes," did the foundation have a binding written contract in effect on August 17, 2006, covering the interest,		,	/_
	rents, royalties, and annuities described in the attachment for line 11a?	11b	N	A
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract?	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address N/A			<b>-</b>
14	The books are in care of ▶ BCRS_ASSOCIATES, LLC Telephone no ▶212_440-	-080	0	<b>-</b> -
	Located at ▶100 WALL STREET, 11TH FL. NEW YORK, NY ZIP+4 ▶10005			7
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-F in lieu of Form 1041 - Check here · · · · · · · · · N/A	• • •	▶	
	and enter the amount of tax-exempt interest received or accrues during the year	<u> </u>		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person,			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the henefit or use of a disqualified person)?			
	To the benefit of use of a disqualified person,			
	(6) Agree to pay money or property to a government official? Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period  after termination of government service, if terminating within 90 days )			
	and to minimum of the first section and the			
b	If any answer is "Yes" to 1a(1)-(6), didany of the acts fail to qualify under the exceptions described in Regulations	16	N	7
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? · · · · · · · · · · · · · · · · · · ·		11/	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	1c	N/	Δ
_	that were not corrected before the first day of the tax year beginning in 2006?		1	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
_	At the end of tax year 2006, did the foundation have any undistributed income (lines 6d			
a	and 6e, Part XIII) for tax year(s) beginning before 2006?			
	If "Yes," list the years			
ь	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement - see page 22 of the instructions)	2Ь	N/	A
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	<b>&gt;</b>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business		ŀ	
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2006 as a result of(1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, o(3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2006)	3 b	N/	Α
4 a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4 a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2006?	46		x

Form 990-PF (2006)			25243		Page 6
Part VII4B Statements Regarding Activities f	or Which Form	1720 May Be Requ	ired Continued		· · · · · · · · · · · · · · · · · · ·
<ul> <li>During the year did the foundation pay or incur any among (1) Carry on propaganda, or otherwise attempt to influe (2) Influence the outcome of any specific public election on, directly or indirectly, any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or or (4) Provide a grant to an organization other than a char in section 509(a)(1), (2), or (3), or section 4940(d)(2)</li> <li>(5) Provide for any purpose other than religious, charital educational purposes, or for the prevention of cruelty billiary answer is "Yes" to 5a(1)-(5), didany of the transact Regulations section 53 4945 or in a current notice regarding disastic.</li> <li>If the answer is "Yes" to question 5a(4), does the foundation.</li> </ul>	unt to nce legislation (section (see section 4955),	on 4945(e))?	Yes X No Xescribed in Xes	5b	N/A
tax because it maintained expenditure responsibility for the	he grant?		A Yes No	·	
If "Yes," attach the statement required by Regulations sec 6a Did the foundation, during the year, receive any funds, of premiums on a personal benefit contract?  b Did the foundation, during the year, pay premiums, direct If you answered "Yes" to 6b, also file Form 8870	directly or indirectly, to			6b	х
7 a At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes X No		
b If yes, did the foundation receive any proceeds or have a	•		ليتت ليت	<mark>7ь</mark>	
Part VIII Information About Officers, Directors					X
and Contractors	·				
1 List all officers, directors, trustees, foundation m (a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (see	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	se account, lowances
SEE STATEMENT 5		NONE	NONE	<del></del>	NON
2 Compensation of five highest-paid employees (other If none, enter "NONE."	her than those inc	luded on line 1 - se	e page 24 of the inst	tructions).	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	(e) Expens other all	se account, lowances
NONE		NONE	NONE		NONI
<del></del>					
<del></del>			<del></del>		
			1		
Total number of other employees paid over \$50,000 .	L		<u> </u>	<del></del>	NONE

		15 7223243
Part VIII	Information About Officers, Directors, and Contractors Continued	Trustees, Foundation Managers, Highly Paid Employees,

