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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Sa Gross rents b Net rental income or (loss) 6 a Net rental income or (loss) 6 b Net rental income or (loss) 6 b Net rental income or (loss) 6 b Net rental income or (loss) 6 c Net rental income or (loss) 7 Capital gaan net income (from Part IV, line 2) 8 b Net short-term capital gain 9 Income modifications 10a Gross sales less relums and allowances b Less Cost of goods sold c Gross profit or (loss) (attach schedule) 10 Other income (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 15 Legal fees (attach schedule) 16 Accounting fees (attach schedule) 17 Interest 18 Taxes (attach schedule) STMT 1 10 Depreciation (attach schedule) and depletion STMT 3 10 Depreciation (attach schedule) and depletion STMT 3 10 Depreciation (attach schedule) and depletion STMT 3 11 Tavel, conferences, and meetings 12 Oncupancy 13 Travel, conferences, and meetings 14 Total operating and administrative expenses. 15 Add lines 13 through 23 16 Add lines 13 through 23 17 Total operating and administrative expenses. 17 Add lines 13 through 23 18 Add lines 15 through 23 19 Compenses and disbursements. Add lines 24 and 25 11 Total expenses and disbursements. Add lines 24 and 25 12 Subtract line 26 from line 12 23 Excess of revenue over expenses and disbursements 24 Not Investment income (if negative, enter -0-) 25 Complexions. plas, grapts gold 26 Subtract line 26 from line 12 27 Excess of revenue over expenses and disbursements 28 Not Investment income (if negative, enter -0-) 28 Not Investment income (if negative, enter -0-) 29 Add lines 1 1, 727	For	calend	dar year 2015 or tax year beginning , a	and ending				
TAMUSTARD SEED MINISTRIES  Set Will sale and the control of the co				_		A Empt	oyer identification number	
Municar and street (or P O but network and an ord elemental screen accessor)				N			604.000.6	
Section 591(c)  series interes promises, curryin, effect in the part of interespond special costs   STOUX FAILLS   Initial return   Amended		_						
Common case or process, country, and 2ft or foreign postal costs   STOUX FAILS   STO				l Ro	om/suite		•	i)
SCHOCK FALLS  SD 571.08  C The exemptor supplications periodity, disk here   Initial return				<u> </u>		- 00.	3 370 3200	
Final return		-				C If exer	mption application is pending,	check here
Final return	G	Check a	all that apply Initial return Initial return	rn of a former public cl	narity	D 1 Fc	oreign organizations, check he	re ►
Check type of organization   X section 5910(c)(3) exempt private foundation   Section 4947(a)(1) nonexempt charitable trust   Other taxable private foundation   First market value of all assets at   J Accounting method   X cash   Accounting method end of year (from Part II, or) (c),   (Part I, column (d) must be on cash basis   T19, 491   (Part I, column (d) must be on cash basis   Accounting method sentences   (a) Reviews and Expenses (if the sentences)   (b) Net revealment (e) Adjusted method sentences   (c) Adjusted method sentence				· ·	•	2 Fc	preign organizations meeting t	ne
Section 4947(a)(1) nonexempt chantable trust   Other taxable private foundation   Section 497(a)(1), drask here   First market value of all assets at   According method   XZ Cash   According method   XZ Cash   According method   YZ Cash   YZ Cas			Address change Name cha	inge				
Section 4947(a)(1) nonexempt chantable trust   Other taxable private foundation   Section 497(a)(1), drask here   First market value of all assets at   According method   XZ Cash   According method   XZ Cash   According method   YZ Cash   YZ Cas	Н	Check t				E If provi	ata foundation status was torm	unated under
Fair market value of all assets at end of year (from Part II, col (c), into 15)	Ä							► [
Part   Analysis of Revenue and Expenses (the total of enterior and property)   Part   Analysis of Revenue and Expenses (the total of enterior (b) (c) and (pm) and necessarily equal expenses prior property in extended (c) and (pm) and necessarily equal expenses prior property in expense prior property in expenses prior p	LE		<u> </u>		rual	Fifther	foundation is in a 60-month te	mination
Intent   5	e	nd of v	· —			·		_ [
