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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

For	cale	endar year 2012 or tax year beginning		9/27/2012 , a	nd ending	12/	31/2012		
Nar	ne of	foundation		· - · - · · · · ·		A E	nployer identification nu	mber	
Bra	ın Me	cCann Family Foundation					46-1137	162	
		and street (or P O box number if mail is not delivered t	o street add	ress)	Room/suite	ВТ	elephone number (see inst	ructions)	_
Fou	ndat	tion Source 501 Silverside Rd			123		(800) 839	-1754	
_		wn, state, and ZIP code				C If e	exemption application is pe		► X
Wilr	ming	ton		DE	19809-1377	"		,	
		ck all that apply X Initial return	☐ Initia	al return of a former p		101	Foreign organizations, che	eck here	▶□
_		Final return	=	ended return	,				
		Address change	=	ne change			Foreign organizations mee check here and attach cor	_	▶□
	Cha			mpt private foundation	<u></u>	-	Grook Horo and allacer sor	npatation.	٠ ـ
		ction 4947(a)(1) nonexempt charitable trus		Other taxable private			private foundation status w		▶□
<u> </u>				<u> </u>		4	der section 507(b)(1)(A), o		
	-		counting i		n Accrual		he foundation is in a 60-m der section 507(b)(1)(B), c		
			Other (sp	d) must be on cash ba		"	der section 507(b)(1)(b), c	aleck fiele	
				uj musi be on cash ba:	S/S /			(d) Disbursen	
Pai		Analysis of Revenue and Expenses (To amounts in columns (b), (c), and (d) may not neces.		(a) Revenue and expenses per	(b) Net investm	nent	(c) Adjusted net	for charitab	
		the amounts in column (a) (see instructions))	samy equal	books	ıncome		ıncome	purposes (cash basis o	
_	_			100,000	· · · · · -			(casii basis o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1	Contributions, gifts, grants, etc , received (attach sch		100,000					
ŀ	2	Check if the foundation is not required to atta					-		
	3	Interest on savings and temporary cash inve	sments						
	4	Dividends and interest from securities a Gross rents						 	
	_	b Net rental income or (loss)						†	
e		a Net gain or (loss) from sale of assets not on	line 10						
eu		b Gross sales price for all assets on line 6a	iiie io				·	 	
Revenue	7	Capital gain net income (from Part IV, line 2)						-	
~	8	Net short-term capital gain	,						
	9	Income modifications						Í	
	_	a Gross sales less returns and allowances							
	١	b Less Cost of goods sold							
		c Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11		100.000		0	0)	
	13	Compensation of officers, directors, trustees	. etc						
benses	14	Other employee salaries and wages	,					1	
en	15	Pension plans, employee benefits							
Exp	16	a Legal fees (attach schedule)							
₃ ™		b Accounting fees (attach schedule)							
LE E		c Other professional fees (attach schedule)			1.5.0		-		
Administrative	17	Interest			RECEN	150			
ist	18	Taxes (attach schedule) (see instructions)							
, in	19	Depreciation (attach schedule) and depletio	n.	100	CEB .		181	<u> </u>	
Adm	20	Occupancy		00	SEP 0 4	<u> 2013 </u>	O		
	21	Travel, conferences, and meetings					1881 1881	1	
Ĕ	22	Printing and publications			DCDEN	0.05	75		
) <u> </u>	23	Other expenses (attach schedule)				<u> </u>			
Operating and	24	Total operating and administrative expe	nses.					.]	
- E		Add lines 13 through 23	•	0)	0		<u> </u>	
ڄ	25	Contributions, gifts, grants paid .			1			-	
Operating 8	26	Total expenses and disbursements Add lines 24	and 25	0		0)	(
)	27	Subtract line 26 from line 12							
		a Excess of revenue over expenses and disburse	ments	100,000)				
		b Net investment income (if negative, enter	-0-)		ļ	0		.	
	1	c Adjusted net income (if negative, enter -0	-) .	1	1			ol	

a	Analysis of Changes in Net Assets or Fund Balances		
1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with		
	end-of-year figure reported on pnor year's return)	1	. 0
2	Enter amount from Part I, line 27a .	2	100,000
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	100,000
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	100,000

