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Form **990-PF**

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

OMB No 1545-0052

2015

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.

Open to Public Inspection

For ca	lenda	r year 2015, or tax year beginning	, 2015	, and ending		7	
B 3737	Ť.	c poug a prouv partir p	NIND A REPORT		A	Employer identification nur	mber
		& DOUG S. BROWN FAMILY FO MODORE	DUNDATION		В	65-1064323 Telephone number (see inst	ructions)
		MODORE , FL 33477-4005			Р	561-743-5669	i detions)
001.		, 11 334// 4003					
				_	С	If exemption application is	pending, check here
G Ch	eck a	II that apply: Initial return	Initial return of a forr	mer public charity	D	1 Foreign organizations, chec	ok boro 🕨 🗍
		Final return	Amended return	•		roreign organizations, chec	N IICIE ,
		Address change	Name change			2 Foreign organizations meet	
H Ch	eck ty		1(c)(3) exempt private f	foundation	1	here and attach computation	on . F
		ction 4947(a)(1) nonexempt charitable		private foundation	E	If private foundation status	was terminated
I Far	r marke	t value of all assets at end of year J Ac	counting method X C		1	under section 507(b)(1)(A)	, check here
		II, column (c), line 16)	Other (specify)	L	F	If the foundation is in a 60	-month termination
▶ 9	>	2,668,013. (Part I	, column (d) must be oi	n cash basis.)	ļ	under section 507(b)(1)(B)	
Part	ΠA	nalysis of Revenue and				T	
		xpenses (The total of amounts in	(a) Revenue and expenses per books	(b) Net investmei	π	(c) Adjusted net	(d) Disbursements for charitable
	CC	olumns (b), (c), and (d) may not neces-					purposes
		arily equal the amounts in column (a) ee instructions))					(cash basis only)
<u>u</u>	1 1	Contributions, gifts, grants, etc, received (attach schedule)	279,250.				
201F	2	Ck ► If the foundation is not required to attach Sch B					
	1	in the restriction to their required to state out of					_
٠٤٤٠	3	Interest on savings and temporary cash investments					
C.2	4	Dividends and interest from securities	50,164.	50,16	4.	50,164.	
<u> </u>	1 - :	Gross rents					
È		Net rental income or (loss)					
R		Net gain or (loss) from sale of assets not on line 10. Gross sales price for all 1 000 107	891,640.				
ίīν	1	assets on line 6a		201 21			
Ε	8	Capital gain net income (from Part IV, line 2)		891,64	0.		
YAN KENNO	9	Net short-term capital gain Income modifications				492.	
E	10 a	Gross sales less					
10		returns and allowances . ,					
₹′	l b	Less Cost of goods sold.					-
		Gross profit or (loss) (attach schedule).					
	111	Other income (attach schedule)	-			-	_
		SEE STATEMENT 1	4,654.	4,65	4.		
	12	Total. Add lines 1 through 11	1,225,708.	946,45		50,656.	
	13	Compensation of officers, directors, trustees, etc	0.	V 10, 10			
	14	Other employee salaries and wages					
	15	Pension plans, employee benefits					
A D	16 a	Legal fees (attach schedule)				DECEN!	2
D M	b	Accounting fees (attach sch) SEE ST 2	2,000.	2,00	0.	TILULIY	
I N	0	Other prof fees (attach sch)					20
O S T R A T	17	Interest					2016
E Ť Ŗ R	18	Taxes (attach schedule)(see instrs) $SEE STM 3$	1,911.	1,91	1.	7 117	1111
ÂÂ	19	Depreciation (attach schedule) and depletion				L	
i i	20	Occupancy				 	
ĞĚ	21	Travel, conferences, and meetings .				1	- Annual Control of the Control of t
A E	22	Printing and publications					
A E N X D P	23	Other expenses (attach schedule)					
E N		SEE STATEMENT 4	11,453.	11,45	3.		
Š	24	Total operating and administrative					
Š	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid PART XV	15,364.	15,36	4.		
	25	, , , ,	123,100.			-	123,100.
	26	Total expenses and disbursements. Add lines 24 and 25	138,464.	15,36	:4	0.	123,100.
_	27	Subtract line 26 from line 12:	130,404.	13,30	, T .	 	123,100.
	1	Excess of revenue over expenses					
	1	and disbursements	1,087,244.				
	6	Net investment income (if negative, enter -0-)		931,09	4.		
	C	Adjusted net income (if negative, enter -0-)				50,656.	