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), cand (c) may not necessarily equal to the amounts in column (b), cand (c) may not necessarily equal to the amounts in column (b), cand (c) may not necessarily equal to the control of the foundations is not required to attach Sch B 2. Control of the foundation is not required to attach Sch B 3. Interest on savings and temporary cash investments 4. Dividends and interest from securities 5. Gross rents 5. Net rental income or (loss) 5. Gross rents 6. Net rental income or (loss) 6. Sea		•		be on cash basis )				
amounts a columns (b), (c), and (c) may not necessarily equal to heave the amounts a column (c) tere environment (continuous) (carb bases only)  1 Contributions, gifts, grants, etc, received (attach schedule) 2 Check								
1   Contributions, gifs, grants, etc., received (attach schedule)			amounts in columns (b), (c), and (d) may not necessarily equal	expenses per				
2		T :			· <del>11</del> //····		· · · · · · · · · · · · · · · · · · ·	(cash basis only)
3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Gross rents 5 Depth of the processor of the pr		1		5,000				
4 Dividends and interest from securities 5 Gross rents 5 Gross rents 6 Net gan or (loss) from sale of assets not on line 10 b Costs sales price for all sestion line 6a 7 Capital gan not income (loss) 10a Gross paties sales sales sales and allowances b Less Cost of goods sold 10a Gross portion (loss) (attach schedule) 11 Other income (attach schedule) 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16 Legal fees (attach schedule) 17 Other professional fees (attach schedule) 18 Taxes (attach schedule) 19 Depreciation (attach schedule) 19 Depreciation (attach schedule) 10 Interest 10 Depreciation (attach schedule) 11 Travel, conferences, and meetings 11 Travel, conferences, and meetings 12 Printing and publications 13 Other expenses (att sch.) 14 Other professional fees (attach schedule) 15 Depreciation (attach schedule) 16 Depreciation (attach schedule) 17 Travel, conferences, and meetings 18 Taxes (attach schedule) 19 Depreciation (attach schedule) 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att sch.) 24 Total operating and administrative expenses. 25 Add lines 13 through 23 26 Total expenses and disbursements. Add lines 24 and 25 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 29 bett investment income (if regative, enter -0-) 20 Net revenue over expenses and disbursements 20 bett investment income (if regative, enter -0-) 20 Department income (greative, enter -0-) 21 Travel, conferences, enter -0-) 21 Travel, conferences, enter -0-) 22 Excess of revenue over expenses and disbursements 24 Total operation income (greative, enter -0-) 25 Total expenses and disbursements 25 Department income (greative, enter -0-) 26 Total expenses and disbursements 26 Department income (greative, enter -0-) 27 Subtract line 26 from line 12 28 Excess of revenue over expenses and disbursements 30 Department income (greative, enter -	_	1 -				1 50=	4 555	
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12 Total. Add lines 1 through 11  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages  15 Pension plans, employee benefits  16a Legal fees (attach schedule)  17 Interest  18 Taxes (attach schedule) (see instructions)  20 Occupancy  21 Travel, conferences, and meetings  22 Printing and publications  23 Other expenses (att sch  24 Total operating and administrative expenses.  Add lines 13 through 23  25 Contributions, grifts, grants paid  26 Total expenses and disbursements. Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)  1 Total expenses and disbursements  Net investment income (if negative, enter -0-)	S	11						
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The state of the s		42	•	<del> </del>			······································	
b Accounting fees (attach schedule)  C Other professional fees (attach schedule)  Interest  Taxes (attach schedule) (see instructions)  Depreciation (attach schedule) and depletion  Travel, conferences, and meetings  Printing and publications  Other expenses (att sch)  Total operating and administrative expenses.  Add lines 13 through 23  Contributions, gifts, grants paid  Total expenses and disbursements. Add lines 24 and 25  Subtract line 26 from line 12  Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  Ball  B	Šė	14	•					
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b Net investment income (if negative, enter -0-)				-7 172				
		1 .		,,173		1.727		
		6	Adjusted net income (if negative, enter -0-)	<del></del>		<del>-,:=:</del>	892	