46-1137162

' (a) List and describe	and Losses for Tax on Inv the kind(s) of property sold (e.g., real est ouse, or common stock, 200 shs MLC C	ate,	(b) How acquired P—Purchase	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
	ouse, or common stock, 200 sits wile c		D—Donation	(IIIO , day, yi)	(IIIO , day, yi)
<u>1a</u>			-		
<u>b</u>					+
d d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis pense of sale		un or (loss) (f) minus (g)
а					
b		 			
<u>C</u>		-			
d e				<u> </u>	
	—I owing gain in column (h) and owner	d by the foundat	tion on 12/31/69	(I) Coine (C	al (h) con minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	ess of col (i)	col (k), but n	ol (h) gain minus ot less than -0-) or (from col (h))
a					
b					
С					
d					
е		<u> </u>			
2 Capital gain net income o	If (loss)	also enter in Pa , enter -0- in Pa	art I, line 7	2	0
	n or (loss) as defined in section			<u> </u>	
_	I, line 8, column (c) (see instruc	tions) If (loss),	enter -0-		
In Part I, line 8 Part V Qualification U	nder Section 4940(e) for R	Sadwaad Tax	on Not Investor	3	0
	leave this part blank the section 4942 tax on the dist not qualify under section 4940(e		• •	e base period?	Yes No
1 Enter the appropriate ar	mount in each column for each	year, see the in	structions before n	naking any entries	
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distributi	ons Net value	(c) e of noncharitable-use a	ssets I	(d) stribution ratio) divided by col (c))
2011	9 11/			1001 10	0 000000
2010					0 000000
2009	·				0 000000
2008					0 000000
2007					0 000000
2 Total of line 1, column (d)			line 2 his Frankii	2	0 000000
	for the 5-year base period—div oundation has been in existence			3	0 000000
4 Enter the net value of nor	ncharitable-use assets for 2012	from Part X, lin	ne 5	4	
5 Multiply line 4 by line 3	-			5	
6 Enter 1% of net investme	ent income (1% of Part I, line 27	b) .		6	
7 Add lines 5 and 6				7	
8 Enter qualifying distribution of great to or great t	ons from Part XII, line 4 . ater than line 7, check the box ii	n Part VI, line 1	b, and complete th	8 at part using a 1%	tax rate See
the Part VI instructions			•	•	

rom	1 990-PF (2012)	Brain McCann Family Foundation		46-1137	71 <u>62</u>	Pa	ge 4
Pa	rt VI .	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	-see	instructi	ions)		
1 a	Exempt operating	ig foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1 }					
		determination letter (attach copy of letter if necessary—see instructions)		1		l	
b		ations that meet the section 4940(e) requirements in Part V, check	1				
	here ▶ 🗌 ar	nd enter 1% of Part I, line 27b					
C	All other domes	tic foundations enter 2% of line 27b Exempt foreign organizations enter 4%		ļ			
	of Part I, line 12	, col (b)					
2		on 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	ļ		0	
3	Add lines 1 and	2	3	ļ		0	
4	-	ne) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	ļ			
5		nvestment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	<u> </u>		0	
6	Credits/Paymen	1 1	1	1			
		tax payments and 2011 overpayment credited to 2012	4				
		organizations—tax withheld at source 6b	4			- 1	
		oplication for extension of time to file (Form 8868)	-			i	
	· ·	ding erroneously withheld 6d 1	┥	<u> </u>			
7 8		d payments. Add lines 6a through 6d	8	 		0	
9	• •	Ity for underpayment of estimated tax. Check here if Form 2220 is attached otal of lines 5 and 8 is more than line 7, enter amount owed.	9			0	
10		If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			0	
11		nt of line 10 to be Credited to 2013 estimated tax	1	 		0	
		ments Regarding Activities	1	! 		υĮ	
						Yes	No
1 a		ear, did the foundation attempt to influence any national, state, or local legislation or did it			4.	res	No
_		ervene in any political campaign?			1a	-	X
D		re than \$100 during the year (either directly or indirectly) for political purposes (see			4.		v
	Instructions for t	,		- 1	1b		_X
		"Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials stributed by the foundation in connection with the activities					
	•	on file Form 1120-POL for this year?			1c		X
		nt (if any) of tax on political expenditures (section 4955) imposed during the year			-10		
_	(1) On the fou						
e		ursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation m						
2		ion engaged in any activities that have not previously been reported to the IRS?			2		X
		a detailed description of the activities					
3	Has the foundat	ion made any changes, not previously reported to the IRS, in its governing instrument, articles					
		, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4 a	Did the foundate	on have unrelated business gross income of \$1,000 or more during the year?			4a		Х
t	If "Yes," has it fi	led a tax return on Form 990-T for this year?			4b	N/A	
5	Was there a liqu	udation, termination, dissolution, or substantial contraction during the year?			5		Χ
	•	the statement required by General Instruction T					
6	-	nents of section 508(e) (relating to sections 4941 through 4945) satisfied either					
		in the governing instrument, or					
	•	slation that effectively amends the governing instrument so that no mandatory directions					
_		the state law remain in the governing instrument?			6	X	ļ
7		ion have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), a	nd Pa	πXV	7	<u> </u>	ļ. —
0 8		to which the foundation reports or with which it is registered (see instructions)					
	DE	"Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney				İ	1
E					Q.L		
9	-	ignate) of each state as required by General Instruction G? If "No," attach explanation in claiming status as a private operating foundation within the meaning of section 4942(j)(3)			8b	Х	\vdash
3		r calming status as a private operating foundation within the meaning of section 4942()(3) calendar year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes,"	,				<u> </u>
	complete Part				9		l x
10	· ·	s become substantial contributors during the tax year? If "Yes," attach a schedule listing			Ť		 ^-
. •	their names an	· ,			10	х	
	aoo an	·································			,		

