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# Form **990-P**, Department of the Treasury Internal Revenue Service

**Return of Private Foundation** 

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

Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 **2014**Open to Public Inspection

Form **990-PF** (2014)

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101	- Ca	ii Cii	dai year 2014 or lax year degining	· · · · · · · · · · · · · · · · · · ·	, and en	unig			
Na	ame	e of	foundation				Α	Employer identification	number
,	пĽ		BROOKS FOUNDATION					22 2761270	
			d street (or P O box number if mail is not delivered to street	addrona)		Room/suite	+	22-3761279	
			UNTRACHT EARLY, 325 CC	,		202	B	Telephone number	0.0
			own, state or province, country, and ZIP or foreign p		4	202	<del> </del>	973-408-67	
			RHAM PARK, NJ 07932	osiai code				If exemption application is p	ending, check here
			all that apply Initial return	Initial return of a fo	rmor public of	arıtı.	-	4	a abaati basa
u	OII	CUR	Final return	Amended return	Arrier public ci	iailly		1. Foreign organizations	s, check here
			Address change	Name change				2 Foreign organizations me check here and attach co	eting the 85% test,
Н	Ch	eck	type of organization: X Section 501(c)(3) ex			<u> </u>			
<u>"</u>	Ï			Other taxable private founda	ation			If private foundation sta	
	-215			ing method: X Cash	Accru			under section 507(b)(1)	
				ther (specify)	ACCIU	aı		If the foundation is in a (	
	 ►\$		6,246,669. (Part I, colu		hasis I			under section 507(b)(1)	(B), check here
		t I		T			+		(d) p
	ui	<u> </u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net inv			(c) Adjusted net income	(0) Disbursements for charitable purposes
_	Т	1	Contributions, gifts, grants, etc., received	15,661.			+	N/A	(cash basis only)
			Check fithe foundation is not required to attach Sch. B	12,001.	<del> </del>		+	IN / IA	
		2	Interest on savings and temporary cash investments			·····	+		
		4	Dividends and interest from securities	25,439.	21	5,439.	╫		CMA MEMBATO 1
			Gross rents	23,433.		7,437.	+		STATEMENT 1
			Net rental income or (loss)				+-	·	,
		_	' ' <del></del>	126,794.			+-	, , , , , , , , , , , , , , , , , , , ,	
9	ן בַּ		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 536, 946.	120,194.			╁╌	9	
Revenue	ַ		Capital gain net income (from Part IV line 2)		126	5,794.		NOV 10	<del>                                      </del>
ď	2		Net short-term capital gain	. =	120	174	+-	·4	<u> </u>
		9	Income modifications				+	12/2013	
	1	-	Grace cales less returns			· · · ·	+-		
		_	and allowances				+		
			Gross profit or (loss)				+		
	,		Other income	-207,546.	_3(	,431.	+		STATEMENT 2
	- 1		Total Add lines 1 through 11	-39,652.		2,802.			DIVITEMENT &
_		13	Compensation of officers directors, trustees, etc	-33,632.	<u> </u>	<u>.,802.</u> 0.	_	·	0.
	1		Other employee salaries and wages	0.			+-		<u> </u>
	- 1		Pension plans, employee benefits				+		
9			Legal fees STMT 3	550.	<del></del> -	0.	+		550.
			Accounting fees STMT 4	6,000.	<del></del>	0.			6,000.
Š	<u> </u>		Other professional fees	0,000.			+		0,000.
ā	וַשָּ		Interest				T		
÷.	<b>[</b>		Taxes STMT 5	10,020.		0.	+		0.
Operating and Administrative Exper	2		Depreciation and depletion	10,020.			+		<u> </u>
2	<b>≣</b>  ,		Occupancy				+		
4	١,		Travel, conferences, and meetings				╁┈		
7	١,		Printing and publications				+		
5	מ מ		Other expenses STMT 6	72,067.	65	3,030.	T		0.
į	١,		Total operating and administrative	72,007.		<u>, , , , , , , , , , , , , , , , , , , </u>	+	· · · · · · · · · · · · · · · · · · ·	<u> </u>
9	ខ្ញុំ '	7	expenses Add lines 13 through 23	88,637.	65	3,030.			6 550
ć	לן,	25	Contributions, gifts, grants paid	269,245.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+		6,550. 269,245.
	- 1		Total expenses and disbursements	200,440.			+	· · · · · · · · · · · · · · · · · · ·	403,443.
	1		Add lines 24 and 25	357,882.	65	3,030.			275,795.
_	١,		Subtract line 26 from line 12:	337,002.		,,050.	+		413,133.
	1		Excess of revenue over expenses and disbursements	-397,534.					
			Net investment income (if negative, enter -0-)	35,,354.	1	1,772.	+		
			Adjusted net income (if negative, enter -0-)				+-	N/A	
		_		1				~ · · · · · ·	i