For Paperwork Reduction Act Notice, see instructions.

180,785

4

5

6

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

(a) List and desc	nd Losses for Tax on Investmente the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)	ent Incom	e	(b) How acquired P – Purchase D – Donation		ate acquired o , day, yr )	(d) Date sold (mo , day, yr )		
1a N/A				5 - Donation		<del></del>			
b							<u> </u>		
C									
d									
е									
(e) Gross sales price	(e) Gross sales price  (f) Depreciation allowed (g) Cost or other basis (or allowable) plus expense of sale								
а									
b									
C									
_d					-				
Commission and the constant of	be soon as column (b) and surred by the	formulation on	40/04/0	.0			<del></del>		
Complete only for assets snowin	g gain in column (h) and owned by the				{		ol (h) gain minus		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	'	(k) Excess over col				ot less than -0-) or from col (h))		
_a						<del></del>			
b									
<u>c</u>		+			<u> </u>	·	·····		
d		+					<del></del>		
Capital gain net income or (net come)	tapital loss)  If gain, also enter if (loss), enter -0- iii		}		2				
If gain, also enter in Part I, line 8	ss) as defined in sections 1222(5) and , column (c) (see instructions) If (loss)	` '	¬		_				
Part V Qualification U	nder Section 4940(e) for Redu		<u></u>	4 41	3		<del> </del>		
If "Yes," the foundation does not qua	ction 4942 tax on the distributable amou lify under section 4940(e) Do not comp	olete this part		•			Yes X No		
<del></del>	each column for each year, see the ins	tructions befor	e makır	ng any entries					
(a) Base period years Calendar year (or tax year beginning in			Net value	(c) of noncharitable-use asse			(d) stribution ratio ) divided by col (c))		
2014	<del></del>	,200	,		248		0.021734		
2013		5,500		198,			0.032824		
2012		1,000		205,			0.019440		
2011		1,450 9,700		203, 200,			0.056394 0.048391		
2010		9,100		200,	432		0.046391		
2 Total of line 1, column (d)	E was been sound advised the total on	haa 2 by E. ar	- bu tha		-	2	0.178783		
<del>-</del>	5-year base period – divide the total or has been in existence if less than 5 year	-	i by the		-	3	0.035757		
4 Enter the net value of noncharita	able-use assets for 2015 from Part X, Irr	ne 5				4	171,474		
5 Multiply line 4 by line 3					-	5	6,131		
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)				-	6	17		
7 Add lines 5 and 6					-	7	6,148		
8 Enter qualifying distributions from		h and semale	in that	nod using a 49/ fa	rata S	8	12,200		
Part VI instructions	in line 7, check the box in Part VI, line 1	o, and comple	ie mat	partusing a 1% tax	1415 36				

	990-PF (2015) JAMES A. BROWN PRIVATE FOUNDATION 56-6312776				<u>P</u>	<u>age 4</u>				
	IT VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)									
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)									
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	_1				<u> 17</u>				
	here ▶ X and enter 1% of Part I, line 27b									
С	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-)	2				0				
3	Add lines 1 and 2	3				17				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4				0				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5				17				
6	Credits/Payments									
а	2015 estimated tax payments and 2014 overpayment credited to 2015									
þ	Exempt foreign organizations – tax withheld at source									
С	Tax paid with application for extension of time to file (Form 8868)  6c									
d	Backup withholding erroneously withheld  6d	ı								
7	Total credits and payments Add lines 6a through 6d	7								
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8								
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				<u>17</u>				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10								
11	Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶	11								
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				Yes	No				
	participate or intervene in any political campaign?			<u>1a</u>		<u>X</u>				
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					_				
	Instructions for the definition)?			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									
С	Did the foundation file Form 1120-POL for this year?			1c		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 > \$									
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			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			3		<u>X</u>				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	_	- /-	4a		<u>X</u>				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1	A\N	4b						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			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				7.5					
_	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 Par	t XV		7	Х					
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ SD									
h										
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			O.L.	x					
9	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b						
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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"										
	complete Part XIV					x				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			9						
••	names and addresses			10		х				
	names and additioned				0-PF	(2015)				
			r			(=0.0)				

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

Form 990-PF (2015)