Page 2

Par	t II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year			f year
	7 4	Cash – non-interest-bearing	(a) Book Value	(b) Book Value		(c) Fair Market Value
		•	467.700	244 10		244 100
	3	Accounts receivable	467,788.	344,19	1 0.	344,190.
	3	Less allowance for doubtful accounts				
	4	Pledges receivable	-			
	~	Less allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other			-	
	•	disqualified persons (attach schedule) (see instructions)				
_	7	Other notes and loans receivable (attach sch)				
S		Less allowance for doubtful accounts ▶				
A S E T	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
S	10:	a Investments – U.S and state government obligations (attach schedule)				
	1	b Investments — corporate stock (attach schedule) STATEMENT 5	1,285,687.	2,496,52	29.	2,323,823.
	'	c Investments — corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment basis. ►		-		
		Less: accumulated depreciation (attach schedule)				
	12	Investments – mortgage loans.				
	13	Investments – other (attach schedule)				
	14	Land, buildings, and equipment basis ►				
		Less. accumulated depreciation (attach schedule)				
	15	, , , , , , , , , , , , , , , , , , ,				
		Total assets (to be completed by all filers — see the instructions Also, see page 1, item I).	1,753,475.	2,840,71	١9.	2,668,013.
ŀ	17	Accounts payable and accrued expenses				
A B	18	Grants payable				
Ĭ	19	Deferred revenue				
Ļ	20	Loans from officers, directors, trustees, & other disqualified persons Mortgages and other notes payable (attach schedule)			\dashv	
Ť	22	Other liabilities (describe)			-	
Ė						
E S	23	Total liabilities (add lines 17 through 22)	0.		0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.				
N F E U T N	24	Unrestricted				
T N	25	Temporarily restricted				
ם	26	Permanently restricted				
A B S A L T		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.				
E L T A	27	Capital stock, trust principal, or current funds				
SN	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
o E	29	Retained earnings, accumulated income, endowment, or other funds	1,753,475.	2,840,71	١9.	
ŔŚ	30	Total net assets or fund balances (see instructions)	1,753,475.	2,840,71	<u>.9.</u>	
	31	Total liabilities and net assets/fund balances (see instructions)	1,753,475.	2,840,71	١٩.	
Part	III	Analysis of Changes in Net Assets or Fund Balance		2/010//1		
1	Tota	net assets or fund balances at beginning of year - Part II, colui		ree with		
	end-	of-year figure reported on prior year's return)	(-), (1	1,753,475.
		r amount from Part I, line 27a			2	1,087,244.
		increases not included in line 2 (itemize)			3	
		lines 1, 2, and 3		<u> </u>	4	2,840,719.
		ases not included in line 2 (itemize) I net assets or fund balances at end of year (line 4 minus line 5)	= Part II column (h) III		5	2 040 710
0	iota	i net assets of fund balances at end of year (line 4 minus line 5)	— Fart II, COIUMN (D), III	IE 30	6	2,840,719.

