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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047
2012
Open to Public

For the 2012 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number BROWN LEDGE FOUNDATION Name change Doing Business As 04-3351055 Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-25 WILSON STREET 802 862 2442 Amended 1,556,254. City, town, or post office, state, and ZIP code G Gross receipts \$ Applica-BURLINGTON, VT 05401 H(a) Is this a group return pending F Name and address of principal officer: WILLIAM NEILSEN Yes X No for affiliates? 25 WILSON STREET, BURLINGTON, VT 05401 H(b) Are all affiliates included? Yes I Tax-exempt status: X 501(c)(3) __ 501(c) () ◀ (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization X Corporation L Year of formation 1996 M State of legal domicile VT Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: SUMMER CAMP CANNINED SEP Activities & Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 11 11 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 88 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 162,128. 319,497.Contributions and grants (Part VIII, line 1h) 1,332,857. 1,203,167. Program service revenue (Part VIII, line 2g) 1,279.5,204. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 14,685. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 32,31112 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,514,874. 1,556,254. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 13 Benefits paid to or for members (Part IX, column (A), line 4) 0. 567,295. 536,659. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 53,740. **b** Total fundraising expenses (Part IX, column (D), line 25) 904,978. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 818,326. 1,472,273. 1,354,985. Total expenses Add lines 13-17 (must equal Part IX-column (A), line 25) 42,601. 201,269. Revenue less expenses. Subtract line 18 from line 12 or **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 2,345,893. 2,670,261. 3-0S(AUG 1 9 21 Total liabilities (Part X, line 26) 423,634 546,733. Net assets or fund balances. Subtract line 21 from line 2 922,259. ,123,528. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date Sign 2012 WILLIAM NEILSEN, DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check 08/14/13 JULIAN C. HARRISON III Paid P01258820 Preparer Firm's name **VAN BLARCOM AND** HARRISON. Firm's EIN 03-0238049 Firm's address P.O. BOX 1330 Use Only STOWE, VT 05672 Phone no 802-253-4822 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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	n 990 (2012) BROWN LEDGE FOUNDATION	04-3351055	Page 2
	rt III Statement of Program Service Accomplishments		_
•	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	RUN A SUMMER CAMP FOR GIRLS		
•			
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the prior Form 990 or 990-EZ?	L Yes	. L∆ No
3	If "Yes," describe these new services on Schedule O.		X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	tes	I LA INO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	mageured by expense	•
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.	ers, the total expenses,	and
4a	1 000 641	1,203,	167.)
	ORGANIZATION RUNS A SUMMER CAMP IN VERMONT	, ,	
			-
			_
			
4b	(Code) (Expenses \$	ue \$)
		_	
		<u> </u>	
4c	(Code) (Expenses \$ including grants of \$) (Reven	nue \$)
			_
			
			_
		·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$	1	
	Total program service expenses \(\)		
		Form !	990 (2012)

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_ 2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٠,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			7.77
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	i		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	17	Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f				v
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	10-		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		-	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ļ		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	!		
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			17
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			v
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		_ <u>X</u> _
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20а 20ь		Λ
	155 to 1115 250, 516 the organization attach a copy of its abolice infancial statements to this return?		990 (2012
		1 01111	220 ((2 I V ب

F	art IV Checklist of Required Schedules (continued)			
	•		Yes	No
2	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		1	
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
2				
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
2				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
2	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
2	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
2	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	
2	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			İ
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X
29	The state of the s	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
3.				•
	If "Yes," complete Schedule N, Part I	31	igsqcut	X
32	5, 15, 15, 15, 15, 15, 15, 15, 15, 15, 1			l
	Schedule N, Part II	32		Х
30	5 The state of the			١
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	5 - The state of t			.,
21	Part V, line 1	34		X
J:	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	$\vdash \vdash \vdash$	Х
	b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	$\vdash \vdash \vdash$	
30	to an oxempt non-classical organization.			_U
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an activity that is not a valeted area instance.	36	 	Х
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI. lines 11b and 19?	37		^_
_			, ,	i