Form	990-PF (2015) JAMES A. BE	NOWN PRIVATE FOUND	ATION 56-6	312776			P	age <b>6</b>
-		ding Activities for Which F	orm 4720 May Be R	tequired (cont	ınued)	······································		,
5a	During the year did the foundation pay							
	(1) Carry on propaganda, or otherwise			<u> </u>	∕es X No			
	(2) Influence the outcome of any spec		5), or to carry on,		==			
	directly or indirectly, any voter regi			<b>)</b>	∕es X No			
	(3) Provide a grant to an individual for			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	∕es X No			
	(4) Provide a grant to an organization	other than a charitable, etc., organi	zation described in					
	section 4945(d)(4)(A)? (see instruc	ctions)		\ \ \\	∕es X No			
	(5) Provide for any purpose other than	ı religious, charitable, scientific, liter	rary, or educational					
	purposes, or for the prevention of	cruelty to children or animals?		□ \( \square \)	res 🛛 No			
b	If any answer is "Yes" to 5a(1)-(5), did	any of the transactions fail to quali	fy under the exceptions d	escribed in				
	Regulations section 53 4945 or in a cu	rrent notice regarding disaster assis	stance (see instructions)?	•	N/A	5b		
	Organizations relying on a current noti	ce regarding disaster assistance ch	eck here		▶ 🗍			
С	If the answer is "Yes" to question 5a(4	), does the foundation claim exempt	tion from the tax					
	because it maintained expenditure res	ponsibility for the grant?		N/A 🗍	res No			
	If "Yes," attach the statement required	by Regulations section 53 4945-5(	d)		_			
6a	Did the foundation, during the year, re-	ceive any funds, directly or indirectly	y, to pay premiums					
	on a personal benefit contract?	•			res 🗓 No			
b	Did the foundation, during the year, pa	y premiums, directly or indirectly, or	n a personal benefit contr	act?		6b		X
	If "Yes" to 6b, file Form 8870	•	•					
7a	At any time during the tax year, was th	e foundation a party to a prohibited	tax shelter transaction?		res X No			
	If "Yes," did the foundation receive any	· · · · · · · · · · · · · · · · · · ·		tion?	N/A	7b		
		Officers, Directors, Trustee				ees.		
	and Contractors		,	<b>3</b> , <b>3</b> ,		,		
1 1	ist all officers, directors, trustees, fo	undation managers and their con	npensation (see instruc	tions).				
	(a) Name an	d address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		ense ao	
	MES A BROWN	SIOUX FALLS	TRUSTEE					
	4 W LANDSCAPE PLACE	SD 57108	0.00	0	0			0
	RY BETH BROWN	SIOUX FALLS	TRUSTEE	<u> </u>	,			
	4 W LANDSCAPE PLACE	SD 57108	0.00	0	0			0
	THE DOOR STATE	35 3.100	0.00			1		
2	Compensation of five highest-paid (	employees (other than those inclu	uded on line 1 - see inst	tructions). If non	e, enter			
	(a) Name and address of each employe	e paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		ense ad r allowa	
NO	NE				· · · · · · · · · · · · · · · · · · ·			
						<u> </u>		
Tota	I number of other employees hald over	\$50 000				_	1	Λ

	<u>56-6312776</u>	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation	n Managers, Highly Paid E	mployees,
and Contractors (continued)	-> 15	
3 Five highest-paid independent contractors for professional services (see instructions		
(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	L	<b>•</b>
	·	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	the number of	<b>5</b>
organizations and other beneficiaries served, conferences convened, research papers produced, etc	···	Expenses
1 N/A		
2	,	<del></del>
3		
4		
	!	•
Part IX-B Summary of Program-Related Investments (see instructions	s)	
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		W
3		

Total. Add lines 1 through 3

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26

Program-related investments – total from Part IX-B

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

Amounts set aside for specific charitable projects that satisfy the

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.

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

Adjusted qualifying distributions. Subtract line 5 from line 4

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

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

Form 990-PF (2015)

Excess from 2015

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Purpose of grant or Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year CAMPUS CRUSADE FOR CHRIST 501 (C) (3) PO BOX 628222 ORLANDO FL 32862 RELIGIOUS 3,200 **ENTRUST** 3890 VILLAGE SEVE RD 501 (C) (3) COLORADO SPRINGS CO 80917 RELIGIOUS 2,000 SEND INTERNATIONAL PO BOX 513 501 (C) (3) FARMINGTON MI 48332 RELIGIOUS 2,000 SIOUX FALLS CHRISTIAN SCHOOLS 6120 S CHARGER CIRCLE 501 (C) (3) SIOUX FALLS SD 57108 RELIGIOUS 5,000 ▶ 3a 12,200 **b** Approved for future payment N/A 3b Total

