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990-PF

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

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

F	or c	alend	ar year 2010, or tax year beginning 06/01/10, a			state reporting	requirements	
_				turn of a former public			Final return	
				ress change		ا ne change	i mai retum	
	₹BI	ROW	undation NSVILLE FOUNDATION FOR HEALTH		[ Nai	A Emp	loyer identification num	ber
7	Nun	ber an	EDUCATION  Industreet (or P O box number if mail is not delivered to street address	)	Room/suite	B Telep	phone number (see page 1	O of the instructions)
-	<u>C/</u>	<u>0 1</u>	WELLS FARGO, PO BOX 41629			C If exe	emption application is pend	ing, check here 🕨 🗌
•			n, state, and ZIP code			D 1. Fo	oreign organizations, check	here 🕨 🗌
_	_	JST:				2. Fo	oreign organizations meetir	ng the
Н	Ĭ, ČI	neck t	ype of organization X Section 501(c)(3) exempt private	foundation		85	5% test, check here and att	ach computation
	Ţş	ection	The state of the s	e private foundation		<del>_</del>	vate foundation status was	
1	$\sim$		ket value of all assets at J Accounting method	Cash X Ac	crual	section	on 507(b)(1)(A), check here	<b>P</b> [_
	•		ear (from Part II, col (c), Other (specify)			4	foundation is in a 60-mont	_ 1 1
		16)			T	unde	r section 507(b)(1)(B), che I	
	Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	(d) Disbursements for chantable
			amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))	books		ncome	income	purposes
_								(cash basis only)
		1	Contributions, gifts, grants, etc., received (attach schedule)					
		2	Check X if the foundation is <b>not</b> required to attach Sch B	53,33	<u>-</u>	53,336		
		3 4	Interest on savings and temporary cash investments  Dividends and interest from securities	107,74		107,747	<del></del>	
		ъ 5а	Gross rents	107,74	<del>'</del>	101,141		
		b	Net rental income or (loss)					
C	E I	6a	Net gain or (loss) from sale of assets not on line 10 Stmt 1	-3,37	7			
	ē	b	Gross sales price for all assets on line 6a 1,602,019					
	ا ۾	7	Capital gain net income (from Part IV, line 2)			645		***************************************
	_	8	Net short-term capital gain				0	
		9	Income modifications		<u> </u>			
		10a	Gross sales less returns & allowances					
		b	Less Cost of goods sold					
		С	Gross profit or (loss) (attach schedule)					
		11	Other income (attach schedule)					
_		12	Total. Add lines 1 through 11	157,70	6	161,728	0	
	<u>"</u>	13	Compensation of officers, directors, trustees, etc		0			
	euses	14	Other employee salaries and wages					
	E	15	Pension plans, employee benefits		ļ			
	Exp	16a	Legal fees (attach schedule)		<u> </u>			
Ç==	<b>8</b>	b	Accounting fees (attach schedule)		_			
2011	Administrative	C	Other professional fees (attach schedule) Stmt 2	45,01	0			45,010
F==	ا <u>ب</u> تا	17	Interest					
evi	: 말	18	Taxes (attach schedule) (see page 14 of the instructions) Stmt 3	2,01	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<del></del>
ب	Ē	19	Depreciation (attach schedule) and depletion Occupancy Clark Company Occupany Occupa					
UEC	₽	20 21	Travelsconferences, and meetings	·				
		22	Travelsconferences, and meetings Printing and publications 2011		-			
4	ē	23	Other expenses (att. sch.)	16,30	3			6,000
OCANNED OCANNED	Operating and	24		25,30	_	,		
₹	at		Total operating and administrative expenses.  Add lines 13-through 23	63,32	3	0	lo	51,010
Ŕ	8	25	Contributions, gifts, grants paid	408,52				408,522
_	0	26	Total expenses and disbursements. Add lines 24 and 25	471,84		0	0	459,532
_	$\neg$	27	Subtract line 26 from line 12	,				- ,
		а	Excess of revenue over expenses and disbursements	-314,13	9			
		b	Net investment income (if negative, enter -0-)			161,728		
		С	Adjusted net income (if negative, enter -0-)				0	

See Statement 8

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

5,941,859 Form **990-PF** (2010)