Note. All Form 990 filers are required to complete Schedule O

	990 (2012) BROWN LEDGE FOUNDATION		04-3331	033		age ɔ			
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					$\overline{}$			
	Sites in Contrast of Contrast				V				
4.	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	4	1 0		Yes	No			
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b	Ö	1					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and		1	1					
·	(gambling) winnings to prize winners?	еропа	ible garning	1c	1	1			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1	<u></u>					
	filed for the calendar year ending with or within the year covered by this return	2a	88						
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	1			
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3)		3a	1	х			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3ь					
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over a	55					
	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a		X			
b	If "Yes," enter the name of the foreign country.	accoc		70					
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts.						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action'	>	5b		Х			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts						
	were not tax deductible?		_	6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	as rec	luired						
	to file Form 8282?			7c	ļ	X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	ct?	7e	ļ	ļ <u></u>			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conf			7f					
g	If the organization received a contribution of qualified intellectual property, did the organization file F		•	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		ļ.,,			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. [_	-				
•	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tir	ne during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.				-	ĺ			
a	Did the organization make any taxable distributions under section 4966?			9a 9b	 	-			
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:			90	-				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		1					
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1	-				
11	Section 501(c)(12) organizations. Enter:	100							
а	Gross income from members or shareholders	11a	1						
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1					
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	•	?	12a]			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u> </u>						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b]					
c	Enter the amount of reserves on hand	13c		L		<u> </u>			
140	Did the organization receive any payments for indoor tanning services during the tax year?			142		X			

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

BROWN LEDGE FOUNDATION 04-3351055 Form 990 (2012) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 11 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 11 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? Х 8a Х b Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c Х 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available

for public inspection. Indicate how you made these available. Check all that apply

X Upon request Own website Another's website Other (explain in Schedule O)

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: WILLIAM NEILSON - 802-862-2442 05401

WILSON STREET, BURLINGTON,

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NANCY WEAVER JONES DIRECTOR	0.00	-						0.	0.	0
(2) KEDRON FIX	0.00							0.	0.	
DIRECTOR		1						0.	0.	0
(3) WILLIAM NEILSON	40.00									
TREASURER		L						101,424.	0.	12,000
(4) TOM PASTORE	0.00									
DIRECTOR		<u> </u>						0.	0.	0
(5) ROBYN SONIS	0.00						•			
DIRECTOR	0.00							0.	0.	0
(6) AMY PRYZBYIKO	0.00	┨						0.	0.	0
DIRECTOR (7) JOSH PODVIN	0.00	 						0.	0.	0
DIRECTOR		1						0.	0.	0
(8) ELIZABETH STRIMPLE	0.00	 						0.0		
SECRETARY		1						0.	0.	0
(9) SARAH MAGGS RILEY VP	0.00							0.	0.	0
(10) ABBEY DUDD DIRECTOR	0.00							0.	0.	0
(11) JENNIFER WILKINSON DIRECTOR	0.00							0.	0.	0
-								_		

