

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



Foin 990-PF

Department of the Treasury

Internal Revenue Service

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

Treated as a Private Foundation

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

254,558

OMB No 1545-0052

For calendar year 2011 or tax year beginning , and ending Name of foundation A Employer identification number **BROWN FOUNDATION** 73-6230335 Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite 1707 ELMHURST City or town, state, and ZIP code C If exemption application is pending, check here OK 73120 OKLAHOMA CITY G Check all that apply Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test Address change Name change check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here J Accounting method: I Fair market value of all assets at end F If the foundation is in a 60-month termination Other (specify) under section 507(b)(1)(B), check here of year (from Part II, col (c), 10,016,647 (Part I, column (d) must be on cash basis.) line 16) ▶\$ (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per ıncome income purposes the amounts in column (a) (see instructions).) books (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 111,041 2 Check I if the foundation is not required to attach Sch B 1,100 1,100 Interest on savings and temporary cash investments 258,664 258,664 Dividends and interest from securities . . . 5 a Gross rents SECTIVED WAY 2 b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 D Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . Net short-term capital gain . Income modifications . . 10 a Gross sales less returns and allowances **b** Less: Cost of goods sold . . C Gross profit or (loss) (attach schedule) . . Other income (attach schedule) . . . 11 O 0 Total. Add lines 1 through 11 . . . 12 370,805 0 259,764 13 Compensation of officers, directors, trustees, etc. 14 Other employee salanes and wages . 15 Pension plans, employee benefits . . . 0 0 16 a Legal fees (attach schedule) . 0 0 0 0 **b** Accounting fees (attach schedule) . . Operating and Administrative C Other professional fees (attach schedule) . . 0 0 0 interest 5,206 5.206 5.206 0 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion . 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (attach schedule) n 0 0 Total operating and administrative expenses. 5,206 5,206 Add lines 13 through 23 . 5,206 25 Contributions, gifts, grants paid . 400,000 400,000 26 Total expenses and disbursements. Add lines 24 and 25. 405,206 5.206 5,206 400.000 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements -34,401

For Paperwork Reduction Act Notice, see instructions.

b Net investment income (if negative, enter -0-).

c Adjusted net income (if negative, enter -0-) .

Form 990-PF (2011)

0

Par		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End e	of year
Fai	س	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cashnon-interest-bearing			
ļ	2	Savings and temporary cash investments	727,717	545,619	545,619
ĺ	3	Accounts receivable 0			
-		Less: allowance for doubtful accounts	0	0	0
	4	Pledges receivable ▶ 0			
- 1		Less: allowance for doubtful accounts		0	0
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
ľ		disqualified persons (attach schedule) (see instructions)	ol	0	0
İ	7	Other notes and loans receivable (attach schedule)			
		Less allowance for doubtful accounts	o	0	0
ဖွာ	8	Inventones for sale or use			
Assets	9	Prepaid expenses and deferred charges		·····	
33	_	a Investments—U.S. and state government obligations (attach schedule)	0	0	0
_		b Investments—corporate stock (attach schedule)	5,790,795	5,743,544	5,743,544
		c Investments—corporate bonds (attach schedule)	3,461,466	3,727,484	
	11	Investments—land, buildings, and equipment: basis 0		0,.2,,101	0,727,101
	••	Less accumulated depreciation (attach schedule)	o	0	0
	12	Investments—mortgage loans	<u> </u>		<u> </u>
	13	5 5	0	0	0
		Investments—other (attach schedule)			<u> </u>
	14	Land, buildings, and equipment basis	o	0	
	4.5	Less accumulated depreciation (attach schedule)	0	0	
	15	Other assets (describe)	<u> </u>		<u> </u>
i	16	Total assets (to be completed by all filers—see the	0.070.079	40.046.647	40.046.647
	47	instructions. Also, see page 1, item l)	9,979,978	10,016,647	10,016,647
	17	Accounts payable and accrued expenses			ļ
88	18	Grants payable	<u></u>		İ
Liabilities	19	Deferred revenue			ł
Ö	20	Loans from officers, directors, trustees, and other disqualified persons	0	0	1
<u>=</u>	21	Mortgages and other notes payable (attach schedule)	0		+
	22	Other liabilities (describe)	0		4
	23	Total liabilities (add lines 17 through 22)	0	0	
80	ł	Foundations that follow SFAS 117, check here			
ဗ္ဗ	l	and complete lines 24 through 26 and lines 30 and 31.			
alances	24	Unrestricted			1
	25	Temporarily restricted			1
5	26	Permanently restricted			1
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here . ► X			
F.	l	and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	9,979,978	10,016,647	1
뫓	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
88	29	Retained earnings, accumulated income, endowment, or other funds.]
×	30	Total net assets or fund balances (see instructions)	9,979,978	10,016,647	<u>'</u>
9	31	Total liabilities and net assets/fund balances (see .	ļ		
		instructions)	9,979,978	10,016,647	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Tota	I net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with		
		of-year figure reported on prior year's return)		<u>1</u>	9,979,978
2	Ente	r amount from Part I, line 27a		2	-34,401
3	Othe	r increases not included in line 2 (itemize)		3	0
4	Add	lines 1, 2, and 3		4	9,945,577
5		reases not included in line 2 (itemize)		5	0
6		I net assets or fund balances at end of year (line 4 minus line 5)—Part II. o		6	9 945 577

