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# Form **990-PF**

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

OMB No 1545-0052

2011

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

For cale	for calendar year 2011, or tax year beginning , 2011, and ending ,								
	K. & DOUG S. BROWN FAMILY FO	UNDATION		A	Employer identification nu 65-1064323	mber			
	TER, FL 33477-4005			В	Telephone number (see the 561-743-5669	instructions)			
				С	If exemption application is	pending, check here			
<b>G</b> Che	ck all that apply Initial return	Initial Return of a fori Amended return	mer public charity	D	1 Foreign organizations, che	ck here			
<b>H</b> Ch	Address change	Name change (c)(3) exempt private for	oundation		2 Foreign organizations mee here and attach computation				
	Section 4947(a)(1) nonexempt charitable t		rivate foundation	E	If private foundation status under section 507(b)(1)(A)				
1 Fa (fr ►\$	om Part II, column (c), line 16)	Other (specify)		F	If the foundation is in a 60 under section 507(b)(1)(B	)-month termination			
		column (d) must be on	( casii basis )		T under section 307(b)(1)(b)	), check here			
Part 1 2102	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investme income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)			
ري رو <del>ن</del>	(see instructions) )	-				(cash basis only)			
~	1 Contributions, gifts, grants, etc, received (att sch)	7,400.							
JUL .	2 Ck ► if the foundn is <b>not</b> req to att Sch B 3 Interest on savings and temporary								
	cash investments  4 Dividends and interest from securities	47,712.	47,71	2.	47,712.				
	5a Gross rents b Net rental income								
3	6a Net gain/(loss) from sale of assets not on line 10.	957.							
<b>E</b>	<b>b</b> Gross sales price for all 78 696								
ξŽ	assets on line 6a  7 Capital gain net income (from Part IV, line 2)		95	57.					
mczschwed	8 Net short-term capital gain				85.				
Ĕ	9 Income modifications 10a Gross sales less					<u>-</u>			
	allowances		- · · -						
	b Less Cost of goods sold								
ĺ	c Gross profit/(loss) (att sch)								
	11 Other income (attach schedule) SEE STATEMENT 1	2,811.	2,81	1					
	12 Total. Add lines 1 through 11	58,880.	51,48		47,797.				
	13 Compensation of officers, directors, trustees, etc	0.							
	14 Other employee salaries and wages								
	15 Pension plans, employee benefits 16a Legal fees (attach schedule)								
A D	<b>b</b> Accounting fees (attach sch) SEE ST 2	2,400.			2,400.				
M 1 N	c Other prof fees (attach sch)	,	DEC	\ <u></u>	1/50				
O ï	17 Interest		REC	ノ <u>ニ</u>	L.				
OPERAT	18 Taxes (attach schedule)(see instrs). SEE STM 3. 19 Depreciation (attach	600.	- 0		ပ္ပ 600.				
7 7	19 Depreciation (attach sch) and depletion		JUL 386	2	3 2012				
Z G	20 Occupancy				RS				
	21 Travel, conferences, and meetings 22 Printing and publications		<del>-   OGD</del>	E	N. UT				
A E N X D P	23 Other expenses (attach schedule)								
E N S	SEE STATEMENT 4	8,435.	8,43	<u> 35.</u>					
S E	24 Total operating and administrative expenses. Add lines 13 through 23	11,435.	8,43	35.	3,000.				
	25 Contributions, gifts, grants paid PART XV	84,060.				84,060.			
	26 Total expenses and disbursements. Add lines 24 and 25	95,495.	8,43	35.	3,000.	84,060.			
	27 Subtract line 26 from line 12:								
	a Excess of revenue over expenses and disbursements	-36,615.							
	<b>b</b> Net investment income (if negative, enter -0-)		43,04	5.					
	C Adjusted net income (if negative, enter -0-)				44,797.	<u> </u>			

