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## Form **990-PF**

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.

OMB No 1545-0052

| Depar                           | tment       | of the Treasury   | Freated as a Privat                | e Foundation              | rtuna roauwamanta  | 2012                                      |
|---------------------------------|-------------|---|------------------------------------|---------------------------|--|---|
|                                 |             | dar year 2012 or tax year beginning   | de aule to use a copy of this      | , and ending              | rting requirements.                                      | Open to public Inspection                 |
|                                 |             | foundation  |                                    | , and ending              | A Employer identification r                              | umber                                     |
|                                 |             |   | BROWN                              |                           | Employer identification i                                | iumbei                                    |
|                                 |             | ILY FOUNDATION  | 21.01121                           |                           | 26-0433294   |   |
|                                 |             | nd street (or P O box number if mail is not delivered to street                                   | address)                           | Room/suite                | B Telephone number                                       |   |
| 3                               | 428         | 8 ST JOHNS DRIVE  |                                    |                           | (214)725-04  | 160                                       |
|                                 |             | own, state, and ZIP code  |                                    | <del></del>               | C If exemption application is per                        |   |
| -                               |             | LAS, TX 75205-2906  |                                    |                           |  |   |
| G C                             | heck        | all that apply: Initial return  | Initial return of a fo             | rmer public charity       | D 1. Foreign organizations,                              | check here                                |
|                                 |             | Final return  | Amended return                     | •                         |  |   |
|                                 |             | Address change  | Name change                        |                           | Foreign organizations meet<br>check here and attach corn | ing the 85% test, putation                |
| H C                             | heck        | type of organization: X Section 501(c)(3) ex  | empt private foundation            |                           | E If private foundation statu                            | s was terminated                          |
|                                 | Sec         |   | Other taxable private founda       | ition                     | under section 507(b)(1)(                                 |   |
| I Fa                            | ır ma       | ·   | ng method: [X] Cash                | Accrual                   | F If the foundation is in a 60                           | O-month termination                       |
|                                 |             |   | ther (specify)                     | <del></del>               | under section 507(b)(1)(l                                | 3), check here $ ightharpoonup$           |
|                                 | <u>\$</u> _ | 254,798. (Part I, colu  | mn (d) must be on cash l           | pasis.)                   |  |   |
| LPa                             | rt I        | The total of amounts in columns (b), (c), and (d) may not   | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net   | (d) Disbursements for charitable purposes |
|                                 |             | necessarily equal the amounts in column (a)   |                                    | moonie                    |  | (cash basis only)                         |
|                                 | 1           | Contributions, gifts, grants, etc., received  | 64,779.                            |                           | N/A  | · · · · · · · · · · · · · · · · · · ·     |
|                                 | 3           | Check fithe foundation is not required to attach Sch. B. Interest on savings and temporary        |                                    |                           |  |   |
|                                 | J<br>A      | cash investments Dividends and interest from securities   | 4,748.                             | 4,748.                    | <del>                                     </del>         | STATEMENT 1                               |
|                                 | l '         | Gross rents   | 2,710.                             | 4,740.                    | <u> </u>   | DIATEMENT T                               |
|                                 |             | Net rental income or (loss)   |                                    |                           |  | · · · · · · · · · · · · · · · · · · ·     |
| _                               |             | Net gain or (lose) from sale of assets not on line 10   | -6,408.                            |                           |  |   |
| nue                             | Ь           | Gross sales price for all assets on line 6a 39,980.   |                                    |                           |  |   |
| Revenue                         | 7           | Capital gain net income (from Part IV, line 2)  |                                    | 0.                        |  | <del></del>                               |
| Œ                               | 8           | Net short-term capital gain   |                                    |                           |  |   |
|                                 | 9           | Income modifications  |                                    |                           |  |   |
|                                 | 10a         | Gross sales less returns and allowances   |                                    |                           |  |   |
|                                 | b           | Less Cost of goods sold   |                                    |                           |  |   |
|                                 | C           | Gross profit or (loss)  |                                    |                           | ļ  | ·   |
|                                 | 11          | Other income  | 60 440                             | 4 = 10                    |  |   |
|                                 | 12_         | Total. Add lines 1 through 11   | 63,119.                            | 4,748.                    |  |   |
|                                 | 13          | Compensation of officers, directors, trustees, etc  | 0.                                 | 0.                        |  | 0.  |
|                                 | l           | Other employee salaries and wages Pension plans, employee benefits                                |                                    |                           |  |   |
| တ္သ                             | 15          | Legal fees  |                                    | <u> </u>                  |  |   |
| ŠUŠ                             | 10a         | Accounting fees STMT 2  | 3,200.                             | 1,600.                    | <del> </del>   | 0.  |
| <u> </u>                        | ֡֟֟֟֟֟֟     | Other professional fees   | 3,200.                             | 1,000.                    |  |   |
| ě                               | 17          | Interest  |                                    |                           | · -  | <del></del>                               |
| E U C 0 2 SIN CHANNESS Expenses | 18          | Taxes STMT 3  | 63.                                | 0.                        | RECEIVE  | 0.  |
| S                               | 19          | Depreciation and depletion  |                                    |                           | KECEIVE  |   |
| 氢                               | 20          | Occupancy   |                                    |                           |  | S   |
| 深                               | 21          | Travel, conferences, and meetings   |                                    |                           | 8 AUG 07201  |   |
|                                 | 22          | Printing and publications   |                                    |                           |  | 88  |
| Pig                             | 23          | Other expenses  |                                    |                           | OGDEN,   | JT -                                      |
|                                 | 24          | Total operating and administrative  |                                    |                           |  |   |
| <b>26.</b> F                    |             | expenses. Add lines 13 through 23   | 3,263.<br>39,648.                  | 1,600.                    |  | 0.  |
| ري<br>ص                         | 25          | Contributions, gifts, grants paid   | 39,648.                            |                           |  | 39,648.                                   |
| v                               | 26          | Total expenses and disbursements.   | 40 014                             | 4 600                     |  | 00 646                                    |
| ⊋_                              | C=          | Add lines 24 and 25   | 42,911.                            | 1,600.                    | <del> </del>   | 39,648.                                   |
|                                 | 1           | Subtract line 26 from line 12:  | 20,208.                            |                           |  |   |
|                                 | ļ           | Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-) | 40,408.                            | 3,148.                    |  |   |
|                                 | 1           | Adjusted net income (if negative, enter -0-)  |                                    | J,140                     | N/A  | <del></del>                               |
| 2235<br>12-0                    | 01<br>5-12  | LHA For Paperwork Reduction Act Notice, see   | instructions.                      | <u> </u>                  | 1 41/43  | Form <b>990-PF</b> (2012                  |

| For  | m 99 | 0-PF (2012) FAMILY FOUNDATION  |                   | 26-             | 0433294         | Page 2             |
|--|------|--|-------------------|-----------------|-----------------|--------------------|
| Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only |      |  | Beginning of year | End of          | <del></del>     |                    |
| <u></u>  | ai L | column should be for end-of-year amounts only  | (a) Book Value    | (b) Book Value  | (c) Fair Market | Value              |
|  | l    | Cash - non-interest-bearing  |                   |                 |                 |                    |
|  |      | Savings and temporary cash investments   | 422.              | 422.            |                 | 422.               |
|  |      | Accounts receivable ►  | ,                 |                 |                 |                    |
|  |      | Less; allowance for doubtful accounts  |                   |                 |                 |                    |
|  | 4    | Pledges receivable   |                   | ~               |                 |                    |
|  |      | Less; allowance for doubtful accounts ▶  |                   |                 |                 |                    |
|  | 5    | Grants receivable  |                   |                 |                 |                    |
|  | 6    | Receivables due from officers, directors, trustees, and other                          |                   |                 |                 |                    |
|  |      | disqualified persons   |                   |                 |                 |                    |
|  | 7    | Other notes and loans receivable   |                   |                 |                 |                    |
|  | Ì    | Less: allowance for doubtful accounts  |                   |                 |                 |                    |
| ş  | 8    | Inventories for sale or use  |                   |                 |                 |                    |
| Assets   | 9    | Prepaid expenses and deferred charges  |                   |                 |                 |                    |
| ⋖  | 10a  | Investments - U.S. and state government obligations                                    |                   |                 |                 |                    |
|  | b    | Investments - corporate stock STMT 4   | 240,861.          | 264,343.        | 254             | <u>,376.</u>       |
|  | C    | Investments - corporate bonds  |                   |                 |                 |                    |
|  | 11   | Investments - land, buildings, and equipment basis                                     |                   |                 | -               |                    |
|  |      | Less accumulated depreciation  |                   |                 |                 |                    |
|  | 12   | Investments - mortgage loans   |                   |                 |                 |                    |
|  | 13   | Investments - other  |                   |                 |                 |                    |
|  | 14   | Land, buildings, and equipment: basis ▶  |                   |                 |                 |                    |
|  |      | Less accumulated depreciation  |                   | ·               | -               |                    |
|  | 15   | Other assets (describe ►   |                   |                 |                 |                    |
|  |      |  |                   |                 |                 |                    |
|  | 16   | Total assets (to be completed by all filers)   | 241,283.          | 264,765.        | 254             | ,798.              |
|  | 17   | Accounts payable and accrued expenses  |                   |                 |                 |                    |
|  | 18   | Grants payable   |                   | *               |                 |                    |
| Ø  | 19   | Deferred revenue   |                   |                 |                 |                    |
| ij   | 20   | Loans from officers, directors, trustees, and other disqualified persons               |                   |                 |                 |                    |
| Liabilities  | 21   | Mortgages and other notes payable  |                   |                 |                 | - 1                |
| ڐ  | 1    | Other liabilities (describe )  |                   |                 |                 | '                  |
|  |      |  |                   |                 |                 | ,                  |
|  | 23   | Total liabilities (add lines 17 through 22)  | 0.                | 0.              |                 | 1                  |
| _  |      | Foundations that follow SFAS 117, check here   |                   | <u>-</u>        |                 | ,                  |
|  |      | and complete lines 24 through 26 and lines 30 and 31.                                  |                   |                 |                 |                    |
| es   | 24   | Unrestricted   |                   |                 |                 |                    |
| Š  | 25   | Temporarily restricted   | <del></del>       |                 |                 | 1                  |
| 3918   | 26   | Permanently restricted   | <del></del>       | <del></del>     |                 |                    |
| Net Assets or Fund Balances  | 20   | Foundations that do not follow SFAS 117, check here                                    |                   | <del></del>     |                 |                    |
| Ē  |      | and complete lines 27 through 31.  |                   |                 |                 |                    |
| <u>p</u>   | 27   | ,  | 0.                | 0.              |                 |                    |
| ets  | 1    | Capital stock, trust principal, or current funds                                       | 0.                | 0.              | {               | ı                  |
| SS   | 28   | Paid-ın or capital surplus, or land, bldg., and equipment fund                         |                   |                 | {               | 1                  |
| at A   | 29   | Retained earnings, accumulated income, endowment, or other funds                       | 241,283.          | <u>264,765.</u> | ł               | 1                  |
| ž  | 30   | Total net assets or fund balances  | 241,283.          | 264,765.        | {               |                    |
|  | ١,,  | T.A. I Making a sada a Asaa a Marada kalanaa   | 241 202           | 264 76E         |                 |                    |
| _  | 31   | Total liabilities and net assets/fund balances   | 241,283.          | 264,765.        | L               |                    |
| F  | art  | III Analysis of Changes in Net Assets or Fund Ba                                       | alances           |                 |                 |                    |
| 1  | Tota | I net assets or fund balances at beginning of year - Part II, column (a), line         |                   | <del></del>     |                 |                    |
| •  |      | st agree with end-of-year figure reported on prior year's return)                      | •                 | 1               | 2/1             | ,283.              |
| a  |      | r amount from Part I, line 27a   |                   | <del> </del>    |                 |                    |
|  |      |  | PPPDPNCP          | 2               | 40              | <u>,208.</u>       |
|  |      | r increases not included in line 2 (itemize) ► <u>BOOK/TAX DI</u><br>lines 1, 2, and 3 | FERENCE           | 3               | 364             | ,274.<br>,765.     |
|  |      | eases not included in line 2 (itemize)   |                   | 4               | 204             |                    |
|  |      | I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co       | dumn (h) line 20  | 5               | 264             | <u>0.</u><br>,765. |
| 0  | ıvıa | r net assets of juniu palances at enu of year (line 4 milius line 3) - Part II, co     | numa (D), nne 30  | 6               | 404             | <u>, 100.</u>      |