LHA For Paperwork Reduction Act Notice, see instructions

For	m <u>9</u> 9	0-PF (2014) THE BROOKS FOUNDATION		22-	3761279 Page 2
Б	 art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
	<u>ar ı</u>	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
		Cash - non-interest-bearing			
		Savings and temporary cash investments	63,905.	80,843.	80,843.
	3	Accounts receivable			
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts			
	5	Grants receivable  Receivables due from officers, directors, trustees, and other			
	ь		890.		
	7	disqualified persons Other notes and loans receivable	090.	<del></del>	
	7	Less: allowance for doubtful accounts			
ω.	8	Inventories for sale or use			
Assets	۵	Prepaid expenses and deferred charges			
AS	10a	Investments - U.S. and state government obligations			
		Investments - corporate stock STMT 7	1,931,087.	1,517,505.	6,165,826.
		Investments - corporate bonds	2/332/00/1	1/51//5051	0/105/0200
	11	Investments - land buildings and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis ►			
	ł	Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	1,995,882.	1,598,348.	6,246,669.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe )			
		Tatal habithas (add liggs 17 through 22)	0.	0.	
	23_	Total liabilities (add lines 17 through 22)  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			
3ali	26	Permanently restricted			
둳	-"	Foundations that do not follow SFAS 117, check here			
Ī		and complete lines 27 through 31			
ğ	27	Capital stock, trust principal, or current funds	0.	0.	1
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	ı
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	1,995,882.	1,598,348.	1
Net	30	Total net assets or fund balances	1,995,882.	1,598,348.	:
_					1
_	31	Total liabilities and net assets/fund balances	1,995,882.	1,598,348.	
F	art	III Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
•		st agree with end-of-year figure reported on prior year's return)		1	1,995,882.
2	•	r amount from Part I, line 27a		2	-397,534.
		er increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	1,598,348.
_		reases not included in line 2 (itemize)		5	0.
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	1,598,348.
					Earm <b>QQA_DE</b> (2014)