Par	t II	Balance Sheets coll	ached schedules and amounts in the description umn should be for end-of-year amounts only	Beginning of year		of year
		(Se	e instructions )	(a) Book Value	<b>(b)</b> Book Value	(c) Fair Market Value
	1		- i	65 500		
•	2	Savings and temporary	cash investments	65,598.	96,924.	96,924.
	3	Accounts receivable				
	١.	Less allowance for dou	btful accounts			
	4	Pledges receivable	, [			
	_	Less allowance for dou	btful accounts			
	5	Grants receivable				
	6	Receivables due from officers, disqualified persons (attach so	chedule) (see instructions)			
٨	7	Other notes and loans receivab	`			
ŝ		Less allowance for dou	·			
A S E T	8	Inventories for sale or u	· ·			<u>-</u>
Ţ	9	Prepaid expenses and o	_			
S		a Investments — US and obligations (attach sche	dule)			
			k (attach schedule) STATEMENT 5	1,532,443.	1,464,502.	1,609,256.
	'	c Investments — corporate bond	ls (attach schedule) STATEMENT 6	70,706.	70,706.	72,634.
	11	Investments — land, bui equipment basis	Ildings, and			
		Less accumulated depreciation (attach schedule)	n •			
	12	Investments - mortgage	e loans.			· -
	13	Investments - other (at	tach schedule)			
	14	Land, buildings, and equip	oment basis ►			
		Less accumulated depreciation (attach schedule)	n •			
		Other assets (describe Total assets (to be com				
		see the instructions. Als	so, see page 1, item l).	1,668,747.	1,632,132.	1,778,814.
ī	17	Accounts payable and a	iccrued expenses			
A B	18	Grants payable Deferred revenue	-	~ .		
ĭ	19		trustees, & other disqualified persons			
Ļ	21	Mortgages and other notes pay	· ' ' '			
Ţ	22	Other liabilities (describe	` ´ _ F			
Ė	—	Other habilities (describe		***		
E S	23	Total liabilities (add line	<del></del>	0.	0.	
		Foundations that follow and complete lines 24 t	r SFAS 117, check here hrough 26 and lines 30 and 31.			
N F E U T N	24	Unrestricted				
EUTN	25	Temporarily restricted				
ח	26	Permanently restricted				
A B A L A N		Foundations that do no and complete lines 27 t	t follow SFAS 117, check here 🕒 🗓 hrough 31.			
ΕL	27	Capital stock, trust princ	cipal, or current funds			
ŚÑ	28	Paid-in or capital surplus, or la	and, building, and equipment fund			
O E	29	Retained earnings, accumulate	d income, endowment, or other funds	1,668,747.	1,632,132.	
ŘŠ	30	Total net assets or fund	i balances (see instructions)	1,668,747.	1,632,132.	
	31	Total liabilities and net (see instructions)		1,668,747.	1,632,132.	
Par	t III	Analysis of Changes	s in Net Assets or Fund Balance	es		
1	Tota	I net assets or fund balan	ices at beginning of year – Part II, colur	mn (a), line 30 (must agr		
_		of-year figure reported or			1	1,668,747.
		r amount from Part I, line			2	-36 <u>,</u> 615.
		increases not included in line 2	(Itemize)		3	1 630 130
		lines 1, 2, and 3 ases not included in line 2 (item	170)		5	1,632,132.
		•	ices at end of year (line 4 minus line 5)	- Part II column (b) In		1,632,132.
	· via	mor assets of fully balan	ous at one or your time + minus mie s)	- art ii, coluinin (b), iii	0	1,002,102.

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Add lines 5 and 6

Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

Form 990-PF (2011)

87,008.

84,060.

7

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

Forn	n 990-PF (2011) ANN K. & DOUG S. BROWN FAMILY FOUNDATION 65-1064323		1	Page 4
Pai	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	15)		
1 a	a Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary — see instrs)			
, t	b Domestic foundations that meet the section 4940(e) requirements in Part V,			<u>861.</u>
	check here     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, column (b)			
2	The state of the s			_
_	foundations only Others enter -0-).		_	0.
3	Add lines 1 and 2  Subtitle A (recent) to (demonstrate and to add			<u>861.</u>
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  4  Tax based on investment income. Subtract line 4 from line 3. If page as least one of the context of the c			0.
6	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-  Credits/Payments			<u>861.</u>
٥	a 2011 estimated tax pmts and 2010 overpayment credited to 2011  6a 1,039.			
	b Exempt foreign organizations — tax withheld at source 6b			
	c Tax paid with application for extension of time to file (Form 8868)			
	d Backup withholding erroneously withheld 6d			
	Total credits and payments Add lines 6a through 6d		1.	039.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached 8		,	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			178.
_11	Enter the amount of line 10 to be: Credited to 2012 estimated tax			0.
Par	rt VII-A Statements Regarding Activities	-		
1 a	a 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
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes			
	(see the instructions for definition) <sup>3</sup>	1 b		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			ļ ,,
	c Did the foundation file <b>Form 1120-POL</b> for this year? <b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	1c		X
•	(1) On the foundation $\Rightarrow$ 0. (2) On foundation managers. $\Rightarrow$ \$ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
_	foundation managers • \$ 0.			١
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	_		v
4 =	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 4a		X
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4a 4b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If 'Yes,' attach the statement required by General Instruction T			<del></del> -
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	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	FL	l		
b	o 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	0.	v	
_		8b	<u>X</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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		Х
10		-		
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10	İ	х
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**b** If 'Yes,' did it have excess business holdings in 2011 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 approving by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(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 2011)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2011?