5,946,562

4,703

4

5

6

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize) ▶

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Form 990-PF (2010)

265,584

459,532

7

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

Part VI instructions on page 18

orm	1 990-PF (2010) BROWNSVILLE FOUNDATION FOR HEALTH 74-1818930			Р	age <b>4</b>
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructi	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			1,	<u>617</u>
	here ▶ X and enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2			1,	<u>617</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			1,	617
6	Credits/Payments				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 3,000				
b	Exempt foreign organizations—tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)  6c 1,150				
d	Backup withholding erroneously withheld 6d 6				
7	Total credits and payments Add lines 6a through 6d			4,	<u> 150</u>
8	Enter any penalty for underpayment of estimated tax. Check here				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			2,	<u>533</u>
1	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 2,533 Refunded ▶ 11				
Pŧ	art VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.				
С	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	I/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ļ	5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			:	
	conflict with the state law remain in the governing instrument?		6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	ļ	7	<u> </u>	<u> </u>
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the				
	instructions) ▶ TX				
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			:	
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	ļ	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			i	
	names and addresses		10		X
		For	ա 99	U-PF	(2010)

Form 990-PF (2010)

_	990-PF (2010) BROWNSVILLE FOO			1010330			Pag	<u>e <b>o</b></u>
	Statements Regarding Ac		1720 May Be R	equired (conti	nued)	<del></del>		
5a	• • •	-	454 110		, E		1	
	(1) Carry on propaganda, or otherwise attempt to	• ,	` **	\ <b>`</b>	res 🗓 No			
	(2) Influence the outcome of any specific public	•	carry on,	┌ .	. <del>.</del>			
	directly or indirectly, any voter registration dn			<del></del>	es X No		1	
	(3) Provide a grant to an individual for travel, stu			<b></b> ,	res 🛚 X No			
	(4) Provide a grant to an organization other than	· · · · · · · · · · · · · · · · · · ·		п,	<b>v</b>			
	section 509(a)(1), (2), or (3), or section 4940			'	′es X No			
	(5) Provide for any purpose other than religious,	*	ducational	┌,	, <del>.</del> .			
	purposes, or for the prevention of cruelty to c		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		res X No			
b	If any answer is "Yes" to 5a(1)–(5), did any of the	• •	•		N/A	.	1	
	Regulations section 53 4945 or in a current notice	•	, ,	nstructions)/	M/A	5b	+	_
_	Organizations relying on a current notice regarding	<del>-</del>						
С	If the answer is "Yes" to question 5a(4), does the		tne tax	N/A 🗌	<b>.</b> □ <b></b> .			
	because it maintained expenditure responsibility	-		N/A []	∕es ∐ No			
٠.	If "Yes," attach the statement required by Regula	• •						
6a	Did the foundation, during the year, receive any f	unds, directly or indirectly, to pay	premiums		res X No			
L	on a personal benefit contract?	o dispaths or indispaths as a	unal hanaft sasts t	L	res 🔀 No	C.	╽ .	X
b	Did the foundation, during the year, pay premium	is, directly of indirectly, on a perso	nai benefit contract	•		6b		<u>~</u>
7.	If "Yes" to 6b, file Form 8870		t	п,	res X No			
7a	At any time during the tax year, was the foundation	·			es X No N/A		ŧ	
	If Yes, did the foundation receive any proceeds of the VIII Information About Officers					7b		—
ГФ	and Contractors	, Directors, Trustees, For	unuation mana	igers, mgmy r	alu Employee	<b>73</b> ,		
1 1	ist all officers, directors, trustees, foundation	managers and their compensat	ion (see page 22 o	f the instructions	<u>a.</u>			—
					(d) Contributions to			
	(a) Name and address		(b) Title, and average hours per week	(c) Compensation (If not paid, enter	employee benefit	(e) Exp	ense accoi	unt,
	(2)		devoted to position	-0-)	plans and deferred compensation	other	allowance	S
DA	VID GARZA	AUSTIN	CHAIRMAN					_
	O WELLS FARGO BANK PO BOX 41629	TX 78704-9926	0.25		٥			0
	NATO E CARDENAS	AUSTIN	VICE-CHAIR	•				<u> </u>
	O WELLS FARGO BANK PO BOX 41629	TX 78704-9926	0.25		0			0
	TONIO M DIAZ, MD	AUSTIN	SEC-TREAS		<del></del>			<u> </u>
	O WELLS FARGO BANK PO BOX 41629	TX 78704-9926	0.25	,	0			0
	RRI HERNANDEZ	AUSTIN	MEMBER		····································			<u> </u>
	0 WELLS FARGO BANK PO BOX 41629	TX 78704-9926	0.25		0			0
	Compensation of five highest-paid employees		<del>*</del>	23 of the instruc	· · · · · · · · · · · · · · · · · · ·			
-	If none, enter "NONE."	• • • • • • • • • • • • • • • • • • • •			· <b>,</b> -			
			(b) Title, and average		(d) Contributions to			_
	(a) Name and address of each employee paid	more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred		ense accou allowance:	
			devoted to position		compensation	- Julei		
NO	NE							
Tota	number of other employees paid over \$50,000					<b></b>		0
	·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-				For	m 990	-PF (20	010)