Part	(a) List and describe	Losses for Tax on Investmer the kind(s) of property sold (e.g., i e, or common stock, 200 shares M	real estate.	(b) How acqu P — Purchas D — Donatio	se (mo day, yr)	(d) Date sold (mo , day, yr)
1a 9	SEE ATTACHED STMT			P	VARIOUS	VARIOUS
	SEE ATTACHED STMT			P	VARIOUS	VARIOUS
c (CAPITAL GAIN DIVIDE	ENDS				
d						
e						<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain of (e) plus (f) r	
a	20,296.			9,804.		492.
b	1,969,806.		1,08	0,683.		889 <u>, 1</u> 23.
c						
<u>d</u> _						
е						
		ring gain in column (h) and owned to		69	(I) Gains (Co	
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		gain minus col. (k), than -0-) or Losses (
a						492.
b						889,123.
			 -			2,025.
<u>d</u>						
е						
2 C	apital gain net income or (ne	t capital loss) — If gain, also If (loss), en	enter in Part I, line 7 ter -0- in Part I, line 7		2	891,640.
3 N	let short-term capital gain or	(loss) as defined in sections 1222(5	and (6):			
	gain, also enter in Part I, lind Part I, line 8	e 8, column (c) (see instructions)	f (loss), enter -0-		3	492.
Part \		Section 4940(e) for Reduce	d Tax on Net Investm	ent Incor		102.
Was th	the foundation does not qua	ction 4942 tax on the distributable a lify under section 4940(e) Do not o	complete this part		Yes	X No
1 E	nter the appropriate amount in	each column for each year, see the in	structions before making any	entries		
Ca	(a) Base period years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:	sets ((d) Distributio col (b) divided by	
	2014	100,350.	2,47	9,815.		0.040467
	2013	106,784.		1,803.		0.052556
	2012	91,659.	1,82	6,917.		0.050171
_	2011	84,060.		8,8 <u>90.</u>		0.043807
	2010	72,425.	1,73	1,921.		0.041818
2 T	otal of line 1, column (d).				2	0.228819
3 A	verage distribution ratio for thumber of years the foundation	ne 5-year base period — divide the n has been in existence if less than	total on line 2 by 5, or by t 5 years	he _	3	0.045764
4 E	nter the net value of nonchar	itable-use assets for 2015 from Par	t X, line 5	_	4	2,477,945.
5 M	fultiply line 4 by line 3				5	113,401.
6 E	inter 1% of net investment inc	come (1% of Part I, line 27b)			6	9,311.
7 A	dd lines 5 and 6				7	122,712.
	nter qualifying distributions fr				8	123,100.
lf P	line 8 is equal to or greater that art VI instructions	n line 7, check the box in Part VI, line	1b, and complete that part i	using a 1% ta	ax rate See the	

Forr	m 990-PF (2015) ANN K. & DOUG S. BROWN FAMILY FOUNDATION 65-1064323		F	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	15)		
1	a 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 instrs)			
	b Domestic foundations that meet the section 4940(e) requirements in Part V,		9,3	<u>311.</u>
	check here ► X and enter 1% 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		9,3	311.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		9,3	<u>311.</u>
•	Credits/Payments			
	a 2015 estimated tax pmts and 2014 overpayment credited to 2015 6 a			
	b Exempt foreign organizations — tax withheld at source 6 b			
	c Tax paid with application for extension of time to file (Form 8868) d Raskup withholding arrange with withhold			
	d Backup withholding erroneously withheld Total greater and normants. Add lines for through 6d			•
,	Total credits and payments Add lines 6a through 6d 7			0.
0	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached			16.
10	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		<u>9, :</u>	327.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax Refunded 11			
	t VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1 a	Yes	No X
ŧ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	1 b		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		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
	(1) On the foundation >\$ 0. (2) On foundation managers >\$			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ►\$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	,		.,
2	If 'Yes,' attach a detailed description of the activities	2		X
9				
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		Х
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		X
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4 b	N	/A
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 conflict with the state law remain in the governing instrument?	6	Х	
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	
	Enter the states to which the foundation reports or with which it is registered (see instructions)	–	<u> </u>	
	FL			
b	of 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 <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	8 b	x	
9			-	
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	9		x
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names			
	and addresses	10		Х
BAA	F	orm 99 0)-PF (2	2015)