3 Five highest-paid independent contractors for professional services (see page 24 of the instructions "NONE."	. If none, enter
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	NONE
	NONE
Total number of others receiving over \$50,000 for professional services	. NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT BY CONTRIBUTIONS OTHER ORGANIZATIONS EXEMPT UNDER INTERNAL 2 REVENUE CODE SECTION 501(C)(3).	NONE
3	
4	
Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)	1
Describe the two largest program-related investments made up by the foundation during the tax year on lines 1 and 2	Amount
1 <u>N/A</u>	
	NONE
2 <u>N/A</u>	None
	NONE
All other program-related investments. See page 25 of the instructions	
3 <u>N/A</u>	
	NONE
Total. Add lines 1 through 3	

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreig see page 25 of the instructions.)	n foundations	,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		
	purposes		
а	Average monthly fair market value of securities	1a	955,753.
b	Average of monthly cash balances	1 b	39,929.
C	Fair market value of all other assets (see page 25 of the instructions)	1 c	NONE
d	Total (add lines 1a, b, and c)	1d	995,682.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3		3	995,682.
4	Subtract line 2 from line 1d  Cash deemed held for charitable activities Enter 11/2 % of line 3 (for greater amount, see page 26		
	of the instructions)	4	14,935.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	980,747.
6	Minimum investment return. Enter 5% of line 5	6	49,037.
	Distributable Amount (see page 26 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6,	1	49,037.
2 a	Tax on investment income for 2006 from Part VI, line 5 2a 715.		
b	Income tax for 2006 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	2 c	715.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	48,322.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	48,322.
6	Deduction from distributable amount (see page 26 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	48,322.
_			10,022.
Pa	art XII Qualifying Distributions (see page 26 of the instructions)	<del> </del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	_	
а		1a	65,885.
b	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the	ļ	
а		3a	NONE
b		3 b	NONE
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	65,885.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see page 27 of the instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	65,885.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh qualifies for the section 4940(e) reduction of tax in those years	ether the found	ation

# Part XIII Undistributed Income (see page 27 of the instructions)

4	Postal stable arrange for 2006 from Post VI	(a) Corpus	(b) Years prior to 2005	(c) 2005	(d) 2006
1	Distributable amount for 2006 from Part XI,	Обіраб	, , , , , , , , , , , , , , , , , , , ,		48,322.
	line 7				40,322.
2	Undistributed income, if any, as of the end of 2005			NONE	
	Enter amount for 2005 only			////	
Ь	Total for prior years	<del></del> _			
3	Excess distributions carryover, if any, to 2006				
	From 2001				
b	From 2002 6,096.				
	From 2003				
d	From 2004				
е	From 2005				
f	Total of lines 3a through e	295,977.			
4	Qualifying distributions for 2006 from Part				
	XII, line 4 ▶\$ 65,885.				
а	Applied to 2005, but not more than line 2a				
D	Applied to undistributed income of prior years (Election required - see page 27 of the instructions)				<del></del>
c	Treated as distributions out of corpus (Election required - see page 27 of the instructions)				
	Applied to 2006 distributable amount				48,322.
	Remaining amount distributed out of corpus	17,563.			
5	Excess distributions carryover applied to 2006	11,303.			<del></del>
•	(If an amount appears in column (d), the	,			
6	same amount must be shown in column (a) ) Enter the net total of each column as				
	indicated below:	212 540			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	313,540.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				· · · · · · · · · · · · · · · · · · ·
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions				<del>,</del>
е	Undistributed income for 2005 Subtract line 4a from line 2a Taxable amount - see page	ì			
	27 of the instructions			NONE	
	Undistributed income for 2006 Subtract				
ī	lines 4d and 5 from line 1 This amount must				
	be distributed in 2007				NONE
7	Amounts treated as distributions out of				
	corpus to satisfy requirements imposed by				
	section 170(b)(1)(E) or 4942(g)(3) (see page 28 of the instructions)	NONE			
8	Excess distributions carryover from 2001 not				
	applied on line 5 or line 7 (see page 28 of	145,205.			
9	Excess distributions carryover to 2007.	113/2031			
3	Subtract lines 7 and 8 from line 6a	168,335.			
^	1	100,000.			
0 a	Analysis of line 9 Excess from 2002 6,096.				
	Excess from 2003				
	Excess from 2004				
	Excess from 2005 34,389. Excess from 2006 17,563.				
	Excess from 2006 17,563.			<u> </u>	Form 990-PF (2006)