223511 12-05-12

Form **990-PF** (2012)

FAMILY FOUNDATION

| F          | art IV Capital Gains   | and Los        | ses for Tax on In                       | vestment        | Income                                |           |                       |                     |                                  | <u> </u>                    |                                    |
|------------|--|----------------|---|-----------------|---------------------------------------|-----------|-----------------------|---------------------|----------------------------------|-----------------------------|------------------------------------|
|            | (a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) |                |   | ( <b>b)</b> I   | How ac<br>- Purc<br>- Dona            | 11456   1 | c) Date a<br>(mo., da | cquired<br>ly, yr.) | (d) Date sold<br>(mo., day, yr.) |                             |                                    |
|            | ALLIANCEBERNST   | EIN W          | LT                                      |                 |                                       |           |                       | P (                 | 9/1                              | 2/07                        | 09/07/12                           |
| _ <u>b</u> | BERNSTEININTER   | DUR            | PORTFOLIO                               |                 |                                       |           |                       | P (                 | 9/1:                             | 2/07                        | 09/12/07                           |
|            | CAPITAL GAINS  | DIVID          | ENDS                                    |                 |                                       |           |                       |                     |                                  |                             |                                    |
| <u>d</u>   |  |                | ······································  |                 |                                       | <u> </u>  |                       |                     |                                  |                             |                                    |
| _ <u>e</u> |  |                | <del> </del>                            |                 |                                       | Ļ_,       |                       |                     |                                  |                             |                                    |
| _          | (e) Gross sales price  |                | epreciation allowed<br>(or allowable)   |                 | t or other basis<br>xpense of sale    |           |                       |                     |                                  | in or (loss<br>(f) minus    | (g)                                |
| _a         |  |                |   |                 | 30,77                                 | _         |                       |                     |                                  |                             | <u>-8,480.</u>                     |
| <u>b</u>   |  |                |   |                 | <u> </u>                              | 8.        |                       | _                   |                                  |                             | 1,188.                             |
|            |  |                |   |                 |                                       |           |                       |                     |                                  |                             | 884.                               |
| _d         |  |                |   |                 |                                       |           |                       |                     |                                  |                             |                                    |
| _ <u>e</u> |  | 2000 100       | olumn (h) and award by                  | the foundation  | on 10/21/60                           |           |                       |                     |                                  | -1 (1-)                     |                                    |
| _          | Complete only for assets showing   | T              | _ <del></del>                           |                 |                                       |           |                       |                     |                                  | ol. (ħ) gaın<br>ot less tha |                                    |
|            | (i) F.M.V. as of 12/31/69  |                | ) Adjusted basis<br>as of 12/31/69      |                 | cess of col. (i)<br>col. (j), if any  |           | 1                     |                     | Losses                           | (from col. (                | (h))                               |
| _8         | <u> </u>   |                | <del></del>                             |                 |                                       |           |                       |                     |                                  |                             | <u>-8,480.</u>                     |
| b          |  |                |   |                 |                                       |           |                       |                     |                                  |                             | 1,188.                             |
| _          |  | -              |   |                 |                                       |           |                       |                     |                                  |                             | 884.                               |
|            |  |                |   | <u> </u>        | <del></del>                           |           |                       |                     | <del></del>                      |                             | ·                                  |
| _ <u>e</u> |  | L              |   | <u> </u>        |                                       |           |                       | Ι                   |                                  |                             |                                    |
| 2          | Capital gain net income or (net ca   | apıtal loss)   | If gain, also enter If (loss), enter -0 |                 |                                       | }         | 2_                    |                     |                                  |                             | -6,408.                            |
| 3          | Net short-term capital gain or (los  | ss) as defin   | ed in sections 1222(5) an               | nd (6):         |                                       | ,         |                       |                     |                                  |                             |                                    |
|            | If gain, also enter in Part I, line 8,   |                | ).                                      | . ,             |                                       |           |                       |                     |                                  |                             |                                    |
|            | If (loss), enter -0- in Part I, line 8   |                | - otion 4040/o) for                     | Doduced         | Tay on No.                            |           | 3                     |                     |                                  | N/A                         | <u> </u>                           |
| _          |  |                | ection 4940(e) for                      |                 |                                       |           |                       | nent inc            | )IIIe                            |                             | <del></del> <del></del> .          |
| (F         | or optional use by domestic private  | e foundatio    | ns subject to the section 4             | 4940(a) tax on  | ı net investment ir                   | ncom      | e.)                   |                     |                                  |                             |                                    |
| lf:        | section 4940(d)(2) applies, leave t  | this part bla  | nk.                                     |                 |                                       |           |                       |                     |                                  |                             |                                    |
| 14/        | as the foundation liable for the sec   | stion 4040 t   | ay an the distributeble on              | and of any      | aar in the bees no                    | a dO      |                       |                     |                                  |                             | Yes X No                           |
|            | "Yes," the foundation does not qua   |                |   |                 | •                                     | liour     |                       |                     |                                  |                             | L Tes LAL INO                      |
|            | Enter the appropriate amount in  |                |   |                 |                                       | entries   | <br>S.                |                     |                                  |                             |                                    |
| _          | (a)  |                | (b)                                     |                 | , , , , , , , , , , , , , , , , , , , | (c)       |                       |                     | T                                |                             | (d)                                |
|            | Base periód years<br>Calendar year (or tax year beginni  | ing In)        | Adjusted qualifying dis                 | tributions      | Net value of no                       |           |                       | -use assets         | 1                                | Distrii<br>col. (b) dr      | bùtión ratio<br>vided by col. (c)) |
| _          | 2011   |                | 1                                       | 5,992.          |                                       |           | 20                    | 8,147               |                                  | `                           | .076830                            |
| _          | 2010   |                |   | 5,300.          |                                       |           |                       | 8,715               |                                  |                             | .121218                            |
|            | 2009   |                | 2                                       | 5,305.          |                                       |           |                       | 6,687               |                                  |                             | .128656                            |
| _          | 2008   |                | 4                                       | 2,900.          | <u> </u>                              |           |                       | 1,364               |                                  |                             | .158090                            |
| _          | 2007   |                | 2                                       | 7,441.          |                                       |           | _13                   | 4,436               |                                  |                             | .204119                            |
|            |  |                |   |                 |                                       |           |                       |                     | 1 1                              |                             |                                    |
| 2          | Total of line 1, column (d)  |                |   |                 |                                       |           |                       |                     | 2                                |                             | .688913                            |
| 3          | Average distribution ratio for the   |                |   | on line 2 by 5, | or by the number                      | r of ye   | ears                  |                     |                                  |                             |                                    |
|            | the foundation has been in existe  | ence if less t | than 5 years                            |                 |                                       |           |                       |                     | 3                                |                             | .137783                            |
| 4          | Enter the net value of noncharital   | ble-use ass    | ets for 2012 from Part X.               | line 5          |                                       |           |                       |                     | 4                                |                             | 244,320.                           |
|            |  |                |   |                 |                                       |           |                       |                     |                                  |                             |                                    |
| 5          | Multiply line 4 by line 3  |                |   |                 |                                       |           |                       |                     | 5_                               |                             | 33,663.                            |
| c          | Enter 19/ of not investment incom  | ma /10/ of [   | Dort L line 27h)                        |                 |                                       |           |                       |                     |                                  |                             | 21                                 |
| O          | Enter 1% of net investment incor   | 1110 611 2011  | ר מונו, ווווט ברט)                      |                 |                                       |           |                       |                     | 6                                |                             | 31.                                |
| 7          | Add lines 5 and 6  |                |   |                 |                                       |           |                       |                     | 7                                |                             | 33,694.                            |
|            |  | _              |   |                 |                                       |           |                       |                     |                                  |                             |                                    |
| 8          | Enter qualifying distributions from  |                |   | 1h and          | nloto that acut                       |           | 10/ +                 |                     | 8                                | L                           | 39,648.                            |
|            | If line 8 is equal to or greater tha<br>See the Part VI instructions.  | in line 7, CN  | eck lile box in Part VI, line           | io, and comp    | piete triat part usii                 | ig a 1    | ı% tax                | rate.               |                                  |                             |                                    |