Form	990-PF (2012) Brain McCann Family Foundation 46-113	71 <u>62</u>	Pa	ge 5
Par	t VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	x	
	Website address ▶			
14	The books are in care of ▶ c/o Foundation Source Telephone no ▶	(800	839-	1754
	Located at ► 501 Silverside Road, Suite 123 Wilmington DE ZIP+4 ► 19809-1377			<u></u> :
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	. [
40	and enter the amount of tax-exempt interest received or accrued during the year		, 1	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority	46	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		<u> </u>
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of the foreign country.			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	
ı aı			V	N-
1a	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
ıa	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
			i	- 1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes X No		1	i
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			1
	If the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			ļ
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d			Ì
_	and 6e, Part XIII) for tax year(s) beginning before 2012?			
	If "Yes," list the years 20, 20, 20	ļ		ŀ
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			ŀ
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_	20		İ	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business			
b	enterprise at any time during the year? Yes X No			
U	If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding penod? (Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2012)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable			
	purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b		X

Form	m 990-PF (2012) Brain McCann Fa	amily Foundation	n				46-113	7162	P	age 6
Pa	irt VII-B . Statements Regard	ling Activitie	s for Which Fo	m 4720 May E	Be Require	ed (continued	1)			
	During the year did the foundation pa				•		<u> </u>			
	(1) Carry on propaganda, or other	-		section 4945(e))?		Yes	X No			
	(2) Influence the outcome of any s	pecific public ele	ction (see section 49	955), or to carry						
	on, directly or indirectly, any vo	oter registration d	rive?	•		Yes	X No			
	(3) Provide a grant to an individua	I for travel_study	or other similar our	nnses?		Yes	X No			
	(4) Provide a grant to an organiza					res [<u>~</u>] NO			
	in section 509(a)(1), (2), or (3)		-			☐ Yes ☐	X No		l	
	(5) Provide for any purpose other			•		res [<u> </u>			
	educational purposes, or for th					☐ Yes [X No			
b	If any answer is "Yes" to 5a(1)–(5), o	•	•		tions docomb		∑ NO			
~	Regulations section 53 4945 or in a					lea in		5b	N/A	
	Organizations relying on a current no	-	•	*	alions) /	. □	7	90	IN/A	1
С	If the answer is "Yes" to question 5a									
·	tax because it maintained expenditure		•	uon irom ine			¬			
	If "Yes," attach the statement require	•	•	5/4)		Yes _	No			
6a	·	- -		, ,						
va	Did the foundation, during the year, i premiums on a personal benefit conf	-	s, directly or indirectly	, το pay			IJ			
h					5441O	Yes	X No			
b	Did the foundation, during the year, p If "Yes" to 6b, file Form 8870	pay premiums, di	rectly or indirectly, o	n a personal bener	it contract?			6b		_X
70	•	the formulation o			0		IJ.,			
	At any time during the tax year, was		•			Yes _	X No	 -		
	If "Yes," did the foundation receive a					IP.II B		7b	N/A	
	art VIII Information About and Contractors	ut Officers, D	rectors, Truste	es, Foundation	on Manag	ers, Highly P	aid Em	iploy	ees,	
1		oos foundation	n managara and t		ion fone inc		-			
-	List an officers, directors, trust		(b) Title, and average	(c) Compensation		Contributions to	1			
	(a) Name and address		hours per week	(If not paid, enter	emplo	yee benefit plans	1 2		se accou owance:	
SF	E ATTACHMENT		devoted to position	0-)	and dete	erred compensation				
-=-=										
										