JSA 6E 1490 3 000 For

Form **990-PF** (2006) **12** 

SEE STATEMENT ATTACHED

Recipient Name and address (home or business)  a Paid during the year	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	
Name and address (home or business)  a Paid during the year	any foundation manager or substantial contributor	status of	i Purpose or grant or i	
a Paid during the year	Of Substantial Continuoutor	recipient	contribution	Amount
SEE ATTACHED LIST				65,750.
Total		<u> </u>	▶ 3a	65,750.
b Approved for future payment				
Total			▶3b	NONE

526W

Part XV						
nter gross	s amounts unless otherwise indicated	(a)	ated business income (b)	(c)	section 512, 513, or 514 (d)	(e) Related or exempt function income (See page 29 of
_	m service revenue	Business Code	Amount	Exclusion code	Amount	the instructions)
a b						
			<del></del>			
. —			-			· · · · · · · · · · · · · · · · · · ·
e .						
f						
g Fees	s and contracts from government agencies					
Member	rship dues and assessments					
	on savings and temporary cash investments			14	4.	
	ds and interest from securities			14	35,722.	
	tal income or (loss) from real estate				<del></del>	
	ot-financed property					<del></del>
	debt-financed property			+		
	al income or (loss) from personal property		<del> </del>	<del>-  </del>		<del></del>
	nvestment income	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	-		<del></del>
•	loss) from sales of assets other than inventory					
	ome or (loss) from special events			<del>                                     </del>		
	rofit or (loss) from sales of inventory	-		<del> </del>		
	evenue a					
					<del></del>	
a						
e Subtotal Total Ac	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to	o verify calc	ulations)			
e Subtotal Total Ac	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,726
e Subtotal Total Ace worksh	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to Relationship of Activities  Explain below how each activity	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,720
e Subtotal Total Ad e worksh art XVI- ne No ▼	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72
e Subtotal Total Ac e worksh Irt XVI- ne No	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72
Subtotal Total Ac worksh rt XVI- ne No	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72
e Subtotal Total Ac e worksh Irt XVI- ne No	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72
e Subtotal Total Ac e worksh Irt XVI- ne No	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72
e Subtotal Total Ac e worksh Irt XVI- ne No	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72
e Subtotal Total Ad e worksh Irt XVI- ne No ▼	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72
e Subtotal Total Ad e worksh art XVI- ne No ▼	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72
e Subtotal Total Ad e worksh art XVI- ne No ▼	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72
eSubtotal Total Ace workshart XVI- ne No	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72
e Subtotal Total Ace worksh art XVI- ne No	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72
eSubtotal Total Ace workshart XVI- ne No	I Add columns (b), (d), and (e) (dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 29 to the Relationship of Activities  Explain below how each activities accomplishment of the fo	to verify calc to the Ac	ulations) complishment of Exch income is reporte	xempt Purpo	oses  (e) of Part XVI-A contr	35,72