THE JOSHUA M AND INETTE S BROWN

| _          | 990-PF (2012) FAMILY FOUNDATION  |                                       | 26-0        | 433294     | F        | Page 4       |
|------------|--|---------------------------------------|-------------|------------|----------|--------------|
| Par        | rt VI Excise Tax Based on Investment Income (Section 494)  | 0(a), 4940(b), 4940(e),               | or 4948 - s | see instru | ctior    | ns)          |
| 1a E       | Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and ei                | nter "N/A" on line 1.                 |             |            |          |              |
| [          | Date of ruling or determination letter: (attach copy of letter if nec                              | essary-see instructions)              |             | -          |          |              |
| þ í        | Domestic foundations that meet the section 4940(e) requirements in Part V, check here              | ➤ X and enter 1%                      | 1           |            |          | <u>31.</u>   |
| (          | of Part I, line 27b  |                                       |             |            |          |              |
| c /        | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%         | of Part I, line 12, col. (b).         |             | -          |          |              |
| 2          | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Of         | thers enter -0-)                      | 2           |            |          | 0.           |
| 3 /        | Add lines 1 and 2  |                                       | 3           |            |          | <u>31.</u>   |
| 4 5        | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. 0        | thers enter -0-)                      | 4           |            |          | 0.           |
| -          | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-            |                                       | 5           |            |          | <u>31.</u>   |
| 6 (        | Credits/Payments:  |                                       |             |            |          |              |
| a 2        | 2012 estimated tax payments and 2011 overpayment credited to 2012                                  | 6a                                    |             |            |          | 1            |
| <b>b</b> 8 | Exempt foreign organizations - tax withheld at source  | 6b                                    |             |            |          |              |
| C          | Tax paid with application for extension of time to file (Form 8868)                                | 6c                                    |             |            |          |              |
| d l        | Backup withholding erroneously withheld  | 6d                                    |             | -          |          |              |
| 7          | Total credits and payments. Add lines 6a through 6d  |                                       | 7           |            |          | 0.           |
| 8 1        | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta               | ched                                  | 8           |            |          |              |
| 9 '        | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                      |                                       | ▶ 9         |            | _        | <u>31.</u>   |
| 10         | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid          | ,                                     | ▶ 10        |            |          |              |
|            | Enter the amount of line 10 to be: Credited to 2013 estimated tax                                  | Refunde                               | 1 11        |            |          |              |
|            | rt VII-A Statements Regarding Activities   |                                       |             |            |          |              |
| 1a         | During the tax year, did the foundation attempt to influence any national, state, or local legis   | slation or did it participate or inte | rvene in    |            | Yes      |              |
| ;          | any political campaign?  |                                       |             | <u>1a</u>  |          | X            |
| b          | Did it spend more than \$100 during the year (either directly or indirectly) for political purpo   | ses (see instructions for definiti    | on)?        | 1b         |          | X            |
|            | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an             | nd copies of any materials pu         | blished or  |            |          | ;            |
| •          | distributed by the foundation in connection with the activities.                                   |                                       |             |            | -        |              |
|            | Did the foundation file Form 1120-POL for this year?   |                                       |             | <u>1c</u>  |          | <u>X</u>     |
|            | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the       |                                       |             |            | ]        | ,            |
|            | (1) On the foundation. > \$ 0. (2) On foundation managers  |                                       | <u>0.</u>   |            |          | '            |
| e          | Enter the reimbursement (if any) paid by the foundation during the year for political expend       | iture tax imposed on foundation       | l           |            |          |              |
|            | managers. ▶ \$ 0 .   |                                       |             |            |          |              |
|            | Has the foundation engaged in any activities that have not previously been reported to the I       | RS?                                   |             | 2          | ļ        | X            |
|            | If "Yes," attach a detailed description of the activities.   |                                       |             |            |          | 1            |
|            | Has the foundation made any changes, not previously reported to the ${\rm iRS}$ , in its governing |                                       | tion, or    |            |          |              |
|            | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change              |                                       |             | 3          | ļ        | <u>X</u>     |
|            | Did the foundation have unrelated business gross income of \$1,000 or more during the year         | ar?                                   |             | 4a         | ļ        | X            |
|            | If "Yes," has it filed a tax return on Form 990-T for this year?                                   |                                       | N/          |            | -        |              |
|            | Was there a liquidation, termination, dissolution, or substantial contraction during the year?     | ?                                     |             | _5         | <b> </b> | X            |
|            | If "Yes," attach the statement required by General Instruction T.                                  |                                       |             |            |          |              |
|            | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied e        | either:                               |             | ļ          |          |              |
|            | By language in the governing instrument, or  |                                       |             |            | ļ        | }            |
|            | By state legislation that effectively amends the governing instrument so that no mandator          | ry directions that conflict with th   | e state law |            | l        | l '          |
|            | remain in the governing instrument?  |                                       |             | 6_         | X        | <u> </u>     |
|            | Did the foundation have at least \$5,000 in assets at any time during the year?                    |                                       |             | _7_        | X        | <u> </u>     |
|            | If "Yes," complete Part II, col. (c), and Part XV.   |                                       |             |            | ]        | 1            |
| 8a         | Enter the states to which the foundation reports or with which it is registered (see instruction   | ons) <b>&gt;</b>                      |             |            |          |              |
| _          | TX   | 2                                     |             |            |          |              |
|            | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the A      | Attorney General (or designate)       |             |            |          | ļ            |
|            | of each state as required by General Instruction G? If "No," attach explanation                    |                                       |             | <u>8b</u>  | X        | <del> </del> |
|            | Is the foundation claiming status as a private operating foundation within the meaning of so       |                                       | or calendar |            | 1        |              |
|            | year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," of      | -                                     |             | 9          |          | <u> X</u>    |
| <u>10</u>  | Did any persons become substantial contributors during the tax year? if "Yes," attach a sched      | ule listing their names and addresses |             | 10         | 1        | X            |

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had not been removed from jeopardy before the first day of the tax year beginning in 2012?

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation | (d) Contributions to<br>employee benefit plans<br>and deterred<br>compensation | (e) Expense account, other allowances |
|---|---|------------------|--|---------------------------------------|
| NONE  |   |                  |  |                                       |
|   |   |                  |  |                                       |
|   |   |                  |  |                                       |
|   |   |                  |  |                                       |
|   |   |                  |  |                                       |
|   |   |                  |  |                                       |
|   |   |                  |  |                                       |
|   |   |                  |  |                                       |
|   | <u> </u>  | <u></u>          | L  |                                       |
| Total number of other employees paid over \$50,000            |   |                  |  |                                       |

| THE JOSHUA M AND INETTE S BROWN Form 990-PF (2012) FAMILY FOUNDATION   | 26-04                           | 33294 Page 7     |
|--|---------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)  | n Managers, Highly              |                  |
| 3 Five highest-paid independent contractors for professional services. If none, enter "No  | ONE."                           | <del></del>      |
| (a) Name and address of each person paid more than \$50,000  | (b) Type of service             | (c) Compensation |
| NONE   |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
|  |                                 |                  |
| Total number of others receiving over \$50,000 for professional services   |                                 | <b>▶</b> 0       |
| PartiX:A Summary of Direct Charitable Activities   |                                 |                  |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produced | information such as the d, etc. | Expenses         |
| 1 THE ASSETS OF THE FOUNDATION WERE USED AND WIL<br>BE USED TO FUND CHARITABLE CAUSES OR TO FUND P<br>CHARITIES. SEE PART XV, LINE 3 (A).  |                                 | 0.               |
| 2  |                                 |                  |
| 3  |                                 |                  |
| 4  |                                 |                  |
| Port IV. B. Common of December Deleted Investments   |                                 |                  |
| Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on lines   | 2 1 and 2                       | Amount           |
| 1N/A   | o i and Z.                      | Amoulit          |
|  |                                 |                  |
| 2  |                                 |                  |

All other program-related investments. See instructions.