Part IV Capital Gains	and Losses for Tax on I	nvestment	t Income					
	cribe the kind(s) of property sold (e. arehouse, or common stock, 200 st			( <b>b</b> ) F	low acquired - Purchase - Donation		Date acquired io., day, yr.)	(d) Date sold (mo., day, yr)
<u>1a</u>				<u> </u>			<del></del>	
b SEE ATTACHED	STATEMENT					-		
<u>c</u>					<del></del>		· · · · · · · · · · · · · · · · · · ·	
e		······································						
(e) Gross sales price	(f) Depreciation allowed (or allowable)	10,	st or other basis expense of sale	-			h) Gain or (loss plus (f) minus	
<u>a</u>							<del></del>	
<u>b</u>								<del></del>
<u>C</u>								
e 536,946.			410,15	2			", ,	126 704
	ng gain in column (h) and owned by	the foundation		4.	<del></del> -	/IV Cour	ac (Col. (b) gain	126,794.
	(j) Adjusted basis		cess of col. (I)	-	(		ns (Col. (h) gair but not less tha	
(i) F.M V as of 12/31/69	as of 12/31/69		col. (j), if any	j		Los	sses (from col.	(h))
a		<del> </del>				-	· .	
b							· · · · · · · · · · · · · · · · · · ·	
C				Î				
d								
<u>e</u>	<u> </u>	<u> </u>						126,794.
	∫ If gain, also ente	er in Part I, line	7	1				
2 Capital gain net income or (net c	apital loss) 👤 If (loss), enter -	0- ın Part I, lıne	7	<i>}</i>	2			126,794.
	ss) as defined in sections 1222(5) a	and (6):		_				
If gain, also enter in Part I, line 8				<b> </b>				
If (loss), enter -0- in Part I, line 8 Part V Qualification U	Jnder Section 4940(e) fo	r Reduced	Tay on Net	Inve	3   estment li	300m	N/A	<u> </u>
<del></del>	te foundations subject to the section				··· —	100111		
(For optional use by domestic prival	te roundations subject to the section	1 4940(a) lax 011	i nei investment in	icome	-)			
If section 4940(d)(2) applies, leave	this part blank.							
Was the foundation liable for the sec	ction 4942 tax on the distributable a	mount of any ve	ear in the base per	2bor				Yes X No
	alify under section 4940(e). Do not c		· ·	.00				103 22 110
	each column for each year; see the			ntries.				
(a) Base period years	(b)			(c)			Dietri	(d) bution ratio
Calendar year (or tax year beginn			Net value of no	nchar	ıtable-use asse	ets	(col. (b) di	vided by col. (c))
2013		211,932.		_5	,532,90	6.		.038304
2012		83 <u>,370.</u>			<u>,476,51</u>			.040963
2011		99,910.			<u>,179,36</u>			.047833
2010		11,726.		_3_	,469,09	5.		.032206
2009		<u>47,386.</u>		2_	<u>,397,59</u>	1.		.061473
• • • • • • • • • • • • • • • • • • •								000550
2 Total of line 1, column (d)	5			,			2	.220779
	5-year base period - divide the total	on line 2 by 5,	or by the number	of yea	ars			044156
the foundation has been in existi	ence it less than 5 years					$\vdash$	3	.044156
4 Enter the net value of noncharitable-use assets for 2014 from Part X, line 5			_	4	6,714,408.			
5 Multiply line 4 by line 3							5	296,481.
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)						6	448.
7 Add lines 5 and 6							7	296,929.
8 Enter qualifying distributions fro	m Part XII, line 4						8	275,795.
If line 8 is equal to or greater tha See the Part VI instructions.	in line 7, check the box in Part VI, lin	ie 1b, and comp	olete that part usin	g a 19	% tax rate.			

15001103 784380 2111.001

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 -	see ir	ıstru	ctio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.	_				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	İ				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here  and enter 1%			8	95.	
	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. Others enter -0-)				0.	
3	Add lines 1 and 2			8	<u>95.</u>	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u> </u>			0.	
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>		8	95.	
6	Credits/Payments:					
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 5, 118.					
b	Exempt foreign organizations - tax withheld at source					
C	Tax paid with application for extension of time to file (Form 8868)					
d	Backup withholding erroneously withheld 6d 6d					
	Total credits and payments. Add lines 6a through 6d	<u> </u>		5,1	<u> 18.</u>	
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached					
9	Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed	l. <u>-</u>				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			4,2	23.	
	Enter the amount of line 10 to be: Credited to 2015 estimated tax   4,223. Refunded   11	<u> </u>			0.	
Pa	rt VII-A Statements Regarding Activities				,	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	]		Yes		
	any political campaign?	Ļ	1a		_X_	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	ļ	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or					
	distributed by the foundation in connection with the activities					
C	Did the foundation file Form 1120-POL for this year?		1 c		_X_	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers ► \$O.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	Ļ	2		_X	
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X	
		/A	4b			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ļ	5		X	
	If "Yes," attach the statement required by General Instruction T					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law					
	remain in the governing instrument?	-	6		X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	-	7	X	<u> </u>	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				1	
	WY				1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
_	of each state as required by General Instruction G? If "No," attach explanation	-	8b	_X_		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar					
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	-	9		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	DE	X	