and ZIP code

NEW YORK, NY

Form 990-PF	(2006;				1	3-722524	3				ge 13
Part XVI	Information Exempt Orga		Transfers To an	d Transa	ctions a	and Relati	onship	s With N	Vonch	arit	able
1 Did th	e organization directly o	r indirectly eng	age in any of the followi	ng with any	other organ	nization descr	ibed in sec	tion		/es	No
501(c	e) of the Code (other than	n section 501(d	:)(3) organizations) or in	section 527	, relating to	political organ	nizations?		1 1		
a Trans	fers from the reporting f	foundation to a	noncharitable exempt or	ganization of	:				[ ]		
(1) Ca	ash								1a(1)		_X
(2) Of	ther assets				<b>.</b>				1a(2)		_X
b Other	transactions										
	ales of assets to a noncl	-							1 1		Х.
	urchases of assets from		_						í í		<u>x</u> _
	ental of facilities, equipm								11		Х
• •	eimbursement arrangem	•							1 1		_X
	pans or loan guarantees										_ <u>X_</u>
• •	erformance of services o	•	<u>-</u>	• •					, ,	$\dashv$	X
	ng of facilities equipment answer to any of the ab									ئے۔۔۔ مصاد	
	assets, or services giver pement, show in column (					than fair ma	irket value	in any tran	saction (	or sl	haring
(a) Line no	(b) Amount involved	(c) Name o	l noncharitable exampt orga	nization	(d) Desc	ription of transf	ers transact	lons, and shar	ing arrang	emer	rts
1	N/A				N/A						
<u> </u>			<del></del>								
			<del></del>								
·											
<u>-</u>											
											— -
	······		<del></del>				··	<del></del>			
section	oundation directly or Ind 501(c) of the Code (oth	ner than section							Yes	[x	0.1
o II TES,	complete the following:  (a) Name of organization		(b) Type of or	ganization		{(	) Description	on of relations	hip		
			N/A	<u> </u>	<del> </del>		<u> </u>		<u> </u>		
<del></del>											
Under pobelier, 1	enalties of perluly I declar is true correct, and compi	re that I have elete Declaration	xamined this return, includ of proporer (other than texp	ing accompar layer or liducia	ying schedu y) is based o	· Knu			my Know y knowled	viedg ge	e anc
	W F G W	, es	1/100		10/01	18010	TRUSTE	<u>E</u>			
	hatyle of officer or trustee		<u></u>	10-1-	Date	<del>i</del>	Title	Preparer's S	SNorP	TIN	——
Sign reers	Ś	1)		Date		Check if self-employe	<sub>d</sub> ▶□	(See Signatu	re on baga	e 51	
Paid Preparer's Use Only	Preparer's signature	Vi		10-7	2-200	Son-employe	~	040.6		38	
2 a s E	Firm's name (or yours if	BCRS	ASSOCIATES, LLC	2			EIN ▶ 1	3-407B1	47		
ء اد آه	self-employed), address.		ALL STREET - 11								

#### Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

Name of organization		Employer identification number
THE BRUNS FOUNDATION	I	
		13-7225243
Organization type (check one	)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated a	s a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	private foundation
	501(c)(3) taxable private foundation	
	overed by the <b>General Rule</b> or a <b>Special Rule</b> .( <b>Note</b> : Only a s for both the General Rule and a Special Rule - see instructions	
General Rule -		
_	ng Form 990, 990-EZ, or 990-PF that received, during the yea ne contributor (Complete Parts I and II)	ar, \$5,000 or more (in money or
Special Rules -		
under sections 509(a	3) organization filing Form 990, or Form 990-EZ, that met the (1)(1)/170(b)(1)(A)(vi), and received from any one contributor, 2% of the amount on line 1 of these forms (Complete Parts I	during the year, a contribution of the
during the year, aggr	7), (8), or (10) organization filing Form 990, or Form 990-EZ egate contributions or bequests of more than \$1,000 for use educational purposes, or the prevention of cruelty to children	exclusively for religious, charitable,
during the year, some not aggregate to mor the year for an exclus applies to this organi	7), (8), or (10) organization filing Form 990, or Form 990-EZ e contributions for use exclusively for religious, charitable, etc re than \$1,000 (If this box is checked, enter here the total convely religious, charitable, etc., purpose. Do not complete any zation because it received nonexclusively religious, charitable.	, purposes, but these contributions did entributions that were received during of the Parts unless the General Rule e, etc., contributions of \$5,000 or more
990-EZ, or 990-PF), but they m	re not covered by the General Rule and/or the Special Rules do nust check the box in the heading of their Form 990, Form 99	0-EZ, or on line 2 of their Form
990-PF, to certify that they do	not meet the filing requirements of Schedule B (Form 990, 99	0-EZ, or 990-PF)
For Paperwork Reduction Act Notice, for Form 990, Form 990-EZ, and Form		Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