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Form 990-PF (2011)

Form 990-PF (2011) ANN K. & DOUG S. I			65-10	64323	Page <b>6</b>
Part VII-B   Statements Regarding Activit		n 4720 May Be Req	uired (continued)		
5a During the year did the foundation pay or incu	=			1	
(1) Carry on propaganda, or otherwise attem			∐ Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registration.				No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	∐ Yes X	No	
(4) Provide a grant to an organization other t in section 509(a)(1), (2), or (3), or section	han a charitable, etc, o n 4940(d)(2)? (see instri	rganization described uctions)	Yes X	No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientific on of cruelty to children	c, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	tions	5 b	N/A
Organizations relying on a current notice rega	erding disaster assistan	ce check here	▶ [		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	] No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494.	5-5(d)			
6a Did the foundation, during the year, receive a on a personal benefit contract?			∐Yes X	]No	
<b>b</b> Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	tly, on a personal bene	fit contract?	6Ь	X
7a At any time during the tax year, was the found	dation a party to a prob	ubited tax shelter transa	ction? Yes X	No	
<b>b</b> If 'Yes,' did the foundation receive any process				N/A 7b	
Part VIII Information About Officers, D				mployees	<del>,                                      </del>
and Contractors					
1 List all officers, directors, trustees, foundation	_	<del> </del>			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	
SEE STATEMENT 8			·		
		0.	0.		0.
2 Compensation of five highest-paid employee	oc (other than these inc	luded on line 1 coe in	estructions) If none o	ntor 'NONE '	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	
NONE			compensation		
		. , ,			<del>-</del>
				_	
Total number of other employees paid over \$50,000	<u>,                                      </u>	<u>,                                      </u>	<b>•</b>		0
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Porm 990-PF (2011) ANN K. & DOUG S. BROWN FAMILY FOUNDATE Information About Officers, Directors, Trustees, Foun and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see in	nstructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	<del></del>	<del>                                     </del>
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 N/A		
2		
3		
1		-
<b>"</b>		
Part IX-B Summary of Program-Related Investments (see instruc	ctions)	
Describe the two largest program-related investments made by the foundation dui	ring the tax year on lines 1 and 2	Amount
1	and 2	7 1110 0111
N/A		
2		
All III		
All other program-related investments See instructions	1	
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
ВАА		Form <b>990-PF</b> (2011)

<b>Part X</b>   <b>Minimum Investment Return</b> (All domestic foundations must complete this passe instructions.)	irt. Foreign	loundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes a Average monthly fair market value of securities.	1.0	1 0/0 550
<b>b</b> Average of monthly cash balances	1 a	1,848,550. 99,562.
c Fair market value of all other assets (see instructions)	1 c	99,302.
d Total (add lines 1a, b, and c)	1 d	1,948,112.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c	10	1,940,112.
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	1,948,112.
	•	1,540,112.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	29,222.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,918,890.
6 Minimum investment return. Enter 5% of line 5	6	95,945.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private	operating for	
and certain foreign organizations check here ▶ ☐ and do not complete this pa	art.)	
1 Minimum investment return from Part X, line 6	1	95,945.
2a Tax on investment income for 2011 from Part VI, line 5	861.	
b Income tax for 2011 (This does not include the tax from Part VI)		
c Add lines 2a and 2b	2c	861.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	95,084.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	95,084.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	95,084.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1a	84,060.
<b>b</b> Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the		
<ul> <li>Amounts set aside for specific charitable projects that satisfy the</li> <li>Suitability test (prior IRS approval required)</li> </ul>	3a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	84,060.
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 instructions)	5	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	84,060.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years	hether the fou	ndation
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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	<b>(c)</b> 2010	<b>(d)</b> 2011
Distributable amount for 2011 from Part XI,	<del>-</del> -			
line 7				95,084.
2 Undistributed income, if any, as of the end of 2011			02 422	
<b>a</b> Enter amount for 2010 only <b>b</b> Total for prior years 20 , 20 _ , 20		0.	82,423.	
3 Excess distributions carryover, if any, to 2011				
a From 2006				
<b>b</b> From 2007				
<b>c</b> From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2011 from Part				
XII, line 4 ► \$ 84,060.				
a Applied to 2010, but not more than line 2a			82,423.	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus				
(Election required – see instructions)	0.			
<b>d</b> Applied to 2011 distributable amount				1,637.
e Remaining amount distributed out of corpus	0.			<u>-</u>
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a) )				
6 Enter the net total of each column as				
indicated below:	0.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-				-
ed income for which a notice of deficiency				
has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2011 Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2012				93,447.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed				
by section 170(b)(1)(F) or 4942(g)(3)	0			
(see instructions)	0.			
8 Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9	0.			
a Excess from 2007				
<b>b</b> Excess from 2008				
c Excess from 2009		1		
d Excess from 2010			•	
e Excess from 2011				
	-			