(a) List and describe the	d Losses for 1 ax on Investm kind(s) of property sold (e.g., real estate, i.e., or common stock, 200 shs MLC Co.)	(b) How acquire P—Purchase D—Donation	(c) L	Pate acquired o , day, yr)	(d) Date sold (mo , day, yr)
1a					
<u>b</u>					
C					
<u>d</u>					
<u> </u>	(A December allowed	(-) ()	-	4.0	(1)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale			or (loss)) minus (g)
a 0	0		0		0
<u>b</u> 0	0		0		<u>c</u>
c 0 0	0		0		0
e 0	<u> </u>		0		<u>c</u>
	ing gain in column (h) and owned by	the foundation on 12/31/69	-	(I) Corns (Col	
	(j) Adjusted basis	(k) Excess of col (i)	\dashv		(h) gain minus less than -0-) or
(i) F M V as of 12/31/69	as of 12/31/69	over col (j), if any			om col (h))
a 0	0		0		C
b 0	0		0		C
c 0	0		0		C
d 0	0		0		
9 0	<u> </u>		0		<u>C</u>
2 Capital gain net income or		enter in Part I, line 7	} _		
3. Net short-term capital gain	or (loss) as defined in sections 1	er -0- in Part I, line 7	J 2 1		
	line 8, column (c) (see instruction		ı I		
	· · · · · · · · · · · · · · · · · · ·		} 3		C
	er Section 4940(e) for Redu		ment In	come	<u> </u>
	ne section 4942 tax on the distrib of qualify under section 4940(e).			ase period?	Yes No
1 Enter the appropriate amo	ount in each column for each yea	r; see the instructions bef	ore make	ng any entrie	S.
(a)	(b)	(c)	T		(d)
Base penod years Calendar year (or tax year beginning in	Adjusted qualifying distributions	Net value of nonchantable-us	e assets		nbution ratio Irvided by col (c))
2010	485,00	0	0	(60 (6) 0	0.000000
2009	622,00		38,709		0 068815
2008	227,50		68,293		0 024028
2007	522,50		343,090		0 054403
2006	559,50	0 7,7	780,840		0 071907
0 Tatal - 6 hrs - 4 1 hrs - 740				_ }	
				2	0.219153
	indation has been in existence if			•	0.042024
			_ :. · -	3	0.043831
4 Enter the net value of nonc	haritable-use assets for 2011 from	m Part X, line 5		4	9,848,338
5 Multiply line 4 by line 3			[5	431,663
6 Enter 1% of net investment	income (1% of Part I, line 27b)		[6	5,20€
7 Add lines 5 and 6			[7	436,869
	s from Part XII, line 4			8	400,000
If line 8 is equal to or greate the Part VI instructions.	er than line 7, check the box in Pa	art VI, line 1b, and comple	ete that p	art using a 1°	% tax rate. See