	(Form 990, 990-EZ, or 990-PF) (2006)  Iganization THE BRIINS FOUNDATION		Page of of Part I
Name of O	ganization THE BRUNS FOUNDATION		13-7225243
Part I	Contributors (See Specific Instructions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1_	JOHN C. RYAN  C/O BCRS ASSOC, LLC; 100 WALL ST-11TH FL  NEW YORK, NY 10005	10,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution )

526W

13-7225243

#### THE BRUNS FOUNDATION

#### SUPPLEMENTARY STATEMENTS

PART: XV

LINE: 2

SUPPLEMENTAL INFORMATION

THE ORGANIZATION'S PRIMARY ACTIVITY IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS QUALIFYING FOR EXEMPTION UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE THE TRUSTEES CHOOSE THESE ORGANIZATIONS BASED UPON THEIR KNOWLEDGE OF THE ORGANIZATIONS' ACTIVITIES NO CONTRIBUTIONS, GRANTS, GIFTS, LOANS OR SCHOLARSHIPS ARE MADE TO INDIVIDUALS THE ORGANIZATION DOES NOT PRESENTLY RECEIVE APPLICATIONS OR CONDUCT PROGRAMS FOR DONATIONS IN ITS ACTIVITIES

THE BRUNS FOUNDATION

13-7225243

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

	NET	INVESTMENT	INCOME		4.	4.	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1	4.	4.	
						TOTAL	
			DESCRIPTION	]	INTEREST ON CREDIT BALANCE		

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES 

	NET	INVESTMENT	INCOME		35,722.		35,722.	
REVENUE	AND	EXPENSES	PER BOOKS		35,722.		35,722.	
							TOTAL	
			DESCRIPTION	1   1   1   1   1   1   1   1   1   1	DIVIDENDS			

0

STATEMENT

- OTHER EXPENSES FORM 990PF, PART I

CHARITABLE PURPOSES	135.	135.
ADJUSTED NET INCOME		NONE
NET INVESTMENT INCOME	NONE	      
REVENUE AND EXPENSES PER BOOKS	135.	# # #
		TOTALS
DESCRIPTION	BANK CHARGES	

Μ

STATEMENT

STOCK
CORPORATE
1
II
PART
990PF,
FORM

THE BRUNS FOUNDATION

13-7225243

ENDING BOOK VALUE FMV	. 808, 798.	908,798.
DESCRIPTION	SEE LONG POSITION ATTACHED	

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	TRUSTEE/PART-TIME NONE	TRUSTEE/PART-TIME NONE	GRAND TOTALS
NAME AND ADDRESS	JOHN C. RYAN C/O BCRS ASSOCIATES, LLC 100 WALL STREET, 11TH FLOOR NEW YORK, NY 10005	HELEN BRUNS RYAN C/O BCRS ASSOCIATES, LLC 100 WALL STREET, 11TH FLOOR NEW YORK, NY 10005	

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

JOHN C. RYAN; C/O BCRS ASSOCIATES, LLC 100 WALL STREET, 11TH FLOOR, NEW YORK, NY 10005

# THE BRUNS FOUNDATION CHARITABLE CONTRIBUTIONS FYE 9/30/07

EIN: 13-7225243

DATE	CHECK NUMBER	CONTRIBUTION/CITY, STATE	AMOUNT
10/3/2006		Ave Maria College Ypsilanti, MI	\$25,000.00
11/2/2006		Collaboraction Chicago, IL	1,750.00
11/9/2006		Joffrey Ballet Chicago, IL	5,000.00
2/23/2007		Josephinium High School Chicago, IL	25,000.00
3/2/2007		Sheil Catholic Center Evanston, IL	2,000.00
6/19/2007		Sunflower Children New York, NY	2,500.00
6/8/2007		Misericordia Chicago, IL	2,500.00
6/11/2007		St. Gregory Episcopal School Chicago, IL	500.00
7/18/2007		Pan Mass Challenge Needham, MA	1,000.00
8/2/2007	• •	Swim Across America Boston, MA	500.00
		TOTAL CONTRIBUTIONS	\$65,750.00

\*ALL CONTRIBUTIONS WERE MADE TO THE GENERAL PURPOSE FUND OF PUBLIC CHARITABLE ORGANIZATIONS EXEMPT UNDER SECTION 501[C][3] OF THE INTERNAL REVENUE CODE.