Part XVI-A	Analysis of Income-Producing Acti	ivities				· · · · · · · · · · · · · · · · · · ·
	ounts unless otherwise indicated	1	ed business income	Exclude	d by section 512, 513, or 514	(0)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	rvice revenue					(See instructions )
		<u> </u>		<u> </u>		
b						
c				ļ		
d				ļ		
e						
f		<u> </u>				<del></del>
<del>-</del>	d contracts from government agencies					
	o dues and assessments			-		1 707
	savings and temporary cash investments			<del>                                     </del>		1,727
	nd interest from securities	••••				
	come or (loss) from real estate			<del> </del>		
	anced property		· · · · · · · · · · · · · · · · · · ·			<del></del>
	t-financed property come or (loss) from personal property					<del></del>
7 Other invest			·	<del> </del>	*	<u>-</u>
	s) from sales of assets other than inventory	-				
	or (loss) from special events					
	or (loss) from sales of inventory					
	ue a			<u> </u>		
			·			
						-
е						
12 Subtotal Ad	ld columns (b), (d), and (e)		0		0	1,727
	ine 12, columns (b), (d), and (e)				13	1,727
	in line 13 instructions to verify calculations )				_	
Part XVI-B		complishm	ent of Exempt P	urpose	S	
Line No.	Explain below how each activity for which income	is reported in c	olumn (e) of Part XVI-	A contrib	outed importantly to the	
	accomplishment of the foundation's exempt purpo	ses (other thar	by providing funds fo	r such pı	urposes) (See instructi	ons )
N/A	· - · · ·					**,
						··
					<del></del>	
		<del></del>			<del></del>	<del></del>
				-		<u> </u>
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						<u>-</u>
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		-				
	-	·				
	· · · · · · · · · · · · · · · · · · ·				<u> </u>	

WOLTMAN GROUP,

7001 S LYNCREST PLACE

SIOUX FALLS, SD 57108-2599

om		15) JAMES A.					6-631			Pa	<u>ige</u> 1
Par		Information Reg Exempt Organiz	_	ansfers To an	d Transacti	ons and Re	lations	hips With	Noncharitable		
	Did the orga	anization directly or ind 01(c) of the Code (other	Irrectly engage	-		-				Yes	No
	_	om the reporting found	dation to a ne	oncharitable exemp	ot organization	of			į.		
	(1) Cash	. •		·	·				[1a(1	)	X
	(2) Other as	ssets							1a(2	)	X
b	Other transa	actions									
	(1) Sales of	f assets to a noncharit	able exempt	organization					1b(1	)	X
	• •	ses of assets from a no			on				1b(2	<del> </del>	X
	• •	of facilities, equipment		sets					1b(3	7	X
	• •	rsement arrangement	S						1b(4		X
	• •	or loan guarantees nance of services or m	emberehin o	r fundraising solici	tations				1b(5		X
	• •	acilities, equipment, m	•	•					1b(6 1c	4	X
	_	er to any of the above i	•			umn (b) should	l always s	show the fair n			
		goods, other assets, o					-				
		transaction or sharing			-						
	) Line no	(b) Amount involved	(c) Nam	e of noncharitable exemp	ot organization	(d) (	Description of	of transfers, transa	ctions, and sharing arrangen	nents	
<u> </u>											
					····			<del></del>			
						<u> </u>		<del></del>			
						-		<del></del>			
	<del></del>	···									
		<del></del>	-	· · · · · · · · · · · · · · · · · · ·		·		·			
						-					
			<del>}</del>			+					
			<del>                                     </del>								
								<del></del>	1		
	described in	ation directly or indirect is section 501(c) of the inplete the following sc	Code (other			. •	nızatıons			res 🛚	No
	(a	a) Name of organization		(b) Type of o	rganization			(c) Description	of relationship		
N	/A	· · · · · · · · · · · · · · · · · · ·									
		-							· · · ·		<del></del>
						1					
	Linder con	nalties of perjury, I declare th	at I have evam	and this sature, including	2 2000 000 000 000	hadulas and states	monte and t	a the best of my k	regulades and halof it is to		
	correct, ar	nd complete Declaration of p	preparer (other	than taxpayer) is based	on all information of	of which preparer ha	as any know	vledge		-	
ign									May the IRS discuss this with the preparer shown		
lere	10		1							Yes [	No
		ames 4.80	neur_		17.7	1/2016	<b>L</b>	TRUSTE	EE		
	Sygna	ature of officer or trustee			Dat	<del></del>	7	Title			
	Print/Tvi	pe preparer's name			Preparer's signal	ture			Date		$\Box$
aid											nployed
aiu	HENRY	Y E. DEHAAN			HENRY E.	DEHAAN	06/06/10	5			