Form 990-PF (2010)	BROWNSVILLE FOUNDATION FOR HEALTH	74-1818930	Page 7
	nformation About Officers, Directors, Trustees, Foundand Contractors (continued)	ation Managers, Highly Paid Emp	loyees,
	paid independent contractors for professional services (see page 23	of the instructions). If none, enter "NONE	<b></b>
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
<del></del>	250,000 (		
Total number of oth	ers receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	four largest direct charitable activities during the tax year. Include relevant statistical in her beneficianes served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
	F OF PROGRAMS IN HEALTH AND/OR EDUCA EN 501(c)(3) ORGANIZATIONS AND FOUR		408,522
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page	24 of the instructions)	
	gest program-related investments made by the foundation during the tax year on lines		Amount
1 N/A			
2			
All other program-rel	ated investments. See page 24 of the instructions		

Total. Add lines 1 through 3

6	Minimum investment return. Enter 5% of line 5	6	341,882
Pi	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private open	erating	
	foundations and certain foreign organizations check here		
1	Minimum investment return from Part X, line 6	1	341,882
2a	Tax on investment income for 2010 from Part VI, line 5		•
	Income tax for 2010 (This does not include the tax from Part VI )		
c	Add lines 2a and 2b	2c	1,617
3	Distributable amount before adjustments Subtract line 2c from line 1	3	340,265
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	340,265
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
•	line 1	7	340,265
p,	art XII Qualifying Distributions (see page 25 of the instructions)		<u> </u>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	459,532
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	

Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Amounts set aside for specific charitable projects that satisfy the

Enter 1% of Part I, line 27b (see page 26 of the instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

qualifies for the section 4940(e) reduction of tax in those years

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Form 990-PF (2010)

459,532

457,915

1,617

6,837,649

3a 3b

4

5

6

47,201 Subtract lines 7 and 8 from line 6a Analysis of line 9 Excess from 2006 Excess from 2007 Excess from 2008 Excess from 2009 47,201 Excess from 2010

10

Part XV · Supplementary Information (co	ntinued)			
3 Grants and Contributions Paid During the	Year or Approved for Fu	ture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
	or substantial contributor	recipient		
Name and address (home or business)  a Paid duning the year  See Statement 10	any foundation manager or substantial contributor	recipient	contribution	408,522
Total			<b>▶</b> 3a	408,522
b Approved for future payment			F Ja	-100,322
N/A		·		
Total			<b>▶</b> 3b	

Part XVI-A	Analysis of Income-Producing A unts unless otherwise indicated		I business income	Excluded I	by section 512, 513, or 514	(e)
-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program sen						the instructions )
		_				
f						
_	d contracts from government agencies					
	dues and assessments	:		14	53,336	·
	avings and temporary cash investments distribution distri			14	107,747	
	come or (loss) from real estate				10///1/	
	anced property					
	-financed property					
	come or (loss) from personal property		• •		,	
7 Other investr	ment income	·				
8 Gain or (loss	) from sales of assets other than inventory		7,891	18	645	-11,913
9 Net income of	or (loss) from special events					
-	or (loss) from sales of inventory					
	ie a	_				
		_				
		<del></del>				
ee	d columns (b), (d), and (e)		7,891		161,728	-11,913
	ne 12, columns (b), (d), and (e)	<u> </u>		<u> </u>	13	157,706
	n line 13 instructions on page 29 to venfy calculati	ons )				=
Part XVI-B	Relationship of Activities to the		ent of Exempt Pu	rposes		
Line No. ▼	Explain below how each activity for which incom accomplishment of the foundation's exempt purp instructions)	•			•	ne
N/A						
					<del></del> -	
						<del></del>
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DAA