2	Compensation of five highest-p	aid employees	(other than thos	e included on lir	ne 1—see ii	nstructions). If	none,			
	enter "NONE."									
			(b) Title, and avera	ge		d) Contributions to				
(a	a) Name and address of each employee paid	more than \$50,000	hours per week	(c) Compens		employee benefit lans and deferred			se accou lowance:	
			devoted to position	n		compensation				
NO	NE		_							
				00		<u> </u>				
			_							
				00						
			<u>.</u>							
				00			\bot			
			-							
	 			00						
		· · · · · · · · · · · · · · · · · · ·	-							
<u></u>	tal number of other and and	d avec 050 000		00			+			
101	tal number of other employees pair	over \$50,000		•		•	▶			

Form 990-PF (2012) Brain McCann Family Foundation		46-113/162 Page /
Part VIII , Information About Officers, Directors, Trustees and Contractors (continued)	s, Foundation Managers, Highly Pai	d Employees,
3 Five highest-paid independent contractors for professional services (s	see instructions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	(5) 1) 10 01 001 010	(o) componication
NONE		
		
		·
Total number of others receiving over \$50,000 for professional services	>	
Total flumber of others receiving over 400,000 for professional services		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant the number of organizations and other beneficiaries served, conferences convened, research p.		Expenses
1		
	· · · · · · · · · · · · · · · · · · ·	
2		
3		
4		
`		
Part IX-B Summary of Program-Related Investments (see	e instructions)	
Describe the two largest program-related investments made by the foundation during the tax yes		Amount
1		
·		
2		
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	>	0

Form 9	990-PF (2012) Brain McCann Family Foundation	46-1	137162 Page 8
Par	Minimum Investment Return (All domestic foundations must complete this part. Foreig	n found	ations,
	see instructions)	Lookeken I	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances .	1b	12,500
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	12,500
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	<u>.</u>
3	Subtract line 2 from line 1d	3	12,500
4	Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see		
	instructions)	4	188
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	12,312
6	Minimum investment return. Enter 5% of line 5 MIR Prorated - Short Year	6	162
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	162
2a	Tax on investment income for 2012 from Part VI, line 5		
b	Income tax for 2012 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	162
4	Recoveries of amounts treated as qualifying distributions	4	.,,,
5	Add lines 3 and 4	5	162
6	Deduction from distributable amount (see instructions)	6	102
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	<u> </u>	
•	line 1	7	162
			102
Par	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		· -
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	0
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u>,</u>
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		· <u>-</u>