Total. Add lines 1 through 3

| Ŗ  | Minimum Investment Return (All domestic foundations must complete this part. Foreign four  | ndations, s   | ee instructions.) |
|----|--|---------------|-------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:  |               | <del></del>       |
| 8  | Average monthly fair market value of securities  | 1a            | 247,619.          |
| b  | Average of monthly cash balances   | 1b            | 247,619.<br>422.  |
| C  | Fair market value of all other assets  | 1c            |                   |
| d  | Total (add lines 1a, b, and c)   | 1d            | 248,041.          |
| е  | Reduction claimed for blockage or other factors reported on lines 1a and   | e ha          |                   |
|    | 1c (attach detailed explanation) 1e 0 •  | 2. m. 6.1     |                   |
| 2  | Acquisition indebtedness applicable to line 1 assets   | 2             | 0.                |
| 3  | Subtract line 2 from line 1d   | 3             | 248,041.          |
| 4  | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)  | 4             | 3,721.            |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4   | 5             | 244,320.          |
| 6  | Minimum investment return. Enter 5% of line 5  | 6             | 12,216.           |
| P  | Distributable Amount (see instructions) (Section 4942(i)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.) | nd certain    |                   |
| 1  | Minimum investment return from Part X, line 6  | 1             | 12,216.           |
| 2a | Tax on investment income for 2012 from Part VI, line 5   |               | <del></del>       |
| b  | Income tax for 2012. (This does not include the tax from Part VI.)   | 7             |                   |
| C  | Add lines 2a and 2b  | 2c            | 31.               |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1  | 3             | 12,185.           |
| 4  | Recoveries of amounts treated as qualifying distributions  | 4             | 0.                |
| 5  | Add lines 3 and 4  | 5             | 12,185.           |
| 6  | Deduction from distributable amount (see instructions)   | 6             | 0.                |
| 7  | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1   | 7             | 12,185.           |
| P  | art XII. Qualifying Distributions (see instructions)   |               |                   |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:   |               |                   |
| a  |  | 1a            | 39,648.           |
| þ  | - · · · · · · · · · · · · · · · · · · ·  | 1b            | 0.                |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes  | 2             | <del></del>       |
| 3  | Amounts set aside for specific charitable projects that satisfy the:   |               |                   |
| a  | Sultability test (prior IRS approval required)   | _3a           |                   |
| b  | Cash distribution test (attach the required schedule)  | 3b            |                   |
| 4  | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4   | 4             | 39,648.           |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment   | 1             |                   |
|    | income. Enter 1% of Part i, line 27b   | 5             | 31.               |
| 6  | Adjusted qualifying distributions. Subtract line 5 from line 4   | 6             | 39,617.           |
|    | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.          | qualifies for | the section       |

Part XIII Undistributed Income (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2011            | (c)<br>2011 | (d)<br>2012        |
|--|---------------|---------------------------------------|-------------|--------------------|
| 1 Distributable amount for 2012 from Part XI,  |               |                                       |             |                    |
| tine 7   |               |                                       |             | 12,185.            |
| 2 Undistributed income, if any, as of the end of 2012  |               |                                       |             |                    |
| a Enter amount for 2011 only   |               |                                       | 0.          |                    |
| <b>b</b> Total for prior years:  |               |                                       |             |                    |
| ,,   |               | 0.                                    | i<br>       |                    |
| 3 Excess distributions carryover, if any, to 2012:   |               |                                       |             |                    |
| a From 2007 24,344.  |               |                                       |             |                    |
| b From 2008 29,671.  |               |                                       |             |                    |
| c From 2009 15,618.  |               |                                       |             |                    |
| d From 2010 15,007.  |               |                                       |             |                    |
| e From 2011 5,692.   |               |                                       |             |                    |
| f Total of lines 3a through e  | 90,332.       |                                       |             |                    |
| 4 Qualifying distributions for 2012 from   |               |                                       |             |                    |
| Part XII, line 4: ►\$ 39,648.  |               |                                       | ,           |                    |
| a Applied to 2011, but not more than line 2a   |               |                                       | 0.          |                    |
| b Applied to undistributed income of prior   |               | ^                                     |             | 1                  |
| years (Election required - see instructions)   |               | 0.                                    |             |                    |
| c Treated as distributions out of corpus   | 0             |                                       |             |                    |
| (Election required - see instructions)   | 0.            |                                       | <u> </u>    | 10 105             |
| d Applied to 2012 distributable amount   | 27,463.       |                                       |             | 12,185.            |
| e Remaining amount distributed out of corpus  5 Excess distributions carryover applied to 2012   | 27,403.       | <del> </del>                          | <u></u>     | 0.                 |
| (if an amount appears in column (d), the same amount must be shown in column (a) )   |               |                                       |             |                    |
| 6 Enter the net total of each column as indicated below:   |               |                                       |             | '                  |
| 8 Corpus Add lines 3f, 4c, and 4e Subtract line 5  | 117,795.      |                                       |             |                    |
| <b>b</b> Prior years' undistributed income. Subtract   |               |                                       |             |                    |
| line 4b from line 2b   |               | 0.                                    |             |                    |
| 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 |               | 0.                                    |             |                    |
| d Subtract line 6c from line 6b. Taxable   |               |                                       |             |                    |
| amount - see instructions  |               | 0.                                    |             |                    |
| e Undistributed income for 2011. Subtract line   |               |                                       |             |                    |
| 4a from line 2a. Taxable amount - see ınstr.   |               |                                       | 0.          |                    |
| f Undistributed income for 2012. Subtract  |               |                                       |             |                    |
| lines 4d and 5 from line 1. This amount must   |               |                                       |             | _                  |
| be distributed in 2013   |               |                                       |             | 0.                 |
| 7 Amounts treated as distributions out of  |               |                                       |             | ,                  |
| corpus to satisfy requirements imposed by  | 0             |                                       |             |                    |
| section 170(b)(1)(F) or 4942(g)(3)   | 0.            | <del></del>                           |             |                    |
| 8 Excess distributions carryover from 2007   | 24 244        |                                       |             | '                  |
| not applied on line 5 or line 7  | 24,344.       |                                       |             |                    |
| 9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a  | 93,451.       |                                       |             |                    |
| 10 Analysis of line 9:   | 33,431.       | · · · · · · · · · · · · · · · · · · · |             |                    |
| a Excess from 2008 29,671.   |               |                                       |             | 1                  |
| b Excess from 2009 15,618.   |               |                                       |             |                    |
| e Excess from 2010 15,007.   |               |                                       |             |                    |
| d Excess from 2011 5,692.  |               |                                       |             | ]                  |
| e Excess from 2012 27, 463.  |               |                                       |             |                    |
|  |               |                                       | <del></del> | Form 000-PE (2012) |

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Supplementary Information (continued) 3 . Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year ABILITY CONNECTION TEXAS NONE OTHER PUBLIC GENERAL 8802 HARRY HINES BLVD CHARITY DALLAS TX 75235 1,750. BAYLOR HEALTHCARE SYSTEM FOUNDATION NONE OTHER PUBLIC GENERAL 3600 GASTON AVENUE STE 100 CHARITY 12.016. DALLAS, TX 75246-1800 KERA NONE OTHER PUBLIC GENERAL 3000 HARRY HINES BLVD CHARITY DALLAS, TX 75201 2,172. PLANNED PARENTHOOD OF NORTH TEXAS INC NONE OTHER PUBLIC GENERAL 7424 GREENVILLE AVENUE SUITE 206 CHARITY DALLAS, TX 75231 1.750. SPCA OF TEXAS NONE OTHER PUBLIC GENERAL 2400 LONE STAR DRIVE CHARITY DALLAS TX 75212 2.735. SEE CONTINUATION SHEET(S) <u>▶ 3a</u> Total 39 648. b Approved for future payment NONE **Total** 

FAMILY FOUNDATION Part XVI-A Analysis of Income-Producing Activities

|  | Unrelated                              | business income                       | Eveluded              | by section 512, 513, or 514  |                           |
|--|--|---------------------------------------|-----------------------|------------------------------|---------------------------|
| Enter gross amounts unless otherwise indicated.                | (a)<br>Business                        | (b)                                   | (C)<br>Exclu-<br>sion | (d)                          | (e)<br>Related or exempt  |
| 1 Program service revenue:                                     | code                                   | Amount                                | code                  | Amount                       | function income           |
| a  | _                                      |                                       |                       |                              |                           |
| b  |  |                                       |                       |                              |                           |
| C  |  |                                       |                       |                              |                           |
| d  |  |                                       |                       |                              |                           |
| e  |  |                                       |                       |                              |                           |
| f  |  |                                       |                       |                              |                           |
| g Fees and contracts from government agencies                  |  |                                       |                       |                              |                           |
| 2 Membership dues and assessments                              |  |                                       |                       |                              |                           |
| 3 Interest on savings and temporary cash                       |  |                                       |                       |                              |                           |
| investments  |  |                                       |                       |                              |                           |
| 4 Dividends and interest from securities                       |  |                                       | 14                    | 4,748.                       |                           |
| 5 Net rental income or (loss) from real estate:                |  |                                       |                       |                              |                           |
| a Debt-financed property                                       |  |                                       |                       |                              |                           |
| b Not debt-financed property                                   |  |                                       |                       |                              | -                         |
| 6 Net rental income or (loss) from personal                    |  |                                       |                       |                              |                           |
| property   |  |                                       |                       |                              |                           |
| 7 Other investment income                                      |  | -                                     |                       |                              |                           |
| 8 Gain or (loss) from sales of assets other                    |  |                                       |                       |                              |                           |
| than inventory   |  |                                       | 14                    | 6,408.                       |                           |
| 9 Net income or (loss) from special events                     |  |                                       |                       | -                            |                           |
| 10 Gross profit or (loss) from sales of inventory              |  |                                       |                       |                              |                           |
| 11 Other revenue:  |  |                                       |                       |                              |                           |
| a  |  |                                       |                       |                              |                           |
| b  |  |                                       |                       |                              |                           |
| c  | 1                                      |                                       |                       |                              |                           |
| d  |  |                                       |                       |                              |                           |
| e  |  |                                       |                       |                              |                           |
| 12 Subtotal. Add columns (b), (d), and (e)                     |  | 0.                                    |                       | -1,660.                      | 0.                        |
| 13 Total. Add line 12, columns (b), (d), and (e)               | •————————————————————————————————————— |                                       |                       |                              | -1,660.                   |
| (See worksheet in line 13 instructions to verify calculations. | .)                                     |                                       |                       |                              |                           |
| Part XVI-B Relationship of Activities                          | s to the Accou                         | mplishment of F                       | rempt l               | Pumoses                      |                           |
|  |  | <u>.</u>                              |                       |                              |                           |
| Line No. Explain below how each activity for which is          |  |                                       | A contribut           | ed importantly to the accomp | plishment of              |
| the foundation's exempt purposes (other th                     | ian by providing tune                  | us for such purposes).                |                       | · ·                          |                           |
|  |  | <u> </u>                              |                       |                              | <u> </u>                  |
|  |  |                                       |                       |                              |                           |
|  |  |                                       |                       |                              |                           |
|  |  |                                       |                       |                              |                           |
|  |  |                                       |                       |                              |                           |
|  |  |                                       |                       |                              |                           |
|  |  |                                       |                       |                              |                           |
|  |  |                                       |                       |                              |                           |
|  |  |                                       |                       |                              |                           |
|  |  | · · · · · · · · · · · · · · · · · · · |                       | ·                            |                           |
|  |  |                                       |                       |                              |                           |
|  |  |                                       |                       | <del></del>                  | <del></del>               |
|  | <del> </del>                           |                                       |                       |                              |                           |
|  |  |                                       |                       |                              |                           |
|  |  |                                       | ·                     |                              |                           |
|  |  |                                       |                       |                              |                           |
|  |  |                                       |                       |                              |                           |
|  |  |                                       |                       |                              |                           |
|  |  |                                       |                       |                              |                           |
| 223821<br>12-05-12   | <del></del> -                          |                                       |                       |                              | Form <b>990-PF</b> (2012) |