orm 99	90-PF (201	0) BROWNSVII	LE FOU	NDATION	FOR HEALT	TH 74-18	18930			_ Pa	ge 13
	XVII	Information Rega	arding Tra				ships Wit	h Noncha	aritable		
1 D		Exempt Organiza inization directly or indir		in any of the foll	owing with any oth	er organization descri	hed			Yes	No
	_	01(c) of the Code (other		-		_					
	rganization	· ·	than ocolon	oor(o)(o) organ	nzaciono, or in occi	on ozr, reading to po	intiodi				İ
	•	om the reporting founda	ation to a non	chantable exem	ot organization of						ĺ
	1) Cash				-				1a(1)		X
•	2) Other as	ssets							1a(2)		X
•	ther transa								1		
		f assets to a nonchantal	ble exempt o	rganization					1b(1)		x
		ses of assets from a nor		-	on				1b(2)		Х
(3	3) Rental c	of facilities, equipment, of	or other asse	ts					1b(3)		Х
-		rsement arrangements							1b(4)		X
(!	5) Loans o	r loan guarantees							1b(5)		Х
(6	6) Perform	ance of services or me	mbership or i	fundraising solic	tations				1b(6)		X
c S	haring of fa	acılıtıes, equipment, ma	ılıng lısts, oth	er assets, or pai	d employees				1c		X
d If	the answe	r to any of the above is	"Yes," comp	lete the following	schedule Columr	ı (b) should always sh	now the fair n	narket			
V	alue of the	goods, other assets, or	services giv	en by the reporti	ng foundation. If th	e foundation received	less than fa	r market			
V	alue in any	transaction or sharing	arrangement	, show in column	(d) the value of th	e goods, other assets	s, or services	received			
(a)	Line no	(b) Amount involved	(c) Name	of nonchantable ex	empt organization	(d) Description	of transfers, tra	ansactions, ai	nd sharing arrange	ments	
<u> N/A</u>											
				<del>.</del>							
					<del> </del>						
	<del> </del>	ļ									
			ļ								
									<del></del>		
			<del> </del>								-
			<b></b>								
2- 1-	the found	ation dispaths as indispat	h. officeted w	oth or related to	and or more toy of	l					
		ation directly or indirect i section 501(c) of the C	-						Пу	. <b>x</b>	No
		nplete the following sch	•	ian section 50 I(	c/(3/) or in section	3211			L '	:5 23	j 140
<u> </u>		) Name of organization	icadic	(b) Type of	of organization		(c) Descrip	tion of relatio	nship		
N,		, <u>.</u>		(.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(+)				
									<del></del>		
	,									•	
	Under pe	enalties of perjury, I declare	that I have exa	amined this return,	including accompany	ng schedules and statem	ents, and to th	e best of my	knowledge and	•	
Sign	belief, it i	True, correct, and comple	te Declaration	of preparer other	than taxpayer or fiduo	iary) is based on all infor	mation of which	n preparer ha	s any knowledge		
Here	TAZ	suchel (1	step	wick	1/2	-6-11	) J/Y				
	Sign	nature of officer or trustee			Date	,	Title				
	Print/T	ype preparer's name			/Preparer's signa	kii)			Date	Check	<b>X</b> .
Paid					1h. 1	1. 1 10	^		12/1/	self-em	_
Prepar	er Susai	na Reynoso, CI			Smont	Mym 1/	2		1/1//		
Jse Or	nly Firm's	name ▶ Long	Chilto	n, LLP	/	/		PTIN	/P01219	810	)

Long Chilton, LLP 3125 Central Blvd

Brownsville, TX 78520

956-546-1655 Form **990-PF** (2010)