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	instruction	ons)	
1 a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			ļ	
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			- 1	
	Domestic foundations that meet the section 4940(e) requirements in Part V, check		5,	091	
	here Dand enter 1% of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%			ı	
	of Part I, line 12, col. (b).			ا۔	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			-0	
3	Add lines 1 and 2		Э,	091	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		_	004	
	Tax based on investment income. Castaca mile visit mile of the castaca			091	
	Credits/Payments: 2011 estimated tax payments and 2010 overpayment credited to 2011 6a 5,206	ı		l	
				i	
	Exempt foreign organizations tax maintains at source				
	Tax para with application of sales to the Commercial				
7	Backup withholding erroneously withheld		5	206	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			0	
9	Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed			ō	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			115	
11				o	
Par	rt VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
1 4	participate or intervene in any political campaign?	1	a		Х
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	· F	_		
	Instructions for definition)?	11	ь		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.		1		
С	Did the foundation file Form 1120-POL for this year?	1	c		Х
d	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.				
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$		ļ		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		- 1		1
	on foundation managers. \$		- 1		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	نــا · · · لـــا	2		X
	If "Yes," attach a detailed description of the activities.	{	ļ		}
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	1.			l
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_	3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	· · · —	la lb	N/A	X
_	of "Yes," has it filed a tax return on Form 990-T for this year?	· -	5	IWA	-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	· · · -	"		-
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				ŀ
٠	By language in the governing instrument, or	ŀ			
	By state legislation that effectively amends the governing instrument so that no mandatory directions				1
	that conflict with the state law remain in the governing instrument?		6	X	1
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 Pa	—	7	Х	
	a Enter the states to which the foundation reports or with which it is registered (see instructions)		╗		
- •	ок — — — — — — — — — — — — — — — — — — —	 -			
t	b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney				1
	General (or designate) of each state as required by General Instruction G? If "No," attach explanation	[8	Bb.		
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,"	-	ļ		1
	complete Part XIV	L	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing		Ì		
	their names and addresses	1	ın İ	X	Į.

Part	VII-A Statements Regarding Activities (continued)	<u>.</u>		
1,1	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)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A The books are in care of ► W.C.BROWN Telephone no. ► (405) 842-34	172		
14	The books are in care of ► W.C.BROWN Located at ► 1707 Elmhurst Oklahoma City OK ZIP+4 ► 73120	·· ·		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	 		
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
Da	the foreign country t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L	k	
Ρā			Yes	No
4-	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		162	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?			
		1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	for the benefit or 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.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations	l		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		х
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)):			
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011?			
	If "Yes," list the years 20, 20, 20	ļ		
b	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)	١.,	İ	
_	to all years listed, answer "No" and attach statement—see instructions.)	2b	 -	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20	l		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business	1	•	ŀ
	enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation		1	
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved	L	<u> </u>	L
	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			ŀ
	If the foundation had excess business holdings in 2011.)	3b	N/A	ļ
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable	4-		
	DOLDOSE HIAL HAG DOLDERD REDOVED HOD RECORDS DEIDRE DE HISLOAV OF THE TAY VEAL DECIMARIO IN 20117	. 4.	1	