| Transfer from the reporting foundation of certify or indirectly or indirectly and processing or in section 501 (c) of the Code (other than section 501 (c)) or section 507 (c) or sectio | ت        |               | Exempt Organ                      |                     |                     |                                    |                          | .pc                                |           | -            |          |
|--|----------|---------------|-----------------------------------|---------------------|---------------------|------------------------------------|--------------------------|------------------------------------|-----------|--------------|----------|
| Transfers from the reporting foundation to a noncharitable exempt organization of:  (1) Cash (2) Other assets (3) Renal of facilities, equipment, or other assets (4) Reninformment of services or membership or fundrasing solicitations (5) Loans or toan guarantees (6) Reninformment of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Performance of services or membership or fundrasing solicitations (6) Loans or toan guarantees (7) Sales of assets from a noncharitable exempt organization (8) Renal of facilities, equipment, mailing lists, other assets, or pad employees (8) Renal of solicities, equipment, mailing lists, other assets, or pad employees (9) Internal organization or sharing arrangement, show in column (2) the value of the goods, other assets, or pad employees (10) Loans or toan guarantees (11) Sales of assets from an oncharitable exempt organization or sharing arrangement, show in column (2) the value of the goods, other assets, or pad employees (15) Internal organization or sharing arrangement, show in column (2) the value of the goods, other assets, or pad employees (16) Loans or toan guarantees (16) Loans or toan guarantees (17) Amount modeled (16) Amount modeled (17) Amount modeled (18) Amount modeled (19) Amount modeled (19) Amount modeled (19) Amount modeled (19) Name of organization (19) Name of organization (19) Name of organization (19) Name of organization (19) Type of organization (19) Type of organization or dwhord prepare has any homoledge (19) Type of organization of sharing arrangement, show in the prepare has any homoledge (19) Type of organization (19) Type of organization (19) Type of organization (19) Type of organization of sharing arrangement, show in th | 1        | Did the ord   |                                   |                     | of the following    | g with any other organization      | on described in section  | n 501(c) of                        | •         | Yes          | No       |
| a Transfers from the reporting (oundstoon to a noncharidable exempt organization of:  (1) Cash  (2) Other assets  (3) Differ interactions:  (1) Sales of assets from a noncharidable exempt organization  (2) Purchases of assets from a noncharidable exempt organization  (3) Related of sacities, equipment, or other assets  (4) Reindoursement arrangements  (5) Loans or than guarantes  (6) Loans or than guarantes  (6) Loans or than guarantes  (7) Sales of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services previous.  (8) Leans or the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services previous.  (8) Leans or the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services previous.  (9) Amount involved  (1) Amount involved  (1) Amount involved  (2) Name of noncharitable exempt organizations described in section 501(c) of the Cost (c) the cost | •        |               |                                   |                     |                     | · · ·                              |                          |                                    |           |              | -        |
| (a) Clash seasels    Commonwealth    | a        |               |                                   | • • • •             |                     | - · · · ·                          |                          |                                    |           |              |          |
| b Other transactions:  (1) Sales of assets to an encharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of Bacilities, quepment, or other assets  (4) Rental organizations:  (5) Loars or loan guarantese  (6) Performance of services or membership or fundraising solicitations  (a) Sales of loan guarantese  (b) Performance of services or membership or fundraising solicitations  (c) Sales of loan guarantese  (d) It the answer to any of the above it See, complete the following schedule.  (e) It the answer to any of the above, or Services received.  (f) Name of noncharitable exempt organization  (g) Name of noncharitable exempt organization  (h) Amount involved  (g) Name of noncharitable exempt organization  (h) Amount involved  (g) Name of noncharitable exempt organization  (h) Amount involved  (g) Name of noncharitable exempt organization  (h) Type of organization  |          | (1) Cash      | -<br>-                            |                     |                     |                                    |                          | l                                  | 1a(1)     |              | X        |
| (1) Sales of assets to a noncharitable exempt organization  (2) Purchases of assets from a noncharitable exempt organization  (3) Rental of facilities, equipment, or other assets  (4) Reinbursement arrangements  (5) Loans or loan guarantees  (6) Performance of servoires or membership or fundraising solicitations  (7) Exhance of facilities, equipment, mailing lists, other assets, or paid employees  (8) I Loans or loan guarantees  (9) Performance of servoires or membership or fundraising solicitations  (9) A list answer to any of the above is "res," complete the following schedulis. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Livie in (b) Amount involved (c) Rame of noncharitable exempt organization (d) exemption of routivers, transactions, and sharing arrangements  (a) Livie in (b) Amount involved (c) Rame of noncharitable exempt organization (d) exemption of routivers, transactions, and sharing arrangements  (a) Livie in (b) Amount involved (c) Rame of noncharitable exempt organization (d) exemption of routivers, transactions, and sharing arrangements  (a) Livie in (b) Amount involved (c) Rame of noncharitable exempt organization (d) exemption of routivers, transactions, and sharing arrangements  (a) Livie in (b) Amount involved (c) Rame of noncharitable exempt organization (e) Description of relationship  (a) Rame of code (other than section 501(c)(3)) or in section 527?  (b) If Yes, complete the following schedules  (a) Rame of code (other than section 501(c)(3)) or in section 527?  (b) If Yes, complete the following schedules and statements, and to that beard may knowledge in the section of the secti  |          | (2) Other     | assets                            |                     |                     |                                    |                          |                                    | 1a(2)     |              | X        |
| (2) Purchases of assets from a noncharable exempt organization  (3) Reintal of facilities, equipment, or other assets  (4) Reintal or facilities, equipment, or other assets  (5) Loans or loan guaranties  (6) Performance of services or membership or fundraising solicitations  (7) Intel® X  (8) Performance of services or membership or fundraising solicitations  (8) Performance of services or sembership or fundraising solicitations  (8) Performance of services or sembership or fundraising solicitations  (8) Intel® X  (8) Intel® X  (9) Intel® X  (10) Intel®   | b        | Other trans   | sactions:                         |                     |                     |                                    |                          |                                    |           |              | ]        |
| (a) Rental of facilities, equipment, or other assets (b) Cance of long guarantees (c) Loans or long guarantees (d) Performance of services or membership or fundrasing solicitations (e) Performance of services or membership or fundrasing solicitations (f) Performance of services or membership or fundrasing solicitations (e) Performance of services or membership or fundrasing solicitations (f) It waster to any of the above is Yes', complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) hame of nonchartable exampt organization (d) Line no (e) Amount involved (e) hame of nonchartable exampt organization (d) Cascerption of teaching, transactions, and sharing arrangements  N/A  N/A  N/A  (e) Hame of nonchartable exampt organization (f) Description of relationship  N/A  (g) Name of organization (h) Type of organization (e) Description of relationship  N/A  (g) Name of organization (h) Type of organization of program to the section 501(c) (3)) or in section 501(c) of the Code (other than section 501(c) (3)) or in section 501(c) of the code (other than section 501(c) (3)) or in section 501(c) of the code (other than section 501(c) (3)) or in section 501(c) of the code (other than section 501(c) (3)) or in section 501(c) of the code (other than section 501(c) (3)) or in section 501(c) of the code (other than section 501(c) (3)) or in section 501(c) of the code (other than section 501(c) (3)) or in section 501(c) of the code (other than section 501(c) (3)) or in section 501(c) of the code (other than section 501(c) (3)) or in section 501(c) of the code (other than section 501(c) (3)) or in section 501(c) of the code (other than section 501( |          | (1) Sales     | of assets to a noncharital        | ble exempt organiza | ation               |                                    |                          |                                    | 1b(1)     |              |          |
| (4) Reimbursament arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (1) Performance of services or services greater to any of the above is "Yes," complete the following schedules. Column (b) should always show the fair market value of the goods, other assets, or services received.  (a) Liber or or or value of the goods, other assets, or services received.  (a) Liber or or or value of the goods, other assets, or services received.  (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of relationship arrangements.  N/A (d) Description of relationship arrangements.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 50 ((c) of the Code (other than section 50 ((c)) of the Code (other than section 5  |          | (2) Purch     | ases of assets from a no          | ncharitable exempt  | organization        |                                    |                          |                                    | 1b(2)     |              |          |
| (§) Loans or foan guarantees (§) Performance of services or membership or fundraising solicitations  2 Sharing of facilities, equipment, mailing lists, other assets, or paid employees  3 If the answer to any of the above is *Yes.* Complete the following solicitations or services grower by the reporting foundation. If the conditation received less than fair market value in any transaction or sharing arrangement, show in column (4) the value of the goods, other assets, or services received.  (B) Live re (B) Amount involved  2 Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b If *Yes,* complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A    Libder penalties of prayiny, I declare that I have examined the return, including accompanying schedules and statements, and to the best of my knowledge expense of the prepared of the prepared schedules and statements, and to the best of my knowledge expense of organization of processe (other than teapper) above on all information of which program has environmentage.    First Signature of offiger or tradition of processe (other than teapper) above on all information of which program has environmentage.    First Signature of offiger or tradition of processe (other than teapper) above on all information of which program has environmentage.    First Signature of offiger or tradition.   First Signature of offiger or tradition.   First Signature of offiger or tradition.   First Signature   PEDERSEN JONES HUGHSTON & POAGE PLIC.   First Signature   PEDERSEN JONES HUGHSTON & POAGE PLIC.   First Signature   PEDERSEN JONES HUGHSTON & POAGE PLIC.   Phone no. (817) 877-5943  |          | (3) Renta     | of facilities, equipment,         | or other assets     |                     |                                    |                          |                                    | 1b(3)     |              |          |
| (6) Performance of services or membership or fundrasing solicitations  c Sharing of facilities, equipment, mailing lists, other assets, or paid employees  d if the answer to any of the above is "ves," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received.  (a) Line no (b) Amount involved (c) Name of noncharidable exempt organization (d) Description of transfers, transactions, and alwaing arrangements    N/A   |          |               |                                   |                     |                     |                                    |                          |                                    |           |              |          |
| c Sharing of facilities, equipment, mailting lists, other assets, or paid employees  d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or servoes given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or servoes received.  (a) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements in section 501(c) of the Code (other than section 501(c) of the Code (other than section 501(c)) or in section 52??  b If "Yes," complete the following schedule.  (a) Name of organization (b) Typs of organization (e) Description of relationship N/A   |          |               |                                   |                     |                     |                                    |                          |                                    |           |              |          |
| d if the answer to any of the above is "vs." complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services required by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Une no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements in section 50 (c) of the Code (other than section 501(c)(3)) or in section 527?  (a) Name of organization (b) Type of organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  (b) If "es," complete the following schedule.  (a) Name of organization (e) Description of relationship N/A  (a) Name of organization (e) Description of relationship N/A  (b) Type of organization (e) Description of relationship N/A  (c) Description of relationship N/A  (a) Description of relationship N/A  (b) Type of organization (e) Description of relationship N/A  (c) Description of relationship N/A  (a) Name of organization (e) Description of relationship N/A  (b) Type of organization (e) Description of relationship N/A  (c) Description of relationship N/A  (d) Description of relationship N/A  (e) Description of relationship N/A  (f) Description of relationship N/A  (g) Name of organization of organization of organization of organization of which programs has any knowledge where the received organization of the beat of my knowledge where the relation of organization of organi | _        |               |                                   |                     |                     |                                    |                          |                                    |           | <del> </del> |          |