Form 990-PF (2015)

605-361-1200

P00710058

Firm's EIN > 46-0398923

PTIN

Phone no

Preparer

**Use Only** 

Firm's name

Firm's address ▶

### 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

2015

Name of the organization

Organization type (check one)

JAMES A. BROWN PRIVATE FOUNDATION T/A MUSTARD SEED MINISTRIES

56-6312776

Employer identification number

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
	overed by the <b>General Rule</b> or a <b>Special Rule</b> . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See
General Rule	
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a libutions.
Special Rules	
regulations under section 13, 16a, or 16b, and the	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> /3 % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line at received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II
contributor, during the	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III
contributor, during the y contributions totaled me during the year for an e	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the orthis organization because it received nonexclusively religious, charitable, etc., contributions aduring the year.
Caution. An organization that is	s not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

JAMES A. BROWN PRIVATE FOUNDATION

Employer identification number 56-6312776

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMES A. BROWN 524 WEST LANDSCAPE PLACE SIOUX FALLS SD 57108	\$ 5,000	Person X 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 Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (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 Noncash (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)

	Fees	Adjusted Charitable Net Purpose	811 \$ 811 \$		Adjusted Charitable Net Purpose	24 \$	- uo		Year Net Investment Adjusted Net	<b>У</b>			115	750	865 \$ 0 \$ 0		1-3
Federal Statements	- Form 990-PF, Part I, Line 16b - Accounting Fees	Net Investment	811 811 \$ 0 8 8	- Form 990-PF, Part I, Line 18 - Taxes	Net Investment	24 \$ \$	- Form 990-PF, Part I, Line 19 - Depreciation		Method Life Depreciation	\$ 1	7	ស	ស	r.	\$		
Fe	Statement 1 - Form 99	on Total	w w	Statement 2 - Fo	no	w w	Statement 3 - Form	Description	Cost Prior Year Basis Depreciation	5,694 \$ 5,694 S/L	6,495 6,495 S/L	4,246 4,246 200DB	933 647 200DB	2,341 468 200DB	19,709 \$ 17,550		
56-6312776		Description	ACCOUNTING TOTAL		Description	INCOME TAXES TOTAL			Date C Acquired Ba	EQUIP 7/01/02 \$	COMPUIER EQUIP 1/01/04 COMPUMER FOUTE	COMPUIEN EQUIP 1/01/08		AFFLE COMFUIER 3/31/14	TOTAL \$		

56-6312776

## **Federal Statements**

# Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	 Amount		
JAMES A. BROWN	\$ 5,000		
TOTAL	\$ 5,000		

Form 990-PF	1	Oth	er Notes	and l	_oans Receiv	apie		1	2015
	For	calendar year 2015, o	or tax year begi	nning		and ending			
ame							Employ	er Identifi	cation Numbe
JAMES A. BRO T/A MUSTARD							56-6	3127	76
1/11/11/00/11/11/00	<u> </u>		· · · · · · · · · · · · · · · · · · ·			<del></del>	1000		
FORM 990-PF,	PAR!	T II, LINE	7 - ADD	ITIC	NAL INFORM	ATION		<u></u>	<del></del>
	Na	ame of borrower				Relationship to dis	qualified p	erson	
) JAMES POWE					FATHER-IN				
) BLUMSCZYNS	KI	<del></del>							
3)								<del></del>	
5)					· · · · · · · · · · · · · · · · · · ·				<del></del>
5)									
<u>'</u>									
3)									
9)					-				
0)									
Original amoui borrowed	nt	Date of loan	Maturity date	,	F	Repayment terms			Interest rate
) 15,0	000	07/18/14	07/01/	27		INC BEGIN	2024		4.000
)									
)						<del></del>			
)								+	
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3)									
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0)					<u> </u>				<del></del>
					T				
	curity pro	ovided by borrower			PERSONAL	Purpose	of loan		<del></del>
) UNSECURED	<del></del>				PERSUNAL				
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)	<del> </del>								
<u>)                                    </u>					<del> </del>				
))									<del> </del>
٥١									
•									
	ration furr	nished by lender			Balance due at eginning of year	Balance due end of year	at .	Fair ma	arket value
<u>)                                     </u>				-	15,000		<del>,- </del> -		
)					8,000		0		
)									
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))									

23,000

(10)

Totals