rom	990-PF (2011) BROWN FOUNDATION			73	3-6230335	Page 6
Pa	rt VII-B Statements Regarding Activitie	s for Which Form	4720 May Be Re	quired (continued)		
	During the year did the foundation pay or incur any					
	(1) Carry on propaganda, or otherwise attempt to		section 4945(e))? .	Yes X	No	
	(2) Influence the outcome of any specific public e	election (see section 49	955), or to carry			
	on, directly or indirectly, any voter registration	drive?		Yes X	No	
	(3) Provide a grant to an individual for travel, stud	tv. or other similar pur	ooses?	Yes X	No	
	(4) Provide a grant to an organization other than				1	
	in section 509(a)(1), (2), or (3), or section 494			Yes X	No	
	(5) Provide for any purpose other than religious,					
	educational purposes, or for the prevention of	cruelty to children or a	animals?	Yes X	No	! !
b	If any answer is "Yes" to 5a(1)-(5), did any of the to			ns described in		
U	Regulations section 53.4945 or in a current notice of				5b	N/A
	Organizations relying on a current notice regarding			,		
С	If the answer is "Yes" to question 5a(4), does the fo				'	!
C	tax because it maintained expenditure responsibilit			Yes T	No	1
	If "Yes," attach the statement required by Regulation					! !
6-	Did the foundation, during the year, receive any fur					i
va	premiums on a personal benefit contract?			Yes X	No.	
.	Did the foundation, during the year, pay premiums,		n a nersonal henefit (. 6ь	1 [
U	If "Yes" to 6b, file Form 8870	directly of indirectly, e			·	1 1
72	At any time during the tax year, was the foundation	a narty to a prohibited	tax shelter transaction	on? Yes X	No I	
	If "Yes," did the foundation receive any proceeds o				7b	
	art VIII Information About Officers,					1000
	and Contractors	Directors, 11uste	ics, i ceriadion	managoro, riiginiy r ar	u Linpio,	,
1	List all officers, directors, trustees, foundation	ation managers and	their compensat	ion (eee instructions)		•
•						
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen	se account
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans	. , ,	ise account,
w	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to	. , ,	
	(a) Name and address	(b) Title, and average hours per week devoted to position trustee	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other al	
17	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	other al	llowances
17	(a) Name and address	(b) Title, and average hours per week devoted to position trustee	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other at	llowances
17	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120	(b) Title, and average hours per week devoted to position trustee 2/wk	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other at	llowances 0
17	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120	(b) Title, and average hours per week devoted to position trustee 2/wk	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other al	llowances 0
17	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120	(b) Title, and average hours per week devoted to position trustee 2/wk	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other al	llowances 0
17	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120	(b) Title, and average hours per week devoted to position trustee 2/wk	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 0	other al	llowances 0
17(C.I	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120	(b) Title, and average hours per week devoted to position trustee 2/wk	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation 0	other al	llowances 0 0
17(C.I	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown	(b) Title, and average hours per week devoted to position trustee 2/wk	(c) Compensation (If not paid, enter -0-) 0	(d) Contributions to employee benefit plans and deferred compensation 0	other al	llowances 0 0
17(C.I	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position trustee 2/wk	(c) Compensation (if not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 ne 1—see instructions).	other al	0 0 0
17/ C.I	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employ	(b) Title, and average hours per week devoted to position trustee 2/wk ".00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1—see instructions).	other al	0 0 0 onse account,
17/ C.I	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position trustee 2/wk .00 .00 .00 .yees (other than the	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 1—see instructions).	other al	0 0 0
17/ C.J	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position trustee 2/wk ".00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1—see instructions). (d) Contributions to employee benefit plans and deferred	other al	0 0 0 onse account,
17/ C.J	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position trustee 2/wk ".00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1—see instructions). (d) Contributions to employee benefit plans and deferred	other al	0 0 0 onse account,
17/ C.J	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position trustee 2/wk ".00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1—see instructions). (d) Contributions to employee benefit plans and deferred	other al	0 0 0 onse account,
17/ C.J	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position trustee 2/wk ".00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1—see instructions). (d) Contributions to employee benefit plans and deferred	other al	0 0 0 onse account,
17/ C.J	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position trustee 2/wk ".00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1—see instructions). (d) Contributions to employee benefit plans and deferred	other al	0 0 0 onse account,
17/ C.J	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position trustee 2/wk ".00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1—see instructions). (d) Contributions to employee benefit plans and deferred	other al	0 0 0 onse account,
17/ C.J	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position trustee 2/wk ".00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1—see instructions). (d) Contributions to employee benefit plans and deferred	other al	0 0 0 onse account,
17/ C.J	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position trustee 2/wk ".00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1—see instructions). (d) Contributions to employee benefit plans and deferred	other al	0 0 0 onse account,
170 C.I	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position trustee 2/wk ".00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1—see instructions). (d) Contributions to employee benefit plans and deferred	other al	0 0 0 onse account,
17/ C.J	(a) Name and address C Brown D7 Elmhurst Oklahoma City OK 73120 M.Brown Compensation of five highest-paid employenter "NONE."	(b) Title, and average hours per week devoted to position trustee 2/wk ".00 .00 .00 .00 .00 .00 .00 .00 .00 .0	(c) Compensation (If not paid, enter -0-) 0 0 0 ose included on li	(d) Contributions to employee benefit plans and deferred compensation 0 0 0 1—see instructions). (d) Contributions to employee benefit plans and deferred	other al	0 0 0 onse account,

orm 990-PF (2011) BROWN FOUNDATION		73-6230335 Page 7
Part VIII Information About Officers, Directors, Trustees,	Foundation Managers, Highly Pa	id Employees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see	instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		0
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant the number of organizations and other beneficiaries served, conferences convened, research p		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see	•	T
Describe the two largest program-related investments made by the foundation during the tax ye	ar on lines 1 and 2	Amount
1		
2	,	
All other program-related investments See instructions		
3		1
		0

Form **990-PF** (2011)