| or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (a) Image of noncharitable exempt organization  (b) Amount involved  (c) Name of noncharitable exempt organization  (d) Description of transfers, transactions, and sharing arrangements  N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) of the Code (other than section 501(c)) or in section 501(c) or indirectly arrangements described in section 501(c) or indirectly arrangements arrangem | C        | -             |                                   |                     | -                   |                                    | waya ahayi tha fair m    | arket value of the goods, at       |           | L            |          |
| column (d) the value of the goods, other assets, or services received.  (a) Live no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements  N/A  2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b if Yes, complete the following schedules  (a) Name of organization (b) Type of organization (c) Description of relationship  N/A  Under penalties of parary, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge in the code of the transaction of which prepare has any knowledge in the code of the statement of the code of my knowledge in the code of the statement of the code of the code of the statement of the code  | u        |               |                                   |                     |                     |                                    |                          |                                    |           | octo,        |          |
| (a) Description of transfers, transactions, and sharing arrangements    (a) Description of transfers, transactions, and sharing arrangements   (b) Amount involved   (c) Name of noncharitable exempt organization   (d) Description of transfers, transactions, and sharing arrangements   (e) Description of transfers, transactions, and sharing arrangements   (e) Description of relationship   (e) Description of relati |          |               |                                   |                     |                     | ou lood than han market valu       | ic in any transaction (  | or sharing arrangement, sin        | 011       |              |          |
| 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??    b If Yes, complete the following schedule.  (a) Name of organization   (b) Type of organization   (c) Description of relationship  | (a)L     |               |                                   |                     |                     | exempt organization                | (d) Description of       | of transfers, transactions, and sh | aring ar  | rangeme      | ents     |
| 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 52??    b If Yes, complete the following schedule.  (a) Name of organization   (b) Type of organization   (c) Description of relationship  |          |               |                                   |                     | N/A                 |                                    | , -                      | · · ·                              |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               |                                   |                     |                     |                                    |                          |                                    |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               | ·                                 |                     |                     |                                    |                          |                                    |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               |                                   |                     | <del></del>         |                                    |                          |                                    |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               | <del></del>                       |                     | <del></del> .       |                                    |                          |                                    |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               |                                   | <u> </u>            |                     |                                    |                          |                                    |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   | _        | <del></del> - |                                   |                     |                     | <del></del>                        |                          |                                    |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               |                                   | <del> </del>        |                     |                                    | <del> </del>             |                                    |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               | <del></del>                       | <del> </del>        |                     |                                    | <del> </del>             | <del></del>                        |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               |                                   |                     | <del></del>         |                                    |                          |                                    |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               |                                   |                     |                     |                                    |                          | <del></del>                        |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               |                                   |                     |                     |                                    |                          |                                    |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               |                                   |                     |                     |                                    |                          |                                    |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               |                                   |                     |                     |                                    |                          |                                    |           |              |          |
| In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   |          |               |                                   |                     | <u> </u>            |                                    |                          |                                    |           |              |          |
| Sign   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 taxpayer) is based on all information of which preparer has any knowledge shown below (see instry?   It is fruit correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instry?   It is fruit correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instry?   It is fruit to the best of my knowledge when the best of my knowledge when the preparer shown below (see instry?   It is true correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge shown below (see instry?   It is true correct, and complete Declaration of preparer shown below (see instry?   It is fruit to true the preparer shown below (see instry?   It is fruit to true the preparer shown below (see instry?   It is fruit to true the preparer shown below (see instry?   It is fruit to true the preparer shown below (see instry?   It is fruit to true the preparer shown below (see instry?   It is fruit to true the preparer shown below (see instry?   It is fruit to true the preparer shown below (see instry?   It is fruit to true the preparer shown below (see instry?   It is fruit to the best of my knowledge when the preparer shown below (see instry?   It is fruit to the best of my knowledge when the best of my knowledge when the preparer shown below (see instry?   It is fruit to the best of my knowledge when the preparer shown below (see instruction of my knowledge when the preparer shown below (see instruction of my knowledge when the preparer shown below (see instruction of my knowledge when the preparer shown below (see instruction of my knowledge when the preparer     | 2a       |               |                                   |                     |                     |                                    | izations described       | <u>,</u>                           | =         | _            | _        |
| (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  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 taxpayer) is based on all information of which preparer shown below (see instr.)?    Variable   Variable  |          |               | • •                               | ,                   | c)(3)) or in sect   | tion 527?                          |                          | L                                  | _ Yes     | LX           | ∐ No     |
| N/A  Sign Here  Sign   | <u>b</u> | If "Yes," co  |                                   |                     |                     | (h) Type of organization           | T                        | Necessation of relationsh          | in        |              | -        |
| Sign Here    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 (either than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and complete Declaration of preparer (either than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and complete Declaration of preparer (either than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and complete Declaration of preparer (either than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and complete Declaration of preparer (either than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and complete Declaration of preparer (either than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and complete Declaration of preparer (either than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and complete Declaration of preparer (either than taxpayer) is based on all information of which preparer has any knowledge and belief, it is true correct, and correct, a  |          |               | <del></del>                       | Janization          |                     | (b) Type of Organization           |                          | c) Description of relationsh       | ih        | <del></del>  |          |
| Sign Here  Signature of officer or trustee  Print/Type preparer's name  Preparer  Signature Officer or trustee  Preparer's signature  Preparer  Firm's name  PEDERSEN  PEDERSEN  JONES HUGHSTON & POAGE PLLC  Firm's address  604 E. 4TH ST., SUITE 101  FORT WORTH, TX 76102  Phone no. (817) 877-5943  |          |               | N/A                               |                     |                     |                                    | -                        |                                    |           |              |          |
| Sign Here  Signature of officer or trustee  Print/Type preparer's name  Preparer  Signature Officer or trustee  Preparer's signature  Preparer  Firm's name  PEDERSEN  PEDERSEN  JONES HUGHSTON & POAGE PLLC  Firm's address  604 E. 4TH ST., SUITE 101  FORT WORTH, TX 76102  Phone no. (817) 877-5943  | _        |               |                                   |                     |                     |                                    |                          |                                    |           |              |          |
| Sign Here  Signature of officer or trustee  Print/Type preparer's name  Preparer  Signature Officer or trustee  Preparer's signature  Preparer  Firm's name  PEDERSEN  PEDERSEN  JONES HUGHSTON & POAGE PLLC  Firm's address  604 E. 4TH ST., SUITE 101  FORT WORTH, TX 76102  Phone no. (817) 877-5943  | _        |               |                                   |                     |                     |                                    |                          |                                    |           |              |          |
| Sign Here  Signature of officer or trustee  Print/Type preparer's name  Preparer  Signature Officer or trustee  Preparer's signature  Preparer  Firm's name  PEDERSEN  PEDERSEN  JONES HUGHSTON & POAGE PLLC  Firm's address  604 E. 4TH ST., SUITE 101  FORT WORTH, TX 76102  Phone no. (817) 877-5943  |          |               |                                   |                     |                     |                                    |                          | <del></del>                        |           |              |          |
| Here Signature of officer or trustee Date Title  Print/Type preparer's name Preparer's signature Date Title  Print/Type preparer's name Preparer's signature Preparer's signatur  |          |               |                                   |                     |                     |                                    |                          |                                    | the IRS   | discuss      | this     |
| Paid Preparer Use Only  Proportion of officer or trustee Date Title  Proportion of officer or trustee Date Date Date Date Self-employed Self-employ  |          | gn   👢        | eller, it is true correct, and co | Declaration or      | preparer (other tha | n taxpayer) is based on all inform | nation of which preparer | nas any knowledge retur            | n with th | ne prepa     | rer      |
| Paid Preparer's name Preparer's signature Preparer  | He       | <b> </b>      | ACTIV!                            | VIII                |                     | 17/31/13                           | DIRECT                   | OR X                               | Yes       |              | No       |
| Paid Preparer Use Only    ROBERT A PEDERSEN  |          | Sigr          |                                   |                     | 1                   |                                    |                          |                                    |           |              |          |
| Paid Preparer Use Only    ROBERT A PEDERSEN  |          |               | Print/Type/preparer's n           | ame                 | Preparér's s        | ignature \\                        |                          |                                    |           |              |          |
| Preparer Use Only  Firm's name ▶ PEDERSEN JONES HUGHSTON & POAGE PLLC  Firm's address ▶ 604 E. 4TH ST., SUITE 101  FORT WORTH, TX 76102  Phone no. (817) 877-5943  | D,       | aid           | 202222                            |                     | Dans                | 0. 45 R.C.                         |                          | , ,                                |           |              | ,        |
| Use Only  Firm's address ▶ 604 E. 4TH ST., SUITE 101  FORT WORTH, TX 76102  Phone no. (817) 877-5943   |          |               |                                   |                     | NIEC III            | HCMON C DOLC                       |                          |                                    |           |              | <u> </u> |
| Firm's address ► 604 E. 4TH ST., SUITE 101 FORT WORTH, TX 76102 Phone no. (817) 877-5943   |          | •             | rum's name PEL                    | PERSEN JO           | MED HOG             | DAOT & POAG                        | E PLUC                   | Firm's Ein > 45-27                 | 983       | 000          |          |
| FORT WORTH, TX 76102 Phone no. (817) 877-5943  | ٠.       | <b>y</b>      | Firm's address > 60               | 14 R. ATH           | ਨੂਜਾ ਨ              | 11TጥR: 101                         |                          |                                    |           |              | _        |
|  |          |               |                                   |                     |                     |                                    |                          | Phone no (917)                     | 27        | 77-5         | 943      |
|  |          | -             |                                   |                     |                     | <del></del>                        |                          |                                    |           |              |          |