# **BRUNS FOUNDATION**

Holdings

CASH AND CASH EQUIVALENTS							Period Ended September 30, 2007	ember 30, 2007
	Quentity	Market Price	Market Value / Accrued Income	Unit Cost	Adjusted Cost / Original Cost	Unrealized Gein (Loss)	Vield to Maturity /	Estimated Annual factories
CASH								
GOLDMAN SACHS FINANCIAL SQUARE MONEY MARKET FUND (FST SHARES)	680,781 73	1 0000	680,781.73	1 0000	680,781 73	00 0	5 2700	35,877 20
TOTAL CASH			1			000		35,877 20
FIXED INCOME			<b>!</b>					
	Quantity /	Market Price	Market Value /	l lad	Adjusted Cost /	Unrealized / Economic	Yield to Maturity	Estimated
OTHER FIXED INCOME				1800 1110	Original cost	cain (Loss)	in Percentage	Annual Income
GS HIGH YIELD FUND GOLDMAN SACHS HIGH YIELD INSTL MUTUAL FUND CLASS I	2 00	7 9400	15.90	8 1718	16 36	(0.46)		1 23
PUBLIC EQUITY								
	Guantife	Market Brane	Market Value /	9 4 4 1		Unrealized	Dividend	Estimated
US EQUITY		Dan John Marian	Programme and the course	חווו כפצו	Lost Basis	Gatn (Loss)	Vield	Annual Income
US STOCKS								
VEHISIGN INC CMN (VRSN)	10,000 00	33 7400	337,400 00	22 8000	228,000 00	109,400.00		
			Market Value		Adjusted Cost /*	Unrealized		Estimated
TOTAL PORTFOLLO			1018197.63		908798.09	109,399.54		35,878.43

Original Cost is price paid by purchaser adjusted for annual original issue discount payments and/or return of capital adjustments. If applicable Adjusted Cost reflects adjustments to Original Cost for accretion and/or amontzation Adjusted cost for GMS.
 Not a Deposit Not FDIC Insured May Lose Value (Excluding Goldman Sachs Bank Deposit Account)
 Brokerage and securities services provided by Goldman Sachs & Co. Bank Deposit Account offered by Goldman Sachs Bank USA Member FDIC

# Form 8868

(Rev April 2007)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 4-2007)

<ul> <li>If you are</li> <li>Do not comp</li> </ul>	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (not automatic) 3-Month Extension, complete only Part II (oblete Part II unless you have already been granted an automatic 3-month extension on a part of the Automatic 3-Month Extension of Time. Only submit original (no copies nee	on page 2 of this form). previously filed Form 8868.
	(c) corporations required to file Form 990-T and requesting an automatic 6-month exten	sion—check this box and
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7	
Electronic F one of the re 8868 electronic returns, or a	Filling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month autitums noted below (6 months for section 501(c) corporations required to file Form 990-T). Inically if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed and pre details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file in the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file in the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file in the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file in the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file in the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file in the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file in the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file in the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file in the electronic filing of this form.	However, you cannot file Form as 990-BL, 6069, or 8870, group signed page 2 (Part II) of Form
Type or	Name of Exempt Organization	Employer identification number
print	THE BRUNS FOUNDATION	13-7225243
File by the due date for	Number, street, and room or suite no. If a P O box, see instructions.	
filing your return See	C/O BCRS ASSOCIATES, LLC 100 WALL STREET - 11TH FLOOR	
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions NEW YORK, NY 10005	
Check type	of return to be filed (file a separate application for each return):	
☐ Form 990		☐ Form 4720
☐ Form 990		☐ Form 5227
☐ Form 990	· · · · · · · · · · · · · · · · · · ·	☐ Form 6069
X Form 990	P-PF	☐ Form 8870
<ul> <li>If the organ</li> <li>If this is for the whole</li> </ul>	No. ► 212-440-0811 FAX No. ►  nization does not have an office or place of business in the United States, check this to a Group Return, enter the organization's four digit Group Exemption Number (GEN) group, check this box ► □ . If it is for part of the group, check this box . names and EINs of all members the extension will cover.	oox ▶ □
1   reques	st an automatic 3-month (6 months for a section 501(c) corporation required to file f  MAY 15  , 20 08 , to file the exempt organization return for the organization r	
► 🗆 c	organization's return for: alendar year 20 or ax year beginning <i>OC</i> TOBER 1 , 20 06_ , and ending SEPT	EMBER 30 2007
	x year is for less than 12 months, check reason:   Initial return   Final return	_
· ·	opplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, nonrefundable credits. See instructions.	3a \$ 900.00
•	oplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax its made. Include any prior year overpayment allowed as a credit.	3b \$ 0.00
deposit	Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer. See instructions	
Caution. If yo or payment in	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845 instructions.	3-EO and Form 8879-EO