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

income Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

e Excess from 2012

Form	990-F	PF (2012)	Brain McCann Family Found	ation			46-1137	
Par	t XI\	Private	Operating Foundations	(see instructions	and Part VII-A,	question 9)		N/A
1 a			has received a ruling or determinate the ruling is effective for 2012, ent			•		
b	Che	ck box to ind	icate whether the foundation is a	private operating for	ındatıon described ir	n section	4942(j)(3) or	4942(j)(5)
			of the adjusted net	Tax year		Pnor 3 years		
			t I or the minimum	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
		stment returi Listed	n from Part X for each	(a) 2012	(6) 2011	(0) 2010	(d) 2003	
	•					<u> </u>		0
		of line 2a						0
U		4 for each ye	utions from Part XII,					0
ч		•	d in line 2c not used directly					
u			ct of exempt activities					0
е	Qua	lifying distrib	utions made directly					
			ct of exempt activities					
		tract line 2d						0
3		nplete 3a, b, mative test re						
а			ive test—enter					
	(1)	Value of all	assets					0
	(2)	Value of as:	sets qualifying					· -
		under section	on 4942(j)(3)(B)(i)	1				0
b			ernative test—enter 2/3					
			stment return shown in each year listed					0
			ative test—enter					
·		•	ort other than gross					
	(.,	investment	income (interest,	ļ				
			ents, payments s loans (section					
			or royalties)				İ	0
	(2)		m general public					<u>_</u> .
		and 5 or mo	ore exempt ns as provided in					
			2(j)(3)(B)(III)					0
	(3)	Largest am	ount of support					<u>~</u>
	` '	from an exe	empt organization					0
			stment income	<u> </u>			<u> </u>	<u> </u>
Pa	rt X\		ementary Information (Co	-	-	undation had \$5	,000 or more in	
			at any time during the ye		ctions.)			
1			egarding Foundation Manage		00/ -545 - 1-1-11-	. L d	4L - 8	
а			ers of the foundation who have coll of any tax year (but only if they ha				the foundation	
Do		C Brain	or any tax year (but only in they in	ave contributed mon	C (11011 \$0,000) (OCC	, decilor (d)(2))		
			ers of the foundation who own 10%	6 or more of the stoo	ck of a corporation (c	or an equally large po	ortion of the	
		, ,	partnership or other entity) of whic		•			
NO	NE							
2	Info	ormation R	egarding Contribution, Grant	, Gift, Loan, Scho	larship, etc., Pro	grams:		
			If the foundation only makes					
			ests for funds. If the foundation m	akes gifts, grants, et	c (see instructions)	to individuals or orga	inizations under	
			, complete items 2a, b, c, and d	noul of the serves to	udom applications	should be addressed		·
а	ine	name, auui	ess, and telephone number or e-r	nan or the person to	whom applications s	anoulu pe audressed		
b	The	form in which	ch applications should be submitte	ed and information a	nd materials they sh	ould include		
	Anv	submission	deadlines			·		
	, u i y	200001011						
			<u> </u>					
d			or limitations on awards, such as	by geographical are	as, chantable fields,	kinds of institutions,	or other	
	fact	UIS						

Part XV	Supplementary	/ Information	(continued)
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3	Grants and Contributions Paid During t		for Future	Payment	·
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		. <u></u>
а	Paid during the year				
	Total			▶ 3a	(
b	Approved for future payment				
	Total .			▶ 3b	1

Part XV	I-A Analysis of Income-Producing Act	vities				
	oss amounts unless otherwise indicated	7	siness income	Excluded by section	on 512, 513, or 514	(e)
_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
_	am service revenue		ļ			(000 11101101101107)
a _						
						<u></u>
						
_		·		 		
e _		-				-
'	ees and contracts from government agencies	·				
•	bership dues and assessments		!			
	est on savings and temporary cash investments					
	ends and interest from securities					-
	ental income or (loss) from real estate					
	ebt-financed property					
	ot debt-financed property					
	ental income or (loss) from personal property					
	r investment income					
8 Gain	or (loss) from sales of assets other than inventory					
9 Net in	ncome or (loss) from special events					
10 Gross	s profit or (loss) from sales of inventory			ļ		
11 Other	revenue a					
°. –				<u> </u>		
				<u> </u>	 	
е			ļ			ļ
12 Cubi	atal Add calumna (b) (d) and (a)		1 (11		.l .
	otal Add columns (b), (d), and (e)	L]()	13	•
13 Total	I. Add line 12, columns (b), (d), and (e)		()	13	•
13 Total (See world	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations)	complishmen			•	•
13 Total (See work	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ad		t of Exempt F	Purposes	13	•
13 Total (See world	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Activities	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0
13 Total (See work Part XV	I. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions to verify calculations) /I-B Relationship of Activities to the Ac Explain below how each activity for which incom	e is reported in col	t of Exempt F	Purposes VI-A contributed ii	13	0