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Form 990-PF (2014) THE BROOKS FOUNDATION			22-37612	79	Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	r to carry on, directly or indire	ectly,		·	
any voter registration drive?		Ye	s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? (see instructions)		Ye	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or			
the prevention of cruelty to children or animals?		C Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check hi	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it maintai	ined			
expenditure responsibility for the grant?	N	「/A □ Ye	s No		
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				
a personal benefit contract?		Ye	s X No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6ь	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu			~~,	7b	
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	/		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		(c) Compensation	(d) Contributions to		\ Funanna
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	acc	e) Expense count, other
	to position	enter -0-)	compensation	a	llowances
	TRUSTEE				
C/O UNTRACHT EARLY, 325 COLUMBIA TPKE			_		^
FLORHAM PARK, NJ 07932	2.00 TRUSTEE	0.	0.		0.
LINDA LEITH BROOKS C/O UNTRACHT EARLY, 325 COLUMBIA TPKE					
FLORHAM PARK, NJ 07932	2.00	0.	0.		0.
FLORRAM PARK, NO 07932	2.00	0.	<u> </u>		<u></u>
				-	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
( ) No and address of each ampleues and more than \$50,000	(b) Title, and average	( ) ( )	(d) Contributions to employee benefit plans and deferred	(e	Expense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	acc	count, other llowances
NONE					
			1		
				<u> </u>	
				<u> </u>	<del></del>
				1	
			<u> </u>		
Total number of other employees paid over \$50,000					0

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Form 990-PF (2014) THE BROOKS FOUNDATION 2	22-3761279 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e (c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<b>&gt;</b> (
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
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 1 and 2	Amount
1 N/A	
2	
	_
All other program-related investments. See instructions.  3	
Total. Add lines 1 through 3	<b>)</b>
	Form <b>990-PF</b> (2014

Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а		1 a	0.
b	Average of monthly cash balances	1b	158,196.
C	Fair market value of all other assets	1c	6,658,462.
d	Total (add lines 1a, b, and c)	1d	6,816,658.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e	o.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	6,816,658.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	102,250.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,714,408.
6	Minimum investment return Enter 5% of line 5	6	335,720.
Р	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here  and do not complete this part.)	s and certain	
1	Minimum investment return from Part X, line 6	1	335,720.
2a	Tax on investment income for 2014 from Part VI, line 5	5.	
b	Income tax for 2014 (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	895.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	334,825.
4	Recoveries of amounts treated as qualifying distributions	4	300.
5	Add lines 3 and 4	_5	335,125.
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	335,125.
L P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		085 805
<b>a</b>		1a	<u> 275,795.</u>
b		1b	0.
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:	_	
a		3a	
b		3b	005 505
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	<u> 275,795.</u>
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		•
_	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	275,795.
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundat	ion austitiae for	the cection

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4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,		, oa. o p. o. to 20 to	2010	335,125.
2 Undistributed income if any, as of the end of 2014				333,123.
a Enter amount for 2013 only			267,594.	
<b>b</b> Total for prior years			207,334.	
3 Excess distributions carryover, if any, to 2014:		0.		
<b>a</b> From 2009				
<b>b</b> From 2010				
c From 2011				
<b>d</b> From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from	·			
Part XII, line 4 ► \$ 275, 795.				
a Applied to 2013, but not more than line 2a			267,594.	
<b>b</b> Applied to undistributed income of prior			2011371	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		0.		
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount			·	8,201.
e Remaining amount distributed out of corpus	0.			0,201.
	0.			0.
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))				<u>U.</u>
6 Enter the net total of each column as indicated below.				
& Corpus Add lines 3f, 4c and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'	<del> </del>			
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		o.		
e Undistributed income for 2013. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014, Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				326,924.
7 Amounts treated as distributions out of				320,324.
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
· · · · · · · · · · · · · · · · · · ·	<u> </u>			
9 Excess distributions carryover to 2015 Subtract lines 7 and 8 from line 6a	0.			
	<u> </u>			
10 Analysis of line 9				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 423581		I	L	Form <b>990-PF</b> (2014)
11-24-14				FOOD 330-FF (2014)