Total. Add lines 1 through 3

Par		foundati	ons,
	see instructions.)	ı ı	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		0.004.045
а	Average monthly fair market value of securities	1a	9,361,645
b	Average of monthly cash balances	1b	636,668
C	Fair market value of all other assets (see instructions)	1c	0.000.040
d	Total (add lines 1a, b, and c)	1d	9,998,313
е	Reduction claimed for blockage or other factors reported on lines 1a and	1	
	1c (attach detailed explanation)	1 .	
2	Acquisition indebtedness applicable to line 1 assets	2	0.000.040
3	Subtract line 2 from line 1d	3	9,998,313
4	Cash deemed held for chantable activities. Enter 1 1/2 % of line 3 (for greater amount, see	1.1	440.075
	instructions)	4	149,975
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,848,338
6	Minimum investment return. Enter 5% of line 5	6	492,417
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here I and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	492,417
2a	Tax on investment income for 2011 from Part VI, line 5	7 1	
b	Income tax for 2011. (This does not include the tax from Part VI.)	4 1	
C	Add lines 2a and 2b	2c	5,091
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	487,326
4	Recovenes of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	487,326
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,	1	
	line 1	7	487,326
Par	t XII Qualifying Distributions (see instructions)		
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	400,000
b	Program-related investments—total from Part IX-B	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	400,000
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 instructions)	5	C
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	400,000
-	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	dation	
	qualifies for the section 4940(e) reduction of tax in those years		

572,553

572,553

87,553

485,000

32,067

32,067

Enter the net total of each column as

b Prior years' undistributed income. Subtract

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 instructions

e Undistributed income for 2010. Subtract line 4a from line 2a Taxable amount—see

Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must

Amounts treated as distributions out of corpus to satisfy requirements imposed by

Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2012.

Subtract lines 7 and 8 from line 6a .

section 170(b)(1)(F) or 4942(g)(3) (see instructions) . _

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5.

indicated below:

instructions .

be distributed in 2012

Analysis of line 9:

a Excess from 2007

b Excess from 2008 . . .

c Excess from 2009

d Excess from 2010 .
e Excess from 2011

line 4b from line 2b . .

	t XIV Private Operating Foundations (Se	ee instructions an	d Part VII-A, qu	uestion 9)	73-0230	V/A
	If the foundation has received a ruling or determinate	tion letter that it is a p	orrvate operating			
	foundation, and the ruling is effective for 2011, ente	er the date of the rulin	g	▶ ∟		<u></u>
	Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or					
2 a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(d) Total
	year listed	0	0	0	0	0
	85% of line 2a	0	0	0	0	0
C	Qualifying distributions from Part XII,	_				•
	line 4 for each year listed	0	0	0	0	0
a	Amounts included in line 2c not used directly for active conduct of exempt activities		1			0
e	Qualifying distributions made directly					
	for active conduct of exempt activities.	İ	1			
_	Subtract line 2d from line 2c	0	0	0	0	0
3	Complete 3a, b, or c for the alternative test relied upon.	1				
а	"Assets" alternative test-enter				Ì	_
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X, line 6 for each year listed	o	0	0	0	0
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)					0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from an exempt organization		· · · · · · · · · · · · · · · · · · ·			0
	(4) Gross investment income	 				0
Pa	rt XV Supplementary Information (Cor	mplete this part	only if the fou	ndation had \$5,	000 or more in	
	assets at any time during the ye	ar—see instruct	ions.)			
1	Information Regarding Foundation Manag					
a	List any managers of the foundation who have con before the close of any tax year (but only if they ha				the foundation	
<u>W.</u>	C.Brown C.M.Brown				· · · · · · · · · · · · · · · · · · ·	
t	List any managers of the foundation who own 10% ownership of a partnership or other entity) of which				ortion of the	
2	Information Regarding Contribution, Gran	nt, Gift, Loan, Scho	olarship, etc., Pi	rograms:		
	Check here	contributions to pres	elected charitable	organizations and de		
- 6	The name, address, and telephone number of the	person to whom appl	ications should be	addressed [.]		
_	The form in which applications should be submitte	ed and information and	d materials they sh	ould include		
_			-			
_	Any submission deadlines.					
_	Any restrictions or limitations on awards, such as I factors:	by geographical areas	s, chantable fields,	kinds of institutions	, or other	