## Schedule B

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2012

Name of the organization

THE JOSHUA M AND INETTE S BROWN FAMILY FOUNDATION

Employer identification number

26-0433294

| Organization type (check one): |  |   |  |  |  |  |  |
|--------------------------------|--|---|--|--|--|--|--|
| Filers of                      | f:   | Section:  |  |  |  |  |  |
| Form 99                        | 0 or 990-EZ  | 501(c)( ) (enter number) organization   |  |  |  |  |  |
|                                |  | 4947(a)(1) nonexempt charitable trust not treated as a private foundation   |  |  |  |  |  |
|                                |  | 527 political organization  |  |  |  |  |  |
| Form 99                        | 00-PF  | X 501(c)(3) exempt private foundation   |  |  |  |  |  |
|                                |  | 4947(a)(1) nonexempt chantable trust treated as a private foundation  |  |  |  |  |  |
|                                |  | 501(c)(3) taxable private foundation  |  |  |  |  |  |
|                                | nly a section 501(c)(  | covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.  |  |  |  |  |  |
| X                              |  | i filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.  |  |  |  |  |  |
| Special                        | Rules  |   |  |  |  |  |  |
|                                | 509(a)(1) and 170(b  | c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (5)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.   |  |  |  |  |  |
|                                | total contributions  | e)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.   |  |  |  |  |  |
|                                | contributions for us<br>If this box is check<br>purpose. Do not co | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year |  |  |  |  |  |
| but it m                       | ust answer "No" on   | nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).  |  |  |  |  |  |

Name of organization

THE JOSHUA M AND INETTE S BROWN

FAMILY FOUNDATION

Employer identification number

26-0433294

| Part I      | Contributors (see instructions). Use duplicate copies of Part I i | f additional space is needed. |   |
|-------------|---|-------------------------------|---|
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions       | (d)<br>Type of contribution   |
| 1           | JOSHUA & INETTE BROWN  3428 ST JOHNS DRIVE  DALLAS, TX 75205-2906 | \$64,779.                     | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions       | (d)<br>Type of contribution   |
|             |   |                               | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions       | (d)<br>Type of contribution   |
| <del></del> |   | \$                            | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                 | (c)<br>Total contributions    | (d) Type of contribution  |
|             |   |                               | Person Payroll Noncash (Complete Part II if there is a noncash contribution.)   |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions       | (d) Type of contribution  |
|             |   |                               | Person Payroll Oncash Complete Part II if there is a noncash contribution.)     |
| (a)<br>No.  | (b)<br>Name, address, and ZIP + 4                                 | (c) Total contributions       | (d) Type of contribution  |
|             |   | <br>\$                        | Person Payroll Noncash Complete Part II if there is a noncash contribution.)    |

Name of organization

THE JOSHUA M AND INETTE S BROWN

FAMILY FOUNDATION

Employer identification number

26-0433294

| Part II                      | Noncash Property (see instructions). Use duplicate copies of Part | II if additional space is needed.              |                      |
|------------------------------|---|--|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
| 1                            | 2,065 SHS WELLS FARGO & CO COMMON STOCK                           | _  |                      |
|                              |   | \$6 <u>4,779.</u>                              | 12/14/12             |
| (a)<br>No.<br>from<br>Part I | (b) Description of noncash property given                         | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |   |  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |   |  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                              |   |  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c)<br>FMV (or estimate)<br>(see instructions) | (d)<br>Date received |
|                              |   |  |                      |
| (a)<br>No.<br>from<br>Part I | (b)  Description of noncash property given                        | (c) FMV (or estimate) (see instructions)       | (d)<br>Date received |
|                              |   |  |                      |

| me of organiza<br>라타 다이드바 | ua m and inette s bro   |  | Employer identification number                                |  |  |  |  |
|---------------------------|---|--|---|--|--|--|--|
| MTLY F                    | OUNDATION   |  |   | 26-0433294                               |  |  |  |
|                           | exclusively religious, charitable, etc., individuals. Complete columns (a) through (e) and the he total of exclusively religious, charitable, etc | lual contributions to section 501( following line entry. For organizate contributions of \$1,000 or less for | (c)(7), (8), or (10) organizations completing Part III, enter | ons that total more than \$1,000 for the |  |  |  |
|                           | Jse duplicate copies of Part III if additional  | space is needed.   | or the years (Eller this information one                      |  |  |  |  |
| a) No.<br>from<br>Part I  | (b) Purpose of gift (c) Use of gift   |  | (d) Description of how gift is held                           |  |  |  |  |
|                           |   |  |   |  |  |  |  |
|                           |   | (e) Transfer of g  | ift   |  |  |  |  |
|                           | Transferee's name, address, and ZIP + 4   |  | Relationship of tra   | Relationship of transferor to transferee |  |  |  |
|                           |   |  |   |  |  |  |  |
| a) No.<br>from<br>Part I  | (b) Purpose of gift   | (c) Use of gift  | (d) Des   | cription of how gift is held             |  |  |  |
| =                         |   |  |   |  |  |  |  |
|                           | (e) Transfer of gift  |  |   |  |  |  |  |
|                           | Transferee's name, address, an  | d ZIP + 4  | Relationship of tr  | ansferor to transferee                   |  |  |  |
|                           |   |  |   |  |  |  |  |
| a) No.<br>from<br>Part I  | (b) Purpose of gift   | (c) Use of gift  | (d) Des   | cription of how gift is held             |  |  |  |
| -                         |   |  |   |  |  |  |  |
|                           | (e) Transfer of gift  |  |   |  |  |  |  |
|                           | Transferee's name, address, and ZIP + 4   |  | Relationship of tr  | ansferor to transferee                   |  |  |  |
|                           |   |  |   |  |  |  |  |
| a) No.<br>from<br>Part I  | (b) Purpose of gift   | (c) Use of gift  | (d) Des   | scription of how gift is held            |  |  |  |
|                           |   |  |   |  |  |  |  |
|                           | (e) Transfer of gift  |  |   |  |  |  |  |
| -                         | Transferee's name, address, an  | d ZIP + 4  | Relationship of tr  | ansferor to transferee                   |  |  |  |
|                           |   |  |   |  |  |  |  |

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient JEWISH FEDERATION OF GREATER DALLAS NONE OTHER PUBLIC GENERAL 7800 NORTHHAVEN ROAD CHARITY DALLAS TX 75230 10,000. NONE TORAH DAY SCHOOL OF DALLAS RABBI OTHER PUBLIC GENERAL CHARITY YISROEL KATZ 6921 FRANKFORD ROAD DALLAS TX 75252 2,000. NORTH TEXAS FOOD BANK NONE OTHER PUBLIC GENERAL 4500 S COCKRELL HILL CHARITY DALLAS TX 75236-2028 250. MCKINNEY AVENUE CONTEMPORARY NONE OTHER PUBLIC GENERAL 161 GLASS ST CHARITY DALLAS TX 75207 250, ST PHILIPS SCHOOL NONE OTHER PUBLIC GENERAL CHARITY 1600 PENNSYLVANIA AVE DALLAS TX 75215 2,142, NORTH TEXAS JUNIOR GOLF FOUNDATION NONE OTHER PUBLIC GENERAL 15150 PRESTON ROAD STE 250 CHARITY DALLAS, TX 75248 85. FAMILY PLACE NONE OTHER PUBLIC GENERAL 14465 WEBB CHAPEL RD STE 110 CHARITY DALLAS, TX 75234 998. DALLAS ARBORETUM NONE OTHER PUBLIC GENERAL 8525 GARLAND ROAD CHARITY DALLAS TX 75218 2,500. FIRST TEE OF GREATER DALLAS NONE OTHER PUBLIC GENERAL 2909 COLE AVE STE 305 CHARITY DALLAS TX 75204 1,000. Total from continuation sheets 19,225.