232007 12-10-12

Part VII Section A. Officers, Directors, Tru		ploy	/ees			ghe	st C			1			
(A) Name and title	(B) (C) Average Position							(D) Reportable	(E) Reportable		Fe	(F) tımate	d
vaine and title	hours per	hours per (do not check more than one box, unless person is both an					h an	compensation	compensation	n		ount o	
	week (list any	officer and a director/trustee)				or/trus	tee)	from the	from related organizations			other	tion
	hours for	director				8			(W-2/1099-MISC)			pensa om the	
	related	Ste or	frustee			ensati		(W-2/1099-MISC)	•		orga	anızatı	on
	organizations below	Individual trustee or	onal t		a fold	a tcom						i relate Inizatio	
	line)	Individ	Institutional t	Officer	Key employee	Highest compensated employee	Forme				Olga	unzan)11 5
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				Ī	-	<u> </u>							
		1											
1b Sub-total	•	1				▶		101,424.	,	0.	1:	2,0	
c Total from continuation sheets to Part	VII, Section A							0.		0.		2 2	0.
d Total (add lines 1b and 1c)						<u> </u>		101,424.		0.	1.	2,0	00.
2 Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wi	no re	eceived more than \$100	,000 of reportable	е			1
compensation from the organization											I	Yes	No
3 Did the organization list any former office	r, director, or tri	uste	e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on	ſ			
line 1a? If "Yes," complete Schedule J for										1	3		X
4 For any individual listed on line 1a, is the								-	the organization				Х
and related organizations greater than \$1Did any person listed on line 1a receive or									idual for services	Ī	4		
rendered to the organization? If "Yes," co							Cial	ed organization or indivi	dual for services		5	1	X
Section B. Independent Contractors	•												
1 Complete this table for your five highest of		-								pensa	ation f	rom	
the organization. Report compensation for	r the calendar y	/ear	endi	ng v	<u>with</u>	or w	<u>ithir</u>		year.			.,	
(A) Name and busines	s address	N	INC	E				(B) Description of s	ervices	C	(C) ompe	i) nsatio	n
								· · · · · · · · · · · · · · · · · · ·					
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O Tablesonbareful service	(in alman a large	1		- L	AI-	!		d = h = x = 2 x = 4 x = 2 x = 2 x = 4 x = 4 x = 2 x = 2 x = 2 x = 4 x = 2 x =					
 Total number of independent contractors \$100,000 of compensation from the orga 		iOt II	ınıte	iu (0		se II: 0	siec	above) who received in	iore man				
4 100 100 of compensation from the orga											Form	990 <i>(</i>	2012)

L		Check if Schedule O con	tains a response	to any question	n in this Part VIII			
			<u></u>	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a				· · · · · · · · · · · · · · · · · · ·	
Sra Our	l t	Membership dues	1b					
S, C	0	Fundraising events	1c					
直	(Related organizations	1d	·				
ž.	e	Government grants (contribu	tions) 1e					
itio er S	f	All other contributions, gifts, gran	nts, and		7			
혈美		similar amounts not included abo	ove 1f	319,497				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in line	s 1a-1f \$					
<u>5 6</u>	h	Total. Add lines 1a-1f		<u> </u>	319,497.			
		CAMPEDO MUTETO	. 7	Business Code				
ice		CAMPERS TUITION	N	/13990	1,203,167.	1,203,167.	 -	
Program Service Revenue	b				 			
E S	٥	<u> </u>						_
Pe Re	٥							
Š	е			<u>-</u>				<u> </u>
	f	[· · · · · · · · · · · · · · · · · · ·	enue		1 000 107			
		Total. Add lines 2a-2f			1,203,167.			ļ
	3	Investment income (including	ı dividends, intere		1 270			1 270
		other similar amounts)			1,279.			1,279.
	4 5	Income from investment of ta	ix-exempt bond p	proceeds				
	3	Royalties	(V Bool	(v) Damanal				
	6 a	Gross rents	(i) Real	(II) Personal	-			
	b				-{			
		Rental income or (loss)			1			
		Net rental income or (loss)	<u> </u>	•	1			1
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	(i) Coodinico	(1) 0 (1) (1)	1			
	b	Less: cost or other basis			1			
		and sales expenses						
	С	Gain or (loss)						
		Net gain or (loss)			1			1
e	8 a	Gross income from fundraisin	g events (not					
n l		including \$	of	İ				
Other Reven		contributions reported on line	1c). See					
7		Part IV, line 18	а					
훗	b	Less: direct expenses	b					
١	С	Net income or (loss) from fund	draising events					1
	9 a	Gross income from gaming ac	ctivities. See					
		Part IV, line 19	а		_			
		Less direct expenses	b					
		Net income or (loss) from gam						
İ	10 a	Gross sales of inventory, less	returns					
		and allowances	а					
ĺ		Less: cost of goods sold	ь	L	-			
}	С	Net income or (loss) from sale		<u> </u>				
}		Miscellaneous Revenu		Business Code		20 211		
	11 a	UNREALIZED GAIN	<u> </u>	713990	32,311.	32,311.		
	b				 			
	C	All -4h	· - · -		-		_	
	d			L	22 211			
	e 12	Total. Add lines 11a-11d			32,311. 1,556,254.	1 225 470	0.	1 070
232009 12-10-		Total revenue See instructions			11,000,204.	1,233,4/0.		1,279. Form 990 (2012)
12-10-	14							rom 990 (2012)