Form 990-PF (2011) ANN K. & DOUG S.	BROWN FAMIL	Y FOUNDATION		65-1064323	Page <b>10</b>
Part XIV   Private Operating Foundar					N/A
1a If the foundation has received a ruling or is effective for 2011, enter the date of the	ruling	·		•	<b>-</b>
<b>b</b> Check box to indicate whether the foundar		erating foundation d		4942(j)(3) or	4942(J)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	<b>(b)</b> 2010	Prior 3 years	(4) 2009	(a) Total
investment return from Part X for each year listed	(a) 2011	<b>(b)</b> 2010	(c) 2009	(d) 2008	(e) Total
<b>b</b> 85% of line 2a.					<u> </u>
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					<del> </del>
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				1	<del>.</del>
<b>b</b> 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization		_			
(4) Gross investment income	(0)	1		1.45.000	
Part XV Supplementary Information assets at any time during the	(Complete this	part only if the	organization na	a \$5,000 or mor	e in
1 Information Regarding Foundation Management		3(140(10113.)			
a List any managers of the foundation who close of any tax year (but only if they have SEE STATEMENT 9	have contributed mo	ore than 2% of the t than \$5,000) (See	total contributions r section 507(d)(2))	eceived by the found	ation before the
<b>b</b> List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more o foundation has a 10	f the stock of a corp 0% or greater intere	poration (or an equa est	ally large portion of t	he ownership of
2 Information Regarding Contribution, Gran	at Gift Loan Scho	larchin etc Progra	ımcı		
Check here In the foundation only requests for funds of the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected char	rıtable organızatıon:		
a The name, address, and telephone number	er of the person to v	whom applications s	should be addressed	i	
SEE STATEMENT 10					
<b>b</b> The form in which applications should be	submitted and infor	mation and materia	Is they should inclu	de	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charitat	ble fields, kinds of i	nstitutions, or other t	actors
SEE STATEMENT FOR LINE 2A					
ВАА	TEI	EA0310L 07/14/11		Fo	orm <b>990-PF</b> (2011)

Part XV Supplementary Information (co	ntinued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	nt	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Contribution	
Name and address (home or business)  a Paid during the year  SEE STATEMENT 11	substantial contributor	recipient	Contribution	
Total	··-		► 3a	84,060.
b Approved for future payment  Total			► 3b	

## Part XVI-A Analysis of Income-Producing Activities

Ente	r gross amounts unless otherwise indicated	Unrelate	d business income	Excluded by section 512, 513, or 514		(e)	
` 1	Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)	
ä	i						
l	)			<u> </u>			
(							
(	l						
•	<u> </u>						
f			<u>-</u>				
ç	Fees and contracts from government agencies						
2	Membership dues and assessments						
3	Interest on savings and temporary cash investments						
4	Dividends and interest from securities			14	47,712.		
5	Net rental income or (loss) from real estate	ļ			-		
á	Debt-financed property			4			
ŀ	Not debt-financed property						
6	Net rental income or (loss) from personal property			<del>                                     </del>			
7	Other investment income			14	2,811.		
8	Gain or (loss) from sales of assets other than inventory			18	957.		
9	Net income or (loss) from special events.					·	
10	Gross profit or (loss) from sales of inventory			<u> </u>			
11	Other revenue			1			
ā		ļļ.				· .	
ŀ				<del>                                     </del>		, . <u>.</u>	
(	·					<b>-</b> .	
(							
•	!						
	Subtotal Add columns (b), (d), and (e)				51,480.		
	Total. Add line 12, columns (b), (d), and (e)				13 _	51,480.	
(See	worksheet in line 13 instructions to verify calculate	ons )		····			