Firm's EIN > 74-1154721

Phone no

Use Only

## Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets

De	Description		How Received				
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss
1300 BAKER HUGHES INC	5/29/09	11/03/10 \$	Purchase	\$ 092.92		v,	2 -12,294
800 BANK AMER CORP			Purchas			<b>·</b>	
COM BEKOT COR	7/31/03 11/03/10 a index fin	11/03/10	9,177	33,140			-23,963
o rearn moor	5/29/	1/06/11	97,365	59,476			37,889
500 CISCO SYSTEMS INC	C 11/30/99	11/03/10	Purchase 11,736	22,437			-10,701
250M FED HOME LN MTG	LN MTG CORP 1.45% 3/31/09 9/10/10	9/10/10	Purchase 250,000	251,210			-1,210
250M FED HOME IN BK 2	2.25% 4/11/08	5/20/11	Purchase 250,000	249,303			697
250M FED HOME LN BK 1	1.625% 3/31/09	3/16/11	Purchase 250,000	250,868			-868
300 FIRST SOLAR INC	8/12/08	11/03/10	Purchase 40,585	79,316			-38,731
500 GENZYME CORP	8/12/08	11/03/10	Purchase 36,029	41,703			-5,674
400 HARSCO CORP	0/12/06	01/1/10	Purchase	0/6 91			-6 130
1M ISHARES S&P NA NAT	RES S I	IO/I4/IO F INDE	9,310 Purchase				000 %
A REAL MEDELMOTE OFF	9/17/09	2/23/11	45,670 Durchase	33,860			11,810
		11/03/10	33,481	37,363			-3,882
200 L-3 COMMUNICATIONS	NS CORP COM 9/13/06 11/03/10	1 11/03/10	Purchase 14,614	15,148			-534
200 MONSANTO CO NEW	00/00/0	110/17	Purchase				9 H C -
75M NATIONAL RURAL UT	10/22/06 UTILI 4.375%	3/18/11	13,666 Purchase	10,144			*
	17/0	10/01/10	75,000	76,250			-1,250
2500 PETROLEO BRASILEIRO 5/2	EIRO SA COMM ADR 5/29/09 11/08/10	IM ADR 11/08/10	Purchase 90,048	44,840			45,208
3975 PFIZER INC			Purchase	•			•
8/28/97 SIVE SIVE SIVE SOLITION OF STANDARD SIVE STANDARD SIVE SIVE STANDARD SIVE SIVE SIVE SIVE SIVE SIVE SIVE SIVE	μ.	7/22/10	58,680	71,836			-13,156
1001	8/16/06	3/18/11	18,306	20,801			-2,495

# Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets (continued)

De	Description		How Received					
Whom Sold	Date Acquired	Date Sold	Sale Price	Cost	Expense	Depreciation	Net Gain / Loss	I
1200 QUEST DIAGNOSTICS INC 8/16	CS INC 8/16/06	INC 8/16/06 10/14/10 \$	Purchase 59,663 \$	42,633 \$		٠ V	\$ 17,030	30
500 THERMO FISHER SCIENTIFIC INC 8/15/08 11/	IENTIFIC INC 8/15/08 11/03/10	J1/03/10	Purchase 25,930	31,310			-5,380	000
1M UNITEDHEALTH GROUP INC 2/12	P INC 2/12/07 11/03/10	11/03/10	Purchase 36,660	51,790			-15,130	30
3M WALGREEN CO	3/16/00 10/14/10	10/14/10	Purchase 102,475	82,868			19,607	7
Short-term Gain/Loss from Pass-through Enti	from Pass-	-through Er	ıtity -49				-49	9
Long-term Gain/Loss from Pass-through Entit	from Pass-t	through Ent	у 7,				7,940	0
Total		´ω-¨	1,601,374 \$	1,605,396 \$	0	\$	\$ -4,022	[2]
								ı

# Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Charitable Purpose	\$ 40,800	\$ 45,010
Adjusted Net	w.	0 %
Net Investment	<b></b>	0
Total	\$ 40,800 4,210	\$ 45,010
Description	ADMINISTRATIVE FEES TAX PREPARATION	Total

### Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	w.	\$
Adjusted Net	S	0
Net Investment	φ.	8
Total	2,010	2,010
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Description	FOREIGN TAX PAID ON DIVIDENDS	Total

•	Charitable Purpose	000'9	\$
Xpenses	Adjusted Net	<b>.</b>	\$
- Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	<b>)</b>	\$
Statement 4 - Form 990-PF,	Total	8,980 6,000 1,323	\$ 16,303
Stat	Description	Expenses INSURANCE UNITED WAY MANAGEMENT FEE MISCELLANEOUS	Total

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### **Federal Statements**

### Statement 7 - Form 990-PF, Part III, Line 3 - Other Increases

	Description		Amount
PRIOR YEAR INCREASE	IN INVEST IN	DB COMMODITIES \$	87
Total		\$	87

### Statement 8 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	 <u>Amount</u>
PRIOR YEAR EXCISE TAX	\$ 3,086
CURRENT YEAR EXCISE TAX	 1,617
Total	\$ 4,703

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### **Federal Statements**

### Statement 9 - Form 990-PF, Part X, Line 4 - Cash Deemed Held - Greater Amount Explanation

			Des	scrip	tion		_	Amount
5-yr	average	of	funding	of	charitable	activities	·	346,092
	Total							346,092

### **Federal Statements**

Name of Manager	Amount
NONE	\$
Total	\$0
Form 990-PF, Part XV, Line 1b - Manage	rs Who Own 10% or More Stock
Name of Manager	Amount
NONE	\$
Total	\$0
Form 990-PF, Part XV, Line 2b - Application	on Format and Required Conten
Description	
SEE COPY OF APPLICATION, ATTACHED.	
Form 990-PF, Part XV, Line 2c -	Submission Deadlines
Description	
JANUARY 31ST	
	rd Restrictions or Limitations
Form 990-PF, Part XV, Line 2d - Awar	d Restrictions of Limitations
Form 990-PF, Part XV, Line 2d - Awar  Description	u Restrictions of Limitations

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### Federal Statements

# Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

Name	Address			
Address	Relationship	Status	Purpose	Amount
TED WAY OF CAMEF BROWNSVILLE TX	[ <del>7]</del>		SUPPORT HEALTH/EDUCATION	138,455
$\circ$	S E JEFFERS		SUPPORT EDUCATION	20,000
JOSEPH ACADEMY BROWNSVILLE TX 7	ST JOSEP		SUPPORT EDUCATION	35,000
BRO SOC FOR CRIPPLED CH BROWNSVILLE TX 78520	E 22ND		SUPPORT HEALTH	005'6
TEACH FOR AMERICA MCALLEN TX 78501	U)		SUPPORT EDUCATION	5,000
VALLEY ZOOLOGICAL SOCIETY BROWNSVILLE TX 78520	Z Z I X I		SUPPORT EDUCATION	10,000
GOOD NEIGHBOR SEITLEMENT BROWNSVILLE IX 78520	24. [ 고		SUPPORT HEALTH/EDUCATION	4,371
BROWNSVILLE			SUPPORT EDUCATION	26,000
BROWNSVILLE TX 78521	D CAN		SUPPORT HEALTH/EDUCATION	4,994
BOYS/GIRLS CLUB LOS FRESNOS TX 78566	IOU W SKD ST		SUPPORT EDUCATION	4,554
CHILDREN'S MUS OF B'VILLE BROWNSVILLE TX 78523	χ Ω		SUPPORT EDUCATION	5,000
MOTHER PERPETL HELP HOME BROWNSVILLE TX 78520	त्र (		SUPPORT HEALTH	10,000
HISTORIC B'VILLE MUSEUM BROWNSVILLE TX 78520	ম ⊣ ;		SUPPORT EDUCATION	15,000
			SUPPORT EDUCATION	10,000
GUADALUPE MIDULE SCHOOL BROWNSVILLE TX 78520	4 1.1		SUPPORT EDUCATION	13,000
FRIENDSHIP OF WOMEN BROWNSVILLE TX 78523	X X		SUPPORT HEALTH/EDUCATION	9,375
SUNSHINE HAVEN BROWNSVILLE TX 78523	7. 44 / O		SUPPORT HEALTH	14,000
FIRST TEE RANCHO VIEJO TX 78575	AVENIDA TESC		SUPPORT EDUCATION	1,000
VALLEI AIDS COUNCIL HARLINGEN TX 78550	418 E ILLEK, SIE A		SUPPORT HEALTH	3,416