ISA

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

Page	2
------	---

Form 8868	(Rev	4-2008
-----------	------	--------

	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Pa					
	ly complete Part II if you have already been granted an automatic 3-month extension on are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	a previously med	FUIII 6000.			
Part II	Additional (Not Automatic) 3-Month Extension of Time. You must file of	original and one	сору.			
Type or	Name of Exempt Organization		dentification number			
print	THE BRUNS FOUNDATION	13-722524	3			
File by the	Number, street, and room or surte no. If a P.O. box, see instructions.	For IRS use	only			
extended due date fo	, C/O BCRS ASSOCIATES, LLC 100 WALL STREET - 11 FLOOR					
filing the return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
instructions						
-	pe of return to be filed (File a separate application for each return):	_				
☐ Form	<u> </u>		Form 6069			
☐ Form	•==	0 🗆	Form 8870			
Form	990-EZ Form 990-T (trust other than above) Form 522	7				
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extens	ion on a previou	sly filed Form 8868.			
• The bo	oks are in the care of ▶ BCRS ASSOCIATES, LLC					
Telepho	one No. ► 212-440-0800 FAX No. ► N/A					
• If the o	rganization does not have an office or place of business in the United States, check	this box	▶ □			
• If this is	s for a Group Return, enter the organization's four digit Group Exemption Number (	3EN)	If this is			
	hole group, check this box $\ldots$ $\blacktriangleright$ $\square$ . If it is for part of the group, check this					
	he names and EINs of all members the extension is for.					
4 I red	quest an additional 3-month extension of time until AUGUST 15	, 2008				
5 For	calendar year , or other tax year beginning OCTOBER 1 , 2006 , and	ending SEPTE	ABER 30 , 2007 .			
6 If th	is tax year is for less than 12 months, check reason: 🔲 Initial return 🔲 Final ret	turn 🗌 Change i	in accounting period			
7 Stat	7 State in detail why you need the extension ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE					
	( RETURN IS NOT YET AVAILABLE.					
		<del></del>	<del>,                                     </del>			
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentativ					
less	any nonrefundable credits. See instructions.	8a	\$ 900.00			
	is application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credi					
	nated tax payments made. Include any prior year overpayment allowed as a credit a					
amo	unt paid previously with Form 8868.	8b_	\$ 900.00			
	nce Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, or					
with	FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instru	uctions. 8c	<b> \$</b> 0.00			
	Signature and Verification					
	ties of perjury, I declare that I have examined this form, including accompanying schedules and statements	and to the best of n	ny knowledge and belief,			
15 1.166, 66	you, and sompton, and said a said association to propare the form					
,	<b>A</b> /		10/10			
Signature >	Title ► CPA	Date ►	5/15/08			
		Fa	rm <b>'8868</b> (Rev 4-2008)			
	V					