Form 990 (2012) BROWN LEDGE FOUNDATION Part IX Statement of Functional Expenses

Sec	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon			mplete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		expenses	general expenses	expenses
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				**************
5	Compensation of current officers, directors,				
	trustees, and key employees	101,423.	60,854.	30,427.	10,142
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	200 005	251 252	16 006	
7	Other salaries and wages	388,805.	371,879.	16,926.	
8	Pension plan accruals and contributions (include	6 050	4 110	2 255	605
_	section 401(k) and 403(b) employer contributions)	6,850.	4,110.	2,055.	685
9	Other employee benefits	30 501	26.060	2 720	700
10	Payroll taxes	39,581.	36,060.	2,739.	782
11	Fees for services (non-employees):				
a	Management	2 060	2 060		
b	Legal	2,060. 5,863.	2,060.	5,863.	
C	Accounting	3,003.	•		
d	Lobbying Professional fundamental converse. Con Part IV. line 17				
e f	Professional fundraising services See Part IV, line 17	2,256.		2,256.	
	Investment management fees Other. (If-line 11g amount exceeds 10% of line 25,	2,250.		2,230.	
9	column (A) amount, list line 11g expenses on Sch O				
12	Advertising and promotion	16,442.	617.		15,825
13	Office expenses	14,610.	14,610.		13/023
14	Information technology	1,483.		1,483.	
15	Royalties			2,71000	
16	Occupancy	83,736.	83,736.		
17	Travel	,			
18	Payments of travel or entertainment expenses				·
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,399.	7,399.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	93,451.	93,451.		
23	Insurance	86,587.	86,587.		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	DEPARTMENT EXPENSE .	455,704.	430,528.		25,176
b	CREDIT CARD EXPENSES	20,303.		20,303.	
c	TELEPHONE	11,298.	9,038.	1,130.	1,130
d	DUES & SUBSCRIPTIONS	3,949.		3,949.	
е	All other expenses	13,185.	8,712.	4,473.	
25	Total functional expenses. Add lines 1 through 24e	1,354,985.	1,209,641.	91,604.	53,740
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	132,121.	1	227,546 32,157
2	Savings and temporary cash investments	32,080.	2	32,157
3	Pledges and grants receivable, net		3	·
4	Accounts receivable, net	3,000.	4	
5	Loans and other receivables from current and former officers, directors,			7 7 77 77
			1	
	Part II of Schedule L		5	
6	Loans and other receivables from other disqualified persons (as defined under			
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			