| FORM, 990-PF DIVIDEND   | S AND         | INTER                | EST FROM                    | SECUE | RITIES   | STATEMENT                            | 1                 |
|---|---------------|----------------------|-----------------------------|-------|--|--------------------------------------|-------------------|
| SOURCE  |               | GROSS                | AMOUNT                      |       | ITAL GAINS<br>IVIDENDS                               | COLUMN (A<br>AMOUNT                  | )                 |
| BERNSTEIN   | •             |                      | 5,632.                      |       | 884.   | 4,7                                  | 48.               |
| TOTAL TO FM 990-PF, PART I, I   | N 4           |                      | 5,632.                      |       | 884.   | 4,7                                  | 48.               |
| FORM 990-PF   | AC            | COUNTI               | NG FEES                     |       |  | STATEMENT                            | 2                 |
| DESCRIPTION   | EXPE          | A)<br>NSES<br>BOOKS  | (B)<br>NET INVE<br>MENT INC | EST-  |  |                                      |                   |
| ACCOUNTING  |               | 3,200.               | 1,                          | ,600. |  | 0.                                   |                   |
| TO FORM 990-PF, PG 1, LN 16B  | <del></del> - | 3,200.               | 1,                          | ,600. |  |                                      | 0.                |
| FORM 990-PF   |               | TAX                  | ES                          |       |  | STATEMENT                            | 3                 |
| DESCRIPTION   | EXPE          | A)<br>INSES<br>BOOKS | (B)<br>NET INVI<br>MENT IN  | EST-  | (C)<br>ADJUSTED<br>NET INCOM                         |                                      |                   |
| EXCISE  |               | 63.                  |                             | 0.    |  |                                      | 0.                |
| TO FORM 990-PF, PG 1, LN 18   |               | 63.                  |                             | 0.    |  |                                      | 0.                |
| FORM 990-PF   | CC            | RPORAT               | E STOCK                     |       |  | STATEMENT                            | 4                 |
| DESCRIPTION   |               |                      |                             | во    | OK VALUE   | FAIR MARKE<br>VALUE                  | T                 |
| BERNSTEIN INTER DURATION PORTALLIANCEBERNSTEIN WEALTH APPR<br>1,000 PROLOGIS 6.75% CUM PFD<br>450 WEINGARTEN REALTY INV<br>2065 SHS WELLS FARGO |               |                      |                             |       | 54,220.<br>102,120.<br>25,130.<br>18,094.<br>64,779. | 57,7<br>88,9<br>25,0<br>12,0<br>70,5 | 45.<br>10.<br>47. |
| TOTAL TO FORM 990-PF, PART II   | I, LIN        | NE 10B               |                             |       | 264,343.   | 254,3                                | 76.               |

FORM. 990-PF

PART XV - LINE 1A LIST OF FOUNDATION MANAGERS STATEMENT 5

NAME OF MANAGER

JOSHUA M BROWN INETTE S BROWN

#### Form **8868**

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

| ● If you a                                | re filing for an Automatic 3-Month Extension, complete  | te only Pa       | rt I and check this box                 |                |                                    | <b>▼</b> X    |  |
|---|---|------------------|---|----------------|------------------------------------|---------------|--|
| <ul><li>If you a</li></ul>                | re filing for an Additional (Not Automatic) 3-Month Ex  | tension, c       | omplete only Part II (on page 2 of      | this form).    |                                    |               |  |
| Do not c                                  | omplete Part II unless you have already been granted a  | an automa        | tic 3-month extension on a previous     | ly filed For   | m 8868.                            |               |  |
| Electron                                  | c filing (e-file). You can electronically file Form 8868 if y                                     | ou need a        | 3-month automatic extension of tin      | ne to file (6  | months for a co                    | rporation     |  |
| required t                                | o file Form 990-T), or an additional (not automatic) 3-mo   | nth extens       | ion of time. You can electronically fi  | ile Form 88    | 68 to request ar                   | ı extension   |  |
| of time to                                | file any of the forms listed in Part I or Part II with the exc                                    | ception of       | Form 8870, Information Return for 1     | Transfers A    | ssociated With                     | Certain       |  |
| Personal                                  | Benefit Contracts, which must be sent to the IRS in pap   | er format        | (see instructions). For more details o  | on the elect   | tronic filing of th                | is form,      |  |
| visit www<br>Part I                       | irs.gov/efile and click on e-file for Charities & Nonprofits  Automatic 3-Month Extension of Time |                  | ubmit original (no copies ne            | eded)          |                                    |               |  |
|   | ation required to file Form 990-T and requesting an autor   |                  |   |                |                                    |               |  |
| Part I onl                                |   | nauc o mo        | of the extension - check this box and t | complete       |                                    | $\sim$        |  |
|   | y<br>corporations (including 1120-C filers), partnerships, REM                                    | IIOo ond t       |   |                |                                    |               |  |
| to file inc                               | ome tax returns.  |                  | usts must use Form 1004 to reques       | <del></del>    |                                    |               |  |
| Type or                                   | Name of exempt organization or other filer, see instru  | _                |   | Employer       | mployer identification number (Ell |               |  |
| print                                     | THE JOSHUA M AND INETTE S   | BROWN            |   |                | 26-0433294                         |               |  |
| File by the                               | FAMILY FOUNDATION   |                  |   |                |                                    |               |  |
| due date for<br>filing your<br>return See | Number, street, and room or suite no. If a P.O. box, see instructions  3428 ST JOHNS DRIVE        |                  |   | Social sec     | cial security number (SSN)         |               |  |
| instructions                              | City, town or post office, state, and ZIP code. For a for DALLAS, TX 75205-2906                   | oreign add       | ress, see instructions.                 | <del></del>    |                                    |               |  |
|   | DALILAS, IX /3203-2900  |                  |   | <del></del>    |                                    |               |  |
| Enter the                                 | Return code for the return that this application is for (file                                     | a separa         | te application for each return)         |                |                                    | 04            |  |
| Applicat                                  | ion   | Return           | Application                             |                |                                    |               |  |
| is For                                    |   | Code             | is For                                  |                |                                    | Code          |  |
|   | or Form 990-EZ  | 01               | Form 990-T (corporation)                | on)            |                                    |               |  |
| Form 990                                  | <del></del>   | 02               | Form 1041-A                             |                |                                    |               |  |
|   | 20 (individual)   | 03               | Form 4720                               |                |                                    |               |  |
| Form 990                                  |   | 04               | Form 5227                               |                |                                    |               |  |
|   | 0-T (sec. 401(a) or 408(a) trust)   | 05               | Form 6069                               | ····           |                                    | 10            |  |
|   | Form 990-T (trust other than above)   |                  | Form 8870                               | 12             |                                    |               |  |
| <u> </u>                                  | JOSHUA & INETT  | 06<br>E BRO      |   |                |                                    |               |  |
| • The b                                   | ooks are in the care of ▶ 3428 ST JOHNS   |                  |   |                |                                    |               |  |
|   | none No. ► (214)725-0460  |                  | FAX No.                                 | .,             |                                    |               |  |
|   | organization does not have an office or place of busines  | s in the Ur      |   |                |                                    |               |  |
|   | is for a Group Return, enter the organization's four digit  |                  |   | If this is for | the whole group                    | p, check this |  |
| box 🕨                                     | . If it is for part of the group, check this box  | _                |   |                |                                    | , .           |  |
| 1   re                                    | quest an automatic 3-month (6 months for a corporation  |                  |   |                |                                    |               |  |
|   |   |                  | tion return for the organization name   |                | The extension                      |               |  |
| ıs f                                      | or the organization's return for:   | <b>-</b>         |   |                |                                    |               |  |
|   | X calendar year 2012 or   |                  |   |                |                                    |               |  |
| •   | tax year beginning  | . an             | d ending                                |                | _                                  |               |  |
|   |   |                  |   |                | ·                                  |               |  |
| 2 If t                                    | he tax year entered in line 1 is for less than 12 months, o                                       | heck reas        | on: Initial return                      | Final return   | n                                  |               |  |
| _ <u> </u>                                | Change in accounting period   |                  |   |                | · ·                                |               |  |
| _   |   |                  |   |                |                                    |               |  |
| 3a If t                                   | his application is for Form 990-BL, 990-PF, 990-T, 4720,  | or 6069, e       | nter the tentative tax, less any        |                |                                    |               |  |
| _   | nrefundable credits. See instructions.  |                  |   | 3a             | \$                                 | <u> </u>      |  |
| <b>b</b> If t                             | his application is for Form 990-PF, 990-T, 4720, or 6069,   | enter any        | refundable credits and                  |                |                                    |               |  |
| es  | imated tax payments made. Include any prior year over   | <u>payment a</u> | llowed as a credit.                     | 3b             | \$                                 | <u> </u>      |  |
| c Ba                                      | lance due. Subtract line 3b from line 3a. Include your pa   | ayment wi        | th this form, if required,              |                |                                    |               |  |
| by  | using EFTPS (Electronic Federal Tax Payment System).  | See instru       | ctions.                                 | 3c             | \$                                 | 0.            |  |
| Caution                                   | If you are going to make an electronic fund withdrawal  | with this F      | orm 8868, see Form 8453-EO and F        | orm 8879-      | EO for payment                     |               |  |
|   | or Privacy Act and Paperwork Reduction Act Notice   |                  |   |                |                                    | Rev. 1-2013)  |  |

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