Brain McCann Family Foundation 46-1137162 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described Yes No in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political

	Organiza	illoris,								
а	Transfer	s from the reporting t	foundation to	a nonchantable exempt or	rganizatio	n of				
	(1) Cas								1a(1)	X
	(2) Othe	er assets							1a(2)	X
þ	Other tra	ansactions								
	(1) Sale	s of assets to a nonc	charitable exe	mpt organization	÷				1b(1)	X
	(2) Purc	chases of assets from	n a nonchanta	able exempt organization					1b(2)	TX
	(3) Ren	tal of facilities, equipi	ment, or other	r assets					1b(3)	X
	(4) Rein	nbursement arranger	ments						1b(4)	X
	(5) Loar	ns or loan guarantees	s	•					1b(5)	X
	(6) Perf	ormance of services	or membersh	ip or fundraising solicitatio	ns				1b(6)	X
С				s, other assets, or paid en					1c	X
ď	If the ans	swer to any of the ab	ove is "Yes "	complete the following sch	nedule C	oluma ((h) should alway	s show the fair r	narket	
	value of	the goods, other ass	ets, or service	es given by the reporting for	oundation	If the	foundation recei	ived less than fa	ır market	
	value in	any transaction or sh	arıng arrange	ement, show in column (d)	the value	of the	goods, other as	sets, or services	received	
(a)	Line no	(b) Amount involved	(c) Name	of noncharitable exempt organiza	tion I	(d) De	escription of transfers	, transactions, and sh	пагіпо апталоет	ents
						.,,-		,		
_										
							-			
									-	
									_	
			-							
					1					
		·							-	
				- -						
			_		1			•		
					Ì					
					İ					
2a	Is the fou	indation directly or in	directly affilia	ted with, or related to, one	or more	tax-exe	empt organizatio	ns		
	described	d in section 501(c) of	the Code (ot	her than section 501(c)(3)) or in sec	ction 52	277		Yes 💢 No	
b	If "Yes,"	complete the following	ig schedule							
		(a) Name of organization		(b) Type of organi	zation		(c)	Description of relation	nship	
						i				
	Unde	r penalties of perjury, I declare to	hat I have examined	this return, including accompanying scho	edules and sta	itements, a	nd to the best of my know	wledge and belief, it is tru	е,	
Siz	an correc	of, and complete Declaration of	preparer (other then	taxpayer) is based on all information of	which prepare	r has any k	nowledge	May the IPS	discuss this retu	_
-	- 1. /		\rightarrow	0/2/2	Ω	1	4		arer shown belo	
пе	re • <u>/</u>	Janel Usa	~	8/8/13 🕨	Ples	ide	rd	instructions)?		No
	Sıç	grature of officer or trustee		Date	Title			<u> </u>		
		Print/Type preparer's na	me	Preparer's signature			Date		PTIN	
Pa				Joffron D. Haales III				Check if	<u> </u>	
Pr€	eparer	Jeffrey D Haskell	 -	Jeffrey D. Haskell			5/31/2013	self-employed	P01345770	<u> </u>
Js	e Only		undation Sou				·		1-0398347	
		Firm's address On	e Hollow Lan	e, Suite 212, Lake Succes	s, NY 11	042		Phone no (800	0) 839-1754	