		Ì	6	
7			7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
0a				· · · · · · · · · · · · · · · · · · ·
			1	
b	Less: accumulated depreciation 10b 1,251,354.	2,122,462.	10c	2,361,590
1		53,632.	11	2,361,590 46,370
2	· · · · · · · · · · · · · · · · · · ·	•		,
3				** ***
4	· · · · · · · · · · · · · · · · · · ·		- t	
5		2,598.		2,598
6	Total assets. Add lines 1 through 15 (must equal line 34)		_	2,670,261
7	Accounts payable and accrued expenses	10,722.	17	2,598 2,670,261 58,160
8	Grants payable		18	
9	Deferred revenue		19	<u>. </u>
0	Tax-exempt bond liabilities		20	
1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	Loans and other payables to current and former officers, directors, trustees,		- "]	ni in in in in in in in in in in in in i
	key employees, highest compensated employees, and disqualified persons.			
	Complete Part II of Schedule L	82,062.	22	79,410
3	Secured mortgages and notes payable to unrelated third parties		23	
4	Unsecured notes and loans payable to unrelated third parties		24	148,463
5	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X of			
	Schedule D	330,850.	25	260,700
6	Total liabilities. Add lines 17 through 25	423,634.	26	546,733
	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
	complete lines 27 through 29, and lines 33 and 34.		1	
7	Unrestricted net assets		27	
8	Temporarily restricted net assets		28	
9	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ X			
	and complete lines 30 through 34.			
0	Capital stock or trust principal, or current funds	1,922,259.	30	2,123,528
1	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	C
-			20	C
2	Retained earnings, endowment, accumulated income, or other funds	0.	32	
_	Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances	1,922,259. 2,345,893.	33	2,123,528 2,670,261
	2345 6 7890 b 123456789012 345 6 789	2 Cash - non-interest-bearing 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 10 Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 1 Investments - piblicity traded securities 1 Investments - piblicity traded securities 1 Investments - program-related. See Part IV, line 11 1 Intragible assets 2 Other assets. See Part IV, line 11 1 Intragible assets. Add lines 1 through 15 (must equal line 34) 7 Accounts payable and accrued expenses 8 Grants payable 9 Deferred revenue 1 Tax-exempt bond liabilities 1 Escrow or custodial account liability. Complete Part IV of Schedule D 2 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 3 Secured mortgages and notes payable to unrelated third parties 0 The liabilities. Add lines 17 through 25 0 Organizations that foliow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 1 Unrestricted net assets 1 Temporarily restricted net assets 1 Temporarily restr	(A) Beginning of year 1 Cash · non-interest-bearing 1 32 , 121 . 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(h(1)), persons described in section 4958(c)(3)(B), and contributing employees and sponsoring organizations of sections 501(c)(B) voluntary employees beneficiary organizations (see instr) Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventones for sale or use 9 Prepaid expenses and deferred charges 0 Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 10 Less: accumulated depreciation 10 Linvestments - publicly traded securities 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 Schedule D 17 Tax exempt bond liabilities 16 Escrow or custodial account liability. Complete Part IV of Schedule D 16 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 18 Complete Part II of Schedule L 18 Secured mortgages and notes payable to unrelated third parties 19 Loans and other payables of the payables to related third parties 10 Loans and other payables of the payables to related third parties 10 Loans and other payables of the payables to related third parties 10 Loans and other payables of the payables to related third parties 10 Loans and other payables of the payables to related third parties 11 Loans and other payables of the payables to related third parties 12 Secured mortgages and notes payable to unrelated third parties 13 Loans	Cash - non-interest-bearing 132 , 121 . 1

Forn	1 990 (2012) BROWN LEDGE FOUNDATION	04-33	51055	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,556		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,35		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>69.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,922	2,2	<u>59.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	2,123	3,5	28.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	,	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		,	
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		, and a second		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ngle Audıt			1
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		اعدا		i

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number BROWN LEDGE FOUNDATION 04-3351055 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h **b** Type II c Type III - Functionally integrated d ____ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col in col (i) listed in your organization in col (described on lines 1-9 organization support (i) organized in the governing document? (i) of your support? above or IRC section US 2 (see instructions)) Yes No Yes