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
N/A	
-	

Form 990-PF (2011) ANN K. & DOUG S. BROWN FAMILY FOUNDATION 65-1064323

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

		Exempt Orga	nizations										
` d∈	escribe	organization dired d in section 501( to political organ	ctly or indirectly e (c) of the Code (o	engage i other tha	n any of t n section	he following v 501(c)(3) org	vith any d anization	other organizat s) or in section	ion 527,			Yes	No
	_		ting foundation to	a noncl	haritable e	exempt organ	zation of	f					
	) Cash	•								1	a (1)		Х
•	•	r assets									a (2)		X
•	-	ansactions.								_	<u> \/</u>		<del></del>
			noncharitable exe	emnt ord	nanization					1	b (1)		х
•	•		from a noncharita								b (2)		X
•	•		guipment, or othe			lization					b (3)		X
•	•	nbursement arra	• •	033013	•					<u> </u>	b (4)		X
•	•	ns or loan guarar	•								b (5)		X
•	•	•		un or fur	ndraising i	collectations					b (6)		X
(6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees								1			X		
CO	naring	or racilities, equi	pinent, maining is	sis, one	assets,	or paid empic	yees						<u> </u>
th	e good	ls, other assets,	ne above is 'Yes,' or services given g arrangement, s	by the r how in c	reporting f column <b>(d</b> )	foundation If the value of	the found the good	dation received ls, other assets	l less than fair i s, or services re	market val eceived	ue in		
(a) Line	no.	(b) Amount involved	d (c) Name o	of nonchar	ritable exemp	ot organization	(d	) Description of tra	ansfers, transaction	is, and sharin	g arrar	ngement	<u>s</u>
N/A													
							-						
							<u> </u>						
						-	- <del> </del>						
							-						
							-						
		*****											
d€	escribe	d in section 501(	or indirectly affiliate) of the Code (or lowing schedule	ther tha	h, or relat n section	ted to, one or 501(c)(3)) or	more tax in section	r-exempt organ า 527?	nizations		Yes	X	No
		Name of organia			<b>(b)</b> Type	of organization	n		(c) Description	of relations	ship		
N/A		···											
	Under p	enalties of perjury, I de	eclare that I have exam ation of preparer (other	nined this re	eturn, includii	ng accompanying	schedules ai	nd statements, and	to the best of my kno	owledge and b	elief, i	ıs true,	
<u>.</u> .	corregt,	and complete Declara	ation of preparer (other	than taxpa	iyer) is based	on all information	of which pr	reparer has any kno	wiedge				
Sign	/.	State			1	7/19/1		v Trent	2.0	thi	s returi	RS disci I with th	e [
Here						1/ /12		(10031)	<u> </u>	(se	ee instr	shown b uctions <u>)</u>	elow
	Signa	ture of officer of truste				Date /		itle		<del></del>	[X]	Yes	No
		Print/Type preparer's		- 1	Preparer's se	110	1.	Date	Check	If PTIN	_		
Paid		LISA A. KI	LEMPERT, CPA		<u>Kisa P</u>	glemp	ert	1///7//2	self-employe		0665	684	
Prepa	rer	Firm's name	SFW PARTNE		LLC	<u> </u>			Firm's EIN ► 4	3-1764	273		
Use O		Firm's address	1610 DES E		RD ST				_				
			SAINT LOUI	IS, MO	63131	1-1891			Phone no (	(314) 5	69-3	<u> 3333</u>	
BAA										For	m <b>99</b> 0	)-PF (	2011)

### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF

OMB No 1545-0047

2011

Name of the organization		Employer identification number
ANN K. & DOUG S. BROWN FAMILY	FOUNDATION	65-1064323
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 as 527 political organization	a private foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a pri 501(c)(3) taxable private foundation	vate foundation
Check if your organization is covered by the <b>Ge Note.</b> Only a section 501(c)(7), (8), or (10) organization	eneral Rule or a Special Rule anization can check boxes for both the General Rule and a	Special Rule See instructions
General Rule  X For an organization filing Form 990, 990-EZ contributor (Complete Parts I and II)	, or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and received	orm 990 or 990-EZ that met the 33-1/3% support test of th I from any one contributor, during the year, a contribution VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I a	of the greater of (1) \$5,000 or
	ation filing Form 990 or 990-EZ that received from any one use <i>exclusively</i> for religious, charitable, scientific, literary, c lals Complete Parts I, II, and III	
contributions for use <i>exclusively</i> for religious of this box is checked, enter here the total coupurpose. Do not complete any of the parts it	ation filing Form 990 or 990-EZ that received from any one s, charitable, etc, purposes, but these contributions did no ontributions that were received during the year for an exclunless the <b>General Rule</b> applies to this organization becau	t total to more than \$1,000 usively religious, charitable, etc.
religious, charitable, etc, contributions of \$5	5,000 or more during the year	<b>▶</b> \$
990-PF) but it must answer 'No' on Part IV, line	the General Rule and/or the Special Rules does not file Se 2, of its Form 990, or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or	990-EZ or on Part I, line 2, of its
BAA For Paperwork Reduction Act Notice, se 990EZ, or 990-PF.	e the Instructions for Form 990, Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2011

•		<del></del> -	
Schedule	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2011)	Page	1 of 1 of Part 1
Name of org			er identification number
	& DOUG S. BROWN FAMILY FOUNDATION		064323
Part I	Contributors (see instructions) Use duplicate copies of Part I if a	dditional space is needed	_
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DOUGLAS & ANN BROWN  JUIPTER, FL,	\$5,000.	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 <sup>\$</sup>	Person Payroli Noncash  (Complete Part II if there is a noncash contribution)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(a)

Number

(a) Number (c) Total contributions

(c) Total contributions (d)

Type of contribution

(Complete Part II if there is a noncash contribution)

(d)

Type of contribution

(Complete Part II if there is a noncash contribution)

Person Payroll Noncash

Person Payroll Noncash

1 to

of Part II

Name of organization

Employer identification number

ANN K. & DOUG S. BROWN FAMILY FOUNDATION 65-1064323

Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(C) FMV (or estimate) (see instructions)	(d) Date received
<u> </u>	N/A		-
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	•••	\$	
		Y	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
		Schedule <b>B</b> (Form 990, 990-E2	

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2011)

2	<b>20</b> 1	<b>'</b>

## FEDERAL STATEMENTS

PAGE 1

ANN K. & DOUG S. BROWN FAMILY FOUNDATION

65-1064323

STATEMENT 1
FORM 990-PF, PART I, LINE 11
OTHER INCOME

RE	(A) VENUE	(B) NET INVESTMENT	(C) ADJUSTED
	BOOKS	INCOME	NET INCOME
	0 011		

OTHER INVESTMENT INCOME

TOTAL \$ 2,811.\$ 2,811. \$ 0.

### STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES

	(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TOTAL	\$ 2,400. \$ 2,400.	\$ 0.	\$ 2,400. \$ 2,400.	\$ 0.

### STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES

ACCOUNTING FEES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX	TOTAL	\$ 600. \$ 600.	\$ 0.	\$ 600. \$ 600.	\$ 0.

### STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		EXPENSES PER BOOKS	INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
PORTFOLIO RELATED FEES	TOTAL	\$ 8,435. \$ 8,435.	\$ 8,435. \$ 8,435.	\$ 0.	\$ 0.

## **FEDERAL STATEMENTS**

PAGE 2

**ANN K. & DOUG S. BROWN FAMILY FOUNDATION** 

65-1064323

### STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATIONMETHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENT ACCOUNTS	COST	<pre>\$ 1,464,502.</pre>	\$ 1,609,256.
	TOTAL	\$ 1,464,502.	\$ 1,609,256.

### STATEMENT 6 FORM 990-PF, PART II, LINE 10C INVESTMENTS - CORPORATE BONDS

CORPORATE BONDS	VALUATION <u>METHOD</u>	BOOK VALUE	FAIR MARKET VALUE
INVESTMENT ACCOUNT	COST \$ TOTAL \$	70,706. 70,706.	\$ 72,634. \$ 72,634.

# STATEMENT 7 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

ITEM		(A) DES	SCRIPTION		(B) ACOUI	HOW RED	(C) DATE ACOUIRED	(D) DATE SOLD
1		NZYME CORP			PURCH		VARIOUS	6/01/2011
2	LIBERTY ME	DIA CORPOR	ATION		PURCH	ASED	12/02/2011	12/02/2011
3	PROLOGIS I	NC REIT			PURCH	ASED	6/10/2011	6/10/2011
4	777.000 PU	BLIC STORAG	GE		PURCH	ASED	8/22/2006	VARIOUS
5	RAYONIER				PURCH	ASED	8/25/2011	8/25/2011
6	VENTAS INC				PURCH	ASED	7/11/2011	7/11/2011
7	PUBLIC STO	RAGE			PURCH	ASED	VARIOUS	VARIOUS
8	CAPITAL GA	IN DIVIDENI	DS					
	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)

<u>ITEM</u> 1 2 3 4 5 6	(E) GROSS SALES 16,798. 28. 26. 60,000. 20. 11. 620.	(F) DEPREC. ALLOWED	(G) COST BASIS 14,907. 0. 0. 62,832. 0. 0. 0.	(H) GAIN (LOSS) 1,891. 28. 26. -2,832. 20. 11. 620.	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS _(I) - (J)	(L) GAIN (LOSS) \$ 1,891. 28. 26. -2,832. 20. 11. 620.
8							TOTAL	\$ 1,193. \$ 957.

## **FEDERAL STATEMENTS**

PAGE 3

**ANN K. & DOUG S. BROWN FAMILY FOUNDATION** 

65-1064323

### **STATEMENT 8** FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPE SATIO		CONTRI- BUTION TO EBP & DC	
DOUGLAS BROWN 119 COMMODORE JUPITER, FL 33477-4005	TRUSTEE 0	\$	0.	\$ 0.	\$ 0.
ANN BROWN 119 COMMODORE JUIPTER, FL 33477-4005	TRUSTEE 0		0.	0.	0.
JULIA SCHEIBEL 13 WARSON TERRACE ST. LOUIS, MO 63124	TRUSTEE 0		0.	0.	0.
ROBIN WOLL 22 MARSALLY ST. LOUIS, MO 63131	TRUSTEE 0		0.	0.	0.
CRAIG BROWN 7136 WASHINGTON AVENUE ST. LOUIS, MO 63130	TRUSTEE 0		0.	0.	0.
	TOTAL	\$	0.	\$ 0.	<u>\$ 0.</u>

**STATEMENT 9** FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

DOUGLAS BROWN ANN BROWN

### **STATEMENT 10** FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM:

NAME:

ANN K & DOUG BROWN FAMILY FOUNDATION

ANN OR DOUGLAS BROWN

CARE OF:

119 COMMODORE

STREET ADDRESS: CITY, STATE, ZIP CODE:

JUPITER, FL 33477-4005

TELEPHONE:

FORM AND CONTENT: SUBMISSION DEADLINES: OPTIONAL NONE RESTRICTIONS ON AWARDS: NONE

## **FEDERAL STATEMENTS**

PAGE 4

**ANN K. & DOUG S. BROWN FAMILY FOUNDATION** 

65-1064323

## STATEMENT 11 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	 AMOUNT
ST. LOUIS UNIVERSITY ST. LOUIS, MO	NONE	EXEMPT	EDUCATIONAL	\$ 6,425.
JUPITER MEDICAL FOUNDATION JUPITER, FL	NONE	EXEMPT	MEDICAL	26,000.
THE REPERTORY THEATRE ST. LOUIS, MO	NONE	EXEMPT	PERFORMING ARTS	1,250.
JEWISH FEDERATION WEST PALM BEACH, FL	NONE	EXEMPT	RELGIOUS	2,100.
BARNES JEWISH HOSPITAL ST. LOUIS, MO	NONE	EXEMPT	MEDICAL RESEARCH	1,000.
ARMORY ART CENTER WEST PALM BEACH, FL	NONE	EXEMPT	ARTS	10,105.
AMERICAN JEWISH COMMITTEE ST. LOUIS, MO	NONE	EXEMPT	RELIGIOUS	6,000.
COCA ST. LOUIS, MO	NONE	EXEMPT	PERFORMING ARTS	100.
BUSCH WILDLIFE SANCTUARY JUPITER, FL	NONE	EXEMPT	CONSERVATION	250.
MISSOURI BOTANICAL GARDEN ST. LOUIS, MO	NONE	EXEMPT	SCIENTIFIC	500.
NATIONAL MUSEUM OF WOMEN-ARTS WASHINGTON, DC	NONE	EXEMPT	ARTS	100.
ALIVE ST. LOUIS, MO	NONE	EXEMPT	SOCIAL	500.
MALTZ JUPITER THEATER JUPITER, FL	NONE	EXEMPT	PERFORMING ARTS	3,075.
ALS ASSN ST. LOUIS, MO	NONE	EXEMPT	MEDICAL	500.
CENTRAL REFORM CONGREGATION ST. LOUIS, MO	NONE	EXEMPT	RELIGIOUS	1,300.
GOLDSTEIN YOUTH FUND KANSAS CITY, MO	NONE	EXEMPT	COMMUNITY SERVICE	1,000.
ST. LOUIS ART MUSEUM ST. LOUIS, MO	NONE	EXEMPT	MUSEUM	500.

## **FEDERAL STATEMENTS**

PAGE 5

ANN K. & DOUG S. BROWN FAMILY FOUNDATION

65-1064323

## STATEMENT 11 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT	ı
NORTON MUSEUM OF ART WEST PALM BEACH, FL	NONE	EXEMPT	MUSEUM	\$ 2	250.
ST. LOUIS ARTISTS GUILD ST. LOUIS, MO	NONE	EXEMPT	ART	1	.50.
INNSBROOK INSTITUTE ST. LOUIS, MO	NONE	EXEMPT	MUSIC	1,0	00.
ADMIRALS COVE CARES JUPITER, FL	NONE	EXEMPT	COMMUNITY SERVICE	5	500.
NEW CITY SCHOOL ST. LOUIS, MO	NONE	EXEMPT	EDUCATION	5,0	00.
FOOD OUTREACH ST. LOUIS, MO	NONE	EXEMPT	POVERTY	9	00.
LADUE EDUCATION FOUNDATION ST. LOUIS, MO	NONE	EXEMPT	EDUCATION	2	250.
CIRCUS FLORA ST. LOUIS, MO	NONE	EXEMPT	COMMUNITY SERVICE	5	500.
ST. LOUIS PATRIOTS GUILD ST. LOUIS, MO	NONE	EXEMPT	COMMUNITY DEVELOPMENT	1	.00
LADUE MIDDLE SCHOOL ST. LOUIS, MO	NONE	EXEMPT	EDUCATION	5	00.
OLD BONHOMME PTA ST. LOUIS, MO	NONE	EXEMPT	EDUCATIONAL	5	00.
CHILDREN'S HOSPITAL LA LOS ANGELES, CA	NONE	EXEMPT	MEDICAL	1	.00
DANFORTH PLANT SCIENCE CENTER ST. LOUIS, MO	NONE	EXEMPT	SCIENTIFIC	2	50.
CONTEMPORARY ART MUSEUM ST. LOUIS, MO	NONE	EXEMPT	ARTS	2	50.
PLAY FOR PINK JUPITER, FL	NONE	EXEMPT	BREAST CANCER AWARENESS	1	00.
LOGOS SCHOOL ST. LOUIS, MO	NONE	EXEMPT	EDUCATION	2,2	55.
PALM BEACH CTY CULTURAL PALM BEACH, FL	NONE	EXEMPT	CULTURAL	5	50.