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		-	Employer identification number
Proup McCopp Family Found	ation		46 1127162
Brain McCann Family Found Organization type (check o	- 12-2		46-1137162
-	•		
Filers of:	Section:		
Form 990 or 990-EZ	501(c)() (enter no	umber) organization	
	4947(a)(1) nonexempt ch	haritable trust not treated as a private fo	oundation
	527 political organization	1	
Form 990-PF	X 501(c)(3) exempt private	efoundation	
	4947(a)(1) nonexempt ch	haritable trust treated as a private found	lation
	501(c)(3) taxable private	foundation	
• •	covered by the General Rule or 7), (8), or (10) organization can c	r a Special Rule. check boxes for both the General Rule a	and a Special Rule See
General Rule			
	iling Form 990, 990-EZ, or 990- ne contributor Complete Parts I	PF that received, during the year, \$5,00 and II	0 or more (in money or
Special Rules			
sections 509(a)(1) a	nd 170(b)(1)(A)(vi) and received	or 990-EZ that met the 33 1/3% support I from any one contributor, during the ye 0, Part VIII, line 1h, or (ii) Form 990-EZ,	ear, a contribution of the greater
the year, total contr	outions of more than \$1,000 for i	g Form 990 or 990-EZ that received fror use exclusively for religious, charitable, children or animals. Complete Parts I, I	scientific, literary, or
the year, contribution total to more than \$ year for an exclusive	ns for use <i>exclusively</i> for religiou ,000 If this box is checked, ente <i>ely</i> religious, charitable, etc , pur	g Form 990 or 990-EZ that received from us, charitable, etc., purposes, but these er here the total contributions that were pose. Do not complete any of the parts exclusively religious, charitable, etc., con	contributions did not received during the unless the General Rule
990-EZ, or 990-PF), but it n	ust answer "No" on Part IV, line	Rule and/or the Special Rules does not 2 of its Form 990, or check the box on set the filing requirements of Schedule B	line H of its Form 990-EZ or on

	orm 990, 990-EZ, or 990-PF) (2012)		Page 2
Name of or Brain McC	ganization ann Family Foundation		Employer identification number 46-1137162
Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Brain, Donald C 2540 W 118th Terrace Leawood KS 66211 Foreign State or Province Foreign Country	\$100,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province	\$	Person Payroll Noncash (Complete Part II if there is

Foreign Country

(b)

Name, address, and ZIP + 4

Foreign State or Province

Foreign Country

(a)

No.

Person Payroll Noncash

(d)

Type of contribution

(Complete Part II if there is

a noncash contribution)

a noncash contribution)

(c)

Total contributions

Name of organizationEmployer identification numberBrain McCann Family Foundation46-1137162

Part II	Noncash Property (see instructions). Use duplicate	copies of Part II if additional spac	e is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of or Brain McCa	ganization ann Family Foundation				Employer identification number 46-1137162
Part III	Exclusively religious, charitable, etc., inc total more than \$1,000 for the year. Comp For organizations completing Part III, enter contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	lete columns (a) the total of <i>exclu</i> (Enter this infor	through (e) and the sively religious, che mation once. See it	he following naritable, e	(8), or (10) organizations g line entry tc ,
(a) No. from Part I	(b) Purpose of gift	(c) l	Jse of gift	(d	l) Description of how gift is held
		(e) Tra	nsfer of gift		
	Transferee's name, address, and Z	IP + 4	Relatio	onship of	transferor to transferee
	For Prov Country		·		
(a) No. from Part I	(b) Purpose of gift	(c) L	Jse of gift	(d	l) Description of how gift is held
			nsfer of gift		
	Transferee's name, address, and Z		Relatio	onship of	transferor to transferee
	For Prov Country				
(a) No. from Part I	(b) Purpose of gift	(c) l	Jse of gift	(0	l) Description of how gift is held
				·	
		(e) Tra	nsfer of gift		-
	Transferee's name, address, and Z	IP + 4	Relation	onship of	transferor to transferee
(a) No.	For Prov Country				
from Part I	(b) Purpose of gift	(c) (Jse of gift	(c	d) Description of how gift is held
		(e) Tra	nsfer of gift		
	Transferee's name, address, and Z	IP + 4	Relation	onship of	transferor to transferee
				•	
	For Prov Country				•••

Part VII-A, Line 10 (990-PF) - Substantial Contributors

Brain McCann Family Foundation

						•
	Check "X"					
Name	if Business	Street	City	State	Zıp Code	Foreign Country
1 Donald C Brain		2540 W 118th Terrace	Leawood	KS	66211	•

Brain McCann Family Foundation

- 1
Managers
d Foundation
, Trustees an
s, Directors,
of Officer
mpensation
30-PF) - Co
, Line 1 (99
Part VIII

									ס	٥.	0
Name	Check "X"	Street	Ċ	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
Donald C Brain		Foundation Soi	Milmington	DE	19809		Pres / Dir / Sec	100	0	0	0