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

Schedule A (Form 990 or 990-EZ) 2012

P	Support Schedule for									
	(Complete only if you checke				on failed to qualify	under Part III. If the	e organization			
<u>~</u>	fails to qualify under the test	s listed below, plea	ase complete Part	III.)						
		(=) 0000	(F) 0000	(-) 0010	4.0.0044	() 0010	(0.T.)			
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
•	Gifts, grants, contributions, and membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-			<u> </u>		-				
_	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities				<u> </u>	<u>.</u>				
Ŭ	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3					-				
5	The portion of total contributions									
_	by each person (other than a					***************************************				
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
_6	Public support. Subtract line 5 from line 4		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.'					
Se	ction B. Total Support									
Cale	ındar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)		ļ							
	Total support. Add lines 7 through 10				<u> </u>					
	Gross receipts from related activities		-			12				
13	First five years. If the Form 990 is for		s first, second, thii	d, fourth, or fifth t	ax year as a section	on 501(c)(3)				
Sa	organization, check this box and stop ction C. Computation of Publ		roontogo				<u></u>			
	·					T				
	Public support percentage for 2012 (-	column (f))		14				
	Public support percentage from 2011	•	•	- h 10 d h	14 00 1/00/	15	%			
100	33 1/3% support test - 2012. If the c stop here. The organization qualifies				14 IS 33 1/3% or r	nore, check this bo	x and			
	33 1/3% support test - 2011. If the		_		1 lm = 1 E i= 22 1 /20	/ auau				
•	and stop here. The organization qual				1 line 15 is 33 1/3%	o or more, check tr	is box			
17a	10% -facts-and-circumstances tes				0 12 160 or 16b	and line 14 in 100/	-			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"					at iv now the organ	iization			
F	10% -facts-and-circumstances tes					17a and line 15 in	10% or			
	more, and if the organization meets the									
							·			
18										
18	organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

232022 12-04-12 Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 BROWN LEDGE FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	130,995.	169.980.	126,186.	162,128.	319,497.	908,786.
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,321,062.	1,256,585.	1,390,026.	1,332,857.	1,203,167.	6,503,697,
3	Gross receipts from activities that		, , <u>.</u>		7		
	are not an unrelated trade or bus- iness under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5	1,452,057.	1,426,565.	1,516,212.	1,494,985.	1,522,664.	7,412,483.
	Amounts included on lines 1, 2, and 3 received from disqualified persons		-		····		0.
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6) tion B. Total Support						7,412,483.
aler	idar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	1,452,057.	1,426,565.	1,516,212.	1,494,985.	1,522,664.	7,412,483.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,349.	4,130.	917.	918.	1,279.	10,593.
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	3,349.	4,130.	917.	918.	1,279.	10,593.
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,712.	37,425.	8,241.	19,071.		73,449.
	Total support. (Add lines 9, 10c, 11, and 12)	1,464,118.	1,468,120.	1,525,370.	1,514,974.	1,523,943.	7,496,525.
	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here	a Command Day		 			<u> </u>
	tion C. Computation of Publi			-1 (0)		4-	00 00
	Public support percentage for 2012 (li		•	olumn (T))		15	98.88 % 98.56 %
	Public support percentage from 2011 tion D. Computation of Inves					16	98.56 %
	Investment income percentage for 20			o 12 column (f)		47	.14 %
	Investment income percentage for 20 Investment income percentage from 2			e 13, column (I))	•	18	.14 % .17 %
	33 1/3% support tests - 2012. If the	=	· ·	n line 14 and line	15 is more than ?		
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2011. If the	nd stop here. The	organization quali	fies as a publicly s	upported organiza	ation	ightharpoons X
	line 18 is not more than 33 1/3%, che						▶ 🗀
	Private foundation If the organization						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