Part XIV Private Operating F	OKS FOUNDA'		I A susstan O		761279 Page 10
		<del>·                                      </del>	I-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo	•	· ·	▶ └		
<b>b</b> Check box to indicate whether the foun		ing foundation described		4942(j)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2014	<b>(b)</b> 2013	Prior 3 years (c) 2012	(4) 2011	
income from Part I or the minimum	(a) 2014	(0) 2013	(6) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed		<del> </del>			
<b>b</b> 85% of line 2a		- <del> </del>			
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: <b>a</b> "Assets" alternative test - enter.					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter		<del></del>		<del>                                     </del>	
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)				<u> </u>	
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii) (3) Largest amount of support from		-		<del> </del>	· · · · · · · · · · · · · · · · · · ·
an exempt organization					
(4) Gross investment income			<del></del>		
Part XV   Supplementary Info	rmation (Compl	ete this part only	if the foundation	had \$5 000 or n	ore in assets
at any time during					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wi	_	e than 2% of the total con	tributions received by the	foundation before the c	lose of any tax
year (but only if they have contributed			,		out or any lan
SEE STATEMENT 8					
b List any managers of the foundation who other entity) of which the foundation has	ho own 10% or more of t as a 10% or greater inter	the stock of a corporation est.	(or an equally large porti	on of the ownership of a	partnership or
NONE					
2 Information Regarding Contribu	tion, Grant, Gift, Loai	n, Scholarship, etc., P	rograms:		
Check here <b>X</b> if the foundation				not accept unsolicited re	quests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	nber or e-mail address of	f the person to whom app	ications should be addre	ssed:	
<b>b</b> The form in which applications should	be submitted and inform	ation and materials they s	hould include:		
c Any submission deadlines:					
,			<u> </u>		
d Any restrictions or limitations on award	ds, such as by geographi	cal areas, charitable fields	, kınds of ınstitutions, or	other factors:	

3 Grants and Contributions Paid During the Yo		Payment		
Recipient	If recipient is an individual,	Payment		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	Todipion		
ALZHEIMER'S DRUG DISCOVERY FOUNDATION 57 w 57TH STREET #904 NEW YORK, NY 10019	NONE	PUBLIC	GENERAL UNRESTRICTED	250,
AMERICAN CANCER SOCIETY PO BOX 22718 OKLAHOMA CITY, OK 73123	NONE	PUBLIC	GENERAL UNRESTRICTED	1,000.
				2,000.
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231	NONE	PUBLIC	GENERAL UNRESTRICTED	1,000.
5115d.1. , 12. , 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.				1,000.
AMERICAN PRAIRIE RESERVE 7 E BEALL ST #100 BOZEMAN, MT 59715	NONE	PUBLIC	GENERAL UNRESTRICTED	750.
AMERICAN RED CROSS 2025 E STREET, NW WASHINGTON DC 20006	NONE	PUBLIC	GENERAL UNRESTRICTED	500
	NTINUATION SHE	ET(S)	<b>▶</b> 3a	269 245
b Approved for future payment				
NONE				
				· · · · · · · · · · · · · · · · · · ·
Tabl			<b>N</b> 81	
Total			<b>▶ 3b</b>	0. rm <b>990-PF</b> (2014)

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

Enter gross amounts unless otherwise indicated.	Unrelated t	ousiness income		by section 512, 513, or 514	(e)
4 Program service revenue	(a) Business	<b>(b)</b> Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code	-	code	- Tunoun	
ab	-				
			<del>                                     </del>		<del></del>
d			1		
			<del>  </del>		
ef		·			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					<u></u>
investments					
4 Dividends and interest from securities			14	25,439.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal property					
7 Other investment income	900000	-168,524.	14	-39,322.	300.
8 Gain or (loss) from sales of assets other than inventory			18	126,794.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c			ļ		
d					
e	_	77.51			
12 Subtotal. Add columns (b), (d), and (e)		-168,52 <b>4.</b>		112,911.	
13 Total Add line 12, columns (b), (d), and (e)				13	-55,313.
(See worksheet in line 13 instructions to verify calculations.)					

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

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Form **990-PF** (2014)