## **FEDERAL STATEMENTS**

PAGE 6

**ANN K. & DOUG S. BROWN FAMILY FOUNDATION** 

65-1064323

## STATEMENT 11 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE _RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF	? 	AMOUNT
READY READERS ST. LOUIS, MO	NONE	EXEMPT	EDUCATION	\$	500.
AMERICAN HEART ASSOCIATION ST LOUIS, MO	NONE	EXEMPT	MEDICAL		1,500.
BREAST CANCER RESEARCH FUND ST LOUIS, MO	NONE	EXEMPT	MEDICAL		100.
PITTSFORD CREW PITTSFORD, NY	NONE	EXEMPT	SPORTSMANSHIP		50.
ROCKHOUSE FOUNDATION NEW YORK, NY	NONE	EXEMPT	EDUCATIONAL		250.
PLANNED PARENTHOOD ST LOUIS, MO	NONE	EXEMPT	MEDICAL		200.
WORLD PEDIATRIC PROJECT ST LOUIS, MO	NONE	EXEMPT	MEDICAL		500.
UME SOMERVILLE, MA	NONE	EXEMPT	EDUCATION		250.
LOGGERHEAD MARINE LIFE JUNO BEACH, FL	NONE	EXEMPT	CONSERVATION		250.
MO BAPTIST MED CTR FDN ST LOUIS, MO	NONE	EXEMPT	MEDICAL		5,000.
FOSHAY CANCER CENTER JUPITER, FL	NONE	EXEMPT	MEDICAL		100.
SLU ENTREPRENEUSHIP ST LOUIS, MO	NONE	EXEMPT	EDUCATIONAL AS COMMUNITY DEVELOPMENT	ND	1,500.
			T	OTAL \$	84,060.

# Form **8868**

(Rev January 2012)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

		<u> </u>				
-	e filing for an Automatic 3-Month Extension, c					► X
	e filing for an <b>Additional (Not Automatic) 3-Mo</b> <b>plete Part II unless</b> you have already been gran					
corporation request an easociated v	Iling (e-file). You can electronically file Form 88 required to file Form 990-T), or an additional (rextension of time to file any of the forms listed With Certain Personal Benefit Contracts, which ing of this form, visitwww irs gov/efile and click	not automatic in Part I or P must be sen	) 3-month extension of time. You can ele art II with the exception of Form 8870, In t to the IRS in paper format (see instruct	ctroni	cally file F	form 8868 to
Parûl. A	utomatic 3-Month Extension of Time.	Only subr	mit original (no copies needed).			— · - · - · - · - · · · · · · · · · · ·
	n required to file Form 990-T and requesting a			mplet	te Part I o	nly ►
All other col income tax	porations (including 1120-C filers), partnership returns	s, REMICS, a				,
	Name of exempt organization or other filer, see instructions		Enter filer's identif			ee instructions tion number (EIN) or
Type or				Lilipio	yer identifica	non number (EIIV) or
print	ANN K. & DOUG S. BROWN FAMIL	Y FOUNDA	TTON		55-1064	1323
File by the due date for	Number, street, and room or suite number. If a P.O. box, se			+		y number (SSN)
filing your return See	119 COMMODORE					
instructions	City, town or post office, state, and ZIP code. For a foreign a	ddress, see instr	uctions	·		
	JUPITER, FL 33477-4005					
Enter the Re	eturn code for the return that this application is	for (file a se	parate application for each return)			04
Application Return Code Is For						Return Code
Form 990		01	Form 990-T (corporation)			07
Form 990-Bl		02	Form 1041-A			08
Form 990-E2	7	01	Form 4720	•		09
Form 990-Pi		04	Form 5227			10
Form 990-T	(section 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	. 06	Form 8870			12
Telephono If the org If this is check the exter I requesting the exterior of t	e No.   561-743-5669  ganization does not have an office or place of I for a Group Return, enter the organization's for is box.  If it is for part of the group insion is for.  est an automatic 3-month (6 months for a corporation is for.)  est an automatic 3-month (6 months for a corporation is for.)  est an automatic 3-month (6 months for a corporation is for the organization's return for.)  calendar year 20 11 or tax year beginning , 20	FAX Nousiness in the ur digit Group, check this boration requires organization re-	e United States, check this box b Exemption Number (GEN) and attach a list with the na ed to file Form 990-T) extension of time return for the organization named above.			
Ch	ax year entered in line 1 is for less than 12 mo ange in accounting period  application is for Form 990-BL, 990-PF, 990-T,			al retu		
	undable credits. See instructions	., 20, 0, 000		3a	\$	0.
<b>b</b> If this payme	application is for Form 990-PF, 990-T, 4720, or nts made. Include any prior year overpayment	6069, enter allowed as a	any refundable credits and estimated tax credit .	3b	\$	439.
c Balanc	e due. Subtract line 3b from line 3a. Include yo	our payment	with this form, if required, by using	,	ا	0

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