BROWN LEDGE FOUNDATION

Employer identification number 04-3351055

Pa	rt I Organizations Maintaining Donor Advise	·	or Accounts Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line		or Accounts: Complete if the
	organization answered Tes to Form 550, Fart 17, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(2, 2011); 2011002 101100	(a) t divide dire office decounts
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	·		and from the
3	Did the organization inform all donors and donor advisors in a		
6	are the organization's property, subject to the organization's	<u> </u>	☐ Yes ☐ No
U	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	
Da	impermissible private benefit? Conservation Easements. Complete if the organization	representation answered "Vee" to Form 000. F	Yes No
1	<u> </u>		rart IV, line 7.
•	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation or e		Acres III.
	Protection of natural habitat		storically important land area
	Preservation of open space	Preservation of a cert	ified historic structure
2	• •	·	-f
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Hald at the Fad of the Tay Very
а	Total number of conservation easements		Held at the End of the Tax Year
b	Total acreage restricted by conservation easements		2a
c	Number of conservation easements on a certified historic stri	natura in aludad in (a)	2b
d	Number of conservation easements included in (c) acquired a	• •	
u	listed in the National Register	arter 6/17/06, and not on a historic structi	
3	Number of conservation easements modified, transferred, rel	aged artinguished or terminated by the	2d
3	year	eased, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation eas	cament is located	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		. —
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) above	_	<u> </u>
_	and section 170(h)(4)(B)(II)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		me organization o dobotiming for
Pai	性間 Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		nent and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
ь	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed	•	·
	relating to these items:	•	.,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ s
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	l gain, provide
	the following amounts required to be reported under SFAS 1		<u> </u>
а	Revenues included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , ,	s
b	Assets included in Form 990, Part X		> \$
			· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

2012

Open To Public

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number BROWN LEDGE FOUNDATION 04-3351055 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship h) Approved (a) Name of (c) Purpose (d) Loan to or (g) In (i) Written (e) Original (f) Balance due by board or with from the interested person of loan principal amount default? agreement? organization committee? organization? To From Yes Νo Yes No Yes Nο MARION PALM 120,000. Х 79,410. X Х Х 79,410 Total **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (c) Amount of (d) Type of (e) Purpose of (b) Relationship between assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2012

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

BROWN LEDGE FOUNDATION

Employer identification number 04-3351055

FORM	990,	PART	VI,	SECTION	В,	LINE	11:	REVIEW BY	Y DIRECTO	RS		
FORM	990,	PART	VI,	SECTION	В,	LINE	12C	: WILLIAM	NEILSON;	25	WILSON	STREET;
BURT.	INGTO	N, VT	054	401								
<u>BONE</u>	111010	<u> </u>	- 03	101		<u>_</u>						
	·											
FORM	990,	PART	VI,	SECTION	С,	LINE	19:	UPON REQU	JEST			
												
								<u>-</u> 4				
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Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