Form 990-PF (20			FOUNDATIO			22-376			ge 13
Part XVII	Information Re Exempt Organ		Transfers To a	and Transactions a	and Relations	nips With Noncha	ritable	€	
1 Did the ord	::		in any of the followin	g with any other organization	on described in secti	on 501(c) of	<u> </u>	Yes	No
				7, relating to political organ		0.1.00 1(0) 0.			
a Transfers f	from the reporting found	ation to a non	charitable exempt org	janization of:					
(1) Cash							1a(1)		X
(2) Other	assets						1a(2)		<u> X</u>
<b>b</b> Other trans									
` '	of assets to a noncharita	•	-				1b(1)		X
, ,	ases of assets from a no						1b(2)		X
• •	I of facilities, equipment, oursement arrangements		15				1b(3) 1b(4)		X
• •	or loan guarantees						1b(5)		X
, ,	rmance of services or me	embership or i	fundraising solicitatio	ns			1b(6)		X
• •	facilities, equipment, ma						1c		X
	-			dule. Column ( <b>b)</b> should al	-			sets,	
	-			ed less than fair market valu	ue in any transaction	or sharing arrangement, s	how in		
	) the value of the goods,	<del>,</del>			1 70				
(a) Line no	(b) Amount involved	(c) N	lame of noncharitable	exempt organization	(0) Description	of transfers, transactions, and	sharing ar	rangeme	nts
			N/A						
				· · · · · · · · · · · · · · · · · · ·		······································			
			<u> </u>						
		-				<del></del>			
		ļ						<del></del>	
									····
						<del> </del>		· -	
								-	
								-	
				or more tax-exempt organ	zations described				
in section	501(c) of the Code (othe	er than section	1 501(c)(3)) or in sect	ion 527?			Yes	X	] No
<b>b</b> If "Yes," co	omplete the following sch			(1) T (1)	T	D	L		
	(a) Name of org	ganization		(b) Type of organization		(c) Description of relations	nip	·· <u>-</u>	
	N/A								
	penalties of perjury I declare	that I have exam	mined this return, including	ig accompanying schedules and n taxpayer) is based on all inforr	statements, and to the	Ma	y the IRS	discuss	this
Sign   L	in this true, contect, and od	III DIE LO E CIATA				sho	úrn with th own below	/ (see ins	er tr)?
Here	" VIn the	my 2	ent.	11-4-6	TRUSTE	EE	X Yes	; L	_l No
Sign	nature of officer or trusted	e —	Preparer's s	Date	Title	Check If PTIN			
	Print/Type preparer's n	anie	Fiehalei 22	ignature	Date	self- employed			
Paid	TRACEY B.	EART.V	TRACEV	B. EARLY	11/03/15	, ,	0161	567	
Preparer	Firm's name > UNT				1-1/00/10	Firm's EIN ▶ 22-3			
Use Only									
	Firm's address ► 32	25 COL	JMBIA TURN	PIKE, SUITE	202				
	FI	ORHAM	PARK, NJ	07932		Phone no. 973-4	08-6	700	

423622 11-24-14

Phone no. 973-408-6700 Form **990-PF** (2014)

### 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.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No 1545-0047

Name of the organization

Employer identification number

TH	E BROOKS FOUNDATION	22-3761279
Organization type (check o	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s 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 Ru	ule See instructions
=	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	<del>-</del>
Special Rules		
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amou, line 1 Complete Parts I and II	, or 16b, and that received from
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ations of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III	-
year, contributions is checked, enter purpose Do not c	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from secularized for religious, charitable, etc., purposes, but no such contributions totaled make the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because e, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000 If this box s, charitable, etc ,
but it must answer "No" or	hat is not covered by the General Rule and/or the Special Rules does not file Schedule Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its F t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	B (Form 990, 990·EZ, or 990·PF),

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

# THE BROOKS FOUNDATION

22-3761279

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANTHONY BROOKS C/O UNTRACHT EARLY LLC, 325 COLUMBIA TPKE, STE 202 FLORHAM PARK, NJ 07932	\$ 15,661.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

## THE BROOKS FOUNDATION

22-3761279

art II	Noncash Property (see instructions) Use duplicate copies of P	Part II if additional space is needed	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom 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	(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
	- 14	\$	990, 990-EZ, or 990-PF) (

Employer identification number

the vear from any one contributor. Complete o	columns (a) through (e) and the follow	WING LINE ENTRY For organizations
completing Part III enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or all space is needed	less for the year (Enter this info once) > 5
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
:	Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a  (b) Purpose of gift  Transferee's name, address, a	(e) Transfer of gift  (b) Purpose of gift  (c) Use of gift  (b) Purpose of gift  (c) Use of gift  (d) Transferee's name, address, and ZIP + 4  (e) Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (d) Transfer of gift  (e) Transferee's name, address, and ZIP + 4