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# Statement 10 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

	Purpose Amount		7,500		6,857		5,500		JCATION 20,000	408,522
,	Status		SUPPORT HEALTH		SUPPORT EDUCATION		SUPPORT HEALTH		SUPPORT HEALTH/EDUCATION	
Address	Relationship	PO BOX 5418		901 E LEVEE		2137 E 22ND ST		656 N MINNESOTA AVE		
Name	Address	CAMERON CO CHILDRN ADVOC	BROWNSVILLE TX 78523	COMM DEV CORP OF B'VILLE	BROWNSVILLE TX 78520	B'VILLE COMM HEALTH CTR	BROWNSVILLE TX 78521	OZANAM CENTER	BROWNSVILLE TX 78521	Total

74-1818930	Federal Statements
•	Taxable Interest on Investments
Description	S 53,336 Unrelated Exclusion Code Code Code US Obs (\$ or %)
Total	\$ 53,336
	Taxable Dividends from Securities
Description MUTUAL FUNDS SECURITIES Total	Amount         Unrelated Business Code         Exclusion Code         Postal Code         US Obs (\$ or %)           \$ 62,138 45,609 \$ 107,747         14 14         14 <td< td=""></td<>

### Grant Application

### Brownsville Foundation for Health & Education General Grant Guidelines

- 1. Purpose. Brownsville Foundation for Health & Education (the "Foundation") was established in 1986 to provide grants to deserving organizations, primarily in Brownsville, Texas and other Texas communities Foundation is particularly interested in providing direct or indirect support to the health care and education of the Brownsville community through its grants
- 2 Eligibility Grants will be awarded on an annual basis to organizations whose purposes and activities further the general goals of Foundation. All such organizations must be either (i) government instrumentalities (such as state universities) or (ii) organizations which are exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (the "Code").
- 3 Applications. Foundation will accept applications for grants at any time during the year.
- 4 Selection process Each grant application will be reviewed by, and approved or rejected by the Trustees of Foundation within a reasonable time after it is submitted. The Trustees may, in their sole discretion, request that one or more qualified experts in a particular field assist them in making their selections. For example, if Foundation anticipates making a grant for research in a particular area of medicine, the Trustees may request that a physician practicing in that particular area of medicine review and recommend action with respect to such applications.
- 5 Payment of Grants Unless otherwise requested by an applicant and approved by the Trustees, each grant will be paid in one lump sum Subsequent grants to the same organization must be applied for, reviewed and approved separately
- Reports Within a reasonable time after the grant funds have been fully expended, the grantee organization shall submit a written report to Foundation outlining how the funds were spent. If the funds are to be expended over a long period of time, the grantee organization shall submit a written report within one (1) year of the date of the initial grant outlining how funds have been spent to date and how the remaining funds will be spent. Foundation may require further reports from the grantee organization if the Trustees deem such reports to be necessary, or, if the Trustees reasonably believe the remaining funds will be spent properly, no further reports shall be required.
- 7. Misuse of Funds. Foundation specifically reserves the right to obtain any funds which have been improperly used.

### Grant Application

1	Full Name & Address of Applicant
2	Name and Phone Number of Contact Person
3	Total Amount of Grant Requested:
4	Attach detailed description of (1) purpose of grant, (11) first date funds will be needed, and (111) detailed budget of how grant will be used, including period of time over which funds will be expended
5	Attach listing of all Directors and Officers of applying organization
6	Attach IRS tax exempt determination letter indicating that your organization is exempt under 501(c)(3) and a copy of the most recent Form 990 filed with the IRS
	or
	If you are a government instrumentality, attach a letter from your legal counsel stating that you are an organization described in Sections $170(b)(1)(A)(v)$ and $170(c)(1)$ of the Code.
7.	Describe all applications you have made to other grant making organizations for similar purposes, and status of their approval, including the amounts requested and/or approved