Business or activity to which this form relates

990

Identifying number

BRO	WN LEDGE FOUNDATION	N		FOR	M 990	PAGE 10		04-3351055
Par	Election To Expense Certain Prop	erty Under Section 1	79 Note: <i>If ye</i>	ou have any lis	ted property,	complete Part	V before yo	ou complete Part I.
1 M	aximum amount (see instructions)	•					1	500,000.
2 To	tal cost of section 179 property pla	ced in service (see	instructions	;)			2	
3 Tr	reshold cost of section 179 propert	y before reduction	in limitation				3	2,000,000.
4 R	eduction in limitation. Subtract line 3	from line 2. If zero	or less, ent	er -0-			4	
5 Do	llar limitation for tax year. Subtract line 4 from lir	ne 1 If zero or less, enter	-0- If marned fi	ing separately, see	Instructions		5	
6	(a) Description of p	property		(b) Cost (busin	ess use only)	(c) Electe	d cost	
				_				
		-	•					
	sted property. Enter the amount fror				7			
	otal elected cost of section 179 prop		ın column (c), lines 6 and	7		8	
	ntative deduction. Enter the smalle						9	_
	arryover of disallowed deduction from	•					10	
	isiness income limitation. Enter the				•		11	
	ection 179 expense deduction Add						12	
	arryover of disallowed deduction to a Do not use Part II or Part III below fo				13			
Parl					do listed pro-	north 1		···
	pecial depreciation allowance for qua						_	
	e tax year	alined property (oti	ier man liste	a property) pi	aced in servi	ce auring		
	operty subject to section 168(f)(1) e	Jection					14	
	her depreciation (including ACRS)	ection					15 16	
Parl		ot include listed or	operty) (Se	e instructions	1		10	
<u> </u>		p.		ection A	,			
17 M	ACRS deductions for assets placed	in service in tax ve	ars beginning	na before 2013	 >		17	89,315.
	ou are electing to group any assets placed in se					. ▶ [''' '	
	Section B - Asset						ation Syste	em
	(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
c_	7-year property							
d	10-year property							
_е	15-year property		-,					
f	20-year property							
g	25-year property		, _		25 yrs.		S/L	
h	Residential rental property	/			27.5 yrs.	MM	S/L	<u>.</u> .
		/			27.5 yrs.	MM	S/L	
i	Nonresidential real property	/			39 yrs.	MM	S/L	
						MM	S/L	
	Section C - Assets	Placed in Service	During 201				ciation Sys	
<u>20a</u>	Class life	_		1,280.	VARIE	S HY	S/L	128.
<u>b</u>	12-year	- 04 10		21 22	12 yrs.	·	S/L	
C	40-year	04/12	3	<u>31,298.</u>	40 yrs.	MM	S/L	4,008.
Part						_	_	
	sted property. Enter amount from lin					٠	21	
	otal. Add amounts from line 12, lines							00 453
	iter here and on the appropriate line	•	•	•	tions - see ins	str	22	93,451.
	r assets shown above and placed in		e current yea	ar, enter the				
216251 12-28-1	ortion of the basis attributable to sec 2 LHA For Paperwork Reduction		senarate i-	structions	23			Form 4562 (2012)
17-78-1	, Lina i oi rapei work neudClio	100000, 300	Separate III	u-u0115.				FUITH 4302 (2012)

1:

isted Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A. all of Section B. and Section C if applicable

	through (c) of S	section A, all	of Section B, and	<u>d Section C if ap</u>	plicable							
	Section A -	Depreciation	on and Other Inf	ormation (Cauti	i <mark>on:</mark> See tl	he instruc	tions for lii	nits for pa	assenge	er automobiles	.)	
24a	Do you have evidence to s	upport the bu	siness/investment i	use claimed?	claimed? Yes No 24b if "Yes," is the evidence written					ce written?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	Basis for d	(e) depreciation finvestment only)	(f) Recovery period	(g Meth Conve	od/	(h) Depreciation deduction	section	(i) cted on 179 ost
25	Special depreciation allo	wance for o	ualified listed pro	perty placed in :	service du	ring the t	ax year an	d	1 1			
	used more than 50% in	a qualified b	ousiness use					_	25			
26	Property used more tha	n 50% in a c	qualified business	use:	-			_				
			%		-							
·			%									
			%					-				
27	Property used 50% or ke	ess in a qual	ified business use	ə:								
			%					S/L·				
			%					S/L·			7	
			%					S/L·				
28	Add amounts in column	(h), lines 25	through 27. Ente	r here and on lin	e 21, pag	e 1			28		7	
29	Add amounts in column	(i), line 26. E	Enter here and on	line 7, page 1						29		
			Sec	tion B - Informa	ition on U	se of Vel	nicles	· ·				

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30	Total business/investment miles driven during the year (do not include commuting miles)	(a Veh	-	(t Veh	-	(c Veh	•	(c Veh	•	(€ Veh	•	(1 Veh	•
	Total commuting miles driven during the year Total other personal (noncommuting) miles driven									_			
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No_	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal		<u>.</u>										
	use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
P	art VI Amortization		

P	art VI Amortization					
	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42	Amortization of costs that begins during yo	ur 2012 tax year:				
43	Amortization of costs that began before yo	43				
44	Total. Add amounts in column (f). See the i	44				

216252 12-28-12

Form 4562 (2012)