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (home or business)	or substantial contributor	recipient				
a Paid during the year	ļ			25 000		
AmeriCares			all public charities	35,000		
88 hamilton Ave. Stamford CT 06902						
Hoty Spirit Catholic Church				25,000		
Box 2860		1		20,000		
Breckenridge CO 80424						
American Fd. for Children/Aids			, ,	80,000		
6221 Blue Grass Ave.						
Harrisburg PA 17112						
Mount St. Mary's HS			•	10,000		
Oklahoma City OK			_			
Papal Foundation			"	100,000		
Bala Cynvoid PA 19004			_	400.000		
Catholic Education Foundation			·	100,000		
7501 NW Hwy						
Oklahoma City OK 73132 Great Expectations Fd.		1	•	50,000		
Great Expectations I d.		1		30,000		
Oklahoma City OK						
		1				
Total			▶ 3a	400,000		
b Approved for future payment	<u> </u>			400,000		
2 Approved to ratare payment						
		1				
_	-					
		ļ				
Total		<u> </u>	▶ 3b	0		
17441	<u></u>	<u> </u>				

Preparer

Use Only

Firm's name

Firm's address

Part X		nation Regariza		fers To and Tr	ansactions a	nd Rel	ationships Wi	th Noncharit	able		
in s	the organiz	ation directly	or indirectly er	ngage in any of the ection 501(c)(3) o						Yes	No
-		the reporting	foundation to	a noncharitable e	xempt organiza	ation of:					
(1)	Cash					. .			1a(1)		
(2)	Other asse	ts							1a(2)		
	er transacti										1
				mpt organization					1b(1)	<u> </u>	
				ble exempt organ					1b(2)	\vdash	
				assets					1b(3) 1b(4)	-	-
(4)	Loans or lo	an guarantee							1b(5)		
				ip or fundraising					1b(6)		
				ts, other assets, o					1c		
val val	ue of the go ue in any tra	ods, other as insaction or s	sets, or service haring arrange	complete the follows given by the rement, show in co	porting foundate blumn (d) the va	tion. If the	ne foundation red ne goods, other	ceived less that assets, or servi	n fair m	arket eived	i.
(a) Line	no (b) Am	ount involved	 	f nonchantable exemp	t organization	(a) Des	scription of transfers,	ransactions, and s	nanng an	angem	ents
		0				 		······································			
											
			 								
		0		·-		<u> </u>					
		O									
		0									
						<u> </u>					
		0		·		<u> </u>					
						 					
						 					
						 					
		C				<u> </u>					
		C									
		C)								
de	scnbed in se	ection 501(c)		ated with, or relate ther than section					Yes [] No	
	(a) Nar	ne of organization	<u> </u>	(b) Type	of organization	<u>_</u>	(c)	Description of relati	onship _		
				· · · · · · · · · · · · · · · · · · ·							
											
								 .			
											
 -	Under penalties	s of perjury, I declare	that I have examined t	his return, including accomp	panying schedules and s	talements, a	nd to the best of my know	edge and belief, it is his	e.		
Sign Here				expayer) is based on all info				May the IRS with the prep instructions)?	discuss the		
	Signature	of officer or truste	e	Date /	Title					_=	
Paid	Print/	Type preparer's r	name	Preparer's signature			Date	Check rf	PTIN		

Check I rf self-employed

Firm's EIN

Phone no

Schedule B (Form 990, 990-EZ.

or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number

73-6230335 **BROWN FOUNDATION** Organization type (check one): Section: Filers of: 501(c)() (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization 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, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and Ш. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Name of organization Employer Identification number BROWN FOUNDATION 73-6230335

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.							
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
1	Carolyn M. Brown 1707 Elmhurst Oklahoma City OK 73120 Foreign State or Province: Foreign Country.	\$111 <u>,041</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
2	Foreign State or Province. Foreign Country:	\$0	Person Payroll Noncash Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
3	Foreign State or Province: Foreign Country:	\$ <u>o</u>	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
4	Foreign State or Province: Foreign Country:	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
5	Foreign State or Province: Foreign Country:	\$0_	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
6	Foreign State or Province: Foreign Country	\$0	Person Payroll Noncash (Complete Part II if there is a noncash contribution)					

Name of organization
BROWN FOUNDATION

Employer identification number 73-6230335

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.							
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
	1200 sh. Stericycle	\$ 111,041	7/6/2011					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$ <u>o</u>						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$0						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$ <u>0</u>						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$ <u>0</u>						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$0						