	•				•	r
Forr	n 990-PF (2015) ANN K. & DOUG S. BROWN FAMILY FOUNDATION	65-10	64323		Р	age 5
Pa	rt 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)		1.	1		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified perso advisory privileges? If 'Yes,' attach statement (see instructions)	n had	12	2		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption Website address N/A	application	n? 1 :	3	X	
14	The books are in care of ► DOUGLAS S. BROWN Telephone					
1-7	Located at ► 119 COMMODORE, JUIPTER, FL ZIP + 4 ►	=	<u>61-743</u> '-4005	-20	69_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	224//		/Ā		\Box
	and enter the amount of tax-exempt interest received or accrued during the year	► 15		/ ++		∐ N/A
	• •			Τ,	Yes	No No
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority or bank, securities, or other financial account in a foreign country?	ver a	10	-	162	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country					
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required					
_	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	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 >	No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes [No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		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)?		No			•
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' 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)		No			
b	If any answer is 'Yes' to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?			l b	N	/A
	Organizations relying on a current notice regarding disaster assistance check here	▶				
c	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 2015?		Ī.	l c		Х
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 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	Yes [No			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20]			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a all years listed, answer 'No' and attach statement — see instructions).	a)(2))(2) to		2 Ь	N	/A
c	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years he	ere		\dashv		
	► 20 _ , 20 _ , 20 _ , 20 _					
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes 5	No			
b	of If 'Yes,' did it have excess business holdings in 2015 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 period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)			3 Ь	N	/A

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 2015? BAA

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X

3 b

4 a

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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Part VII-B Statements Regarding Activit		n 4720 May Be Req	uired (continued	<u>) </u>	
5 a During the year did the foundation pay or incu	-	40454332	П.,	l	
(1) Çarry on propaganda, or otherwise attem			Yes	X No	
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registration	ation drive?		Yes	X No	
(3) Provide a grant to an individual for travel,	•	• •	∐ Yes	X No	
(4) Provide a grant to an organization other t in section 4945(d)(4)(A)? (see instructions	han a charitable, etc, o s)	rganization described	Yes	X No	
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientific on of cruelty to children	c, literary, or or animals?	Yes	X No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a current notice regard	qualify under the excep ding disaster assistance	otions		5b N/A
Organizations relying on a current notice rega	ırdıng disaster assistanı	ce check here	•		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Reg	ulations section 53 494.	5-5(d)			
6 a Did the foundation, during the year, receive a on a personal benefit contract?			Yes	XNo	
b Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?		6b X
If 'Yes' to 6b, file Form 8870				_	
7a At any time during the tax year, was the found				X No	
Part VIII Information About Officers, D				/	7b
and Contractors	irectors, rrustees,	roundation Manag	gers, nigniy Paid	ı Employ	ees,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benef plans and deferre compensation	it othe	ense account, er allowances
SEE STATEMENT 6		-	- componducti		
	•				
		0.	(0.	0.
					_
	•				
					
					
2 Compensation of five highest-paid employees (of	ther than those included	on line 1 – see instructio	ns). If none, enter 'NO	NE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefi plans and deferre	it othe	ense account, er allowances
NONE			compensation	 	
<u>NONE</u>					
				 	
			-	-	
Total number of other employees paid over \$50,000)		-	•	0

Part VIII Information About Officers, Directors, Trustees, Foun and Contractors (continued)	dation Managers, Highly Paid E	mployees,
3 Five highest-paid independent contractors for professional services (see i	nstructions), If none, enter 'NONE.'	
(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	>	0
Part IX-A Summary of Direct Charitable Activities		
Tart IX-A Julilliary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic organizations and other beneficiaries served, conferences convened, research papers produced, etc.	al information such as the number of	Expenses
1 N/A		
' N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see Instru	uctions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
N/A		
2		
	-	
All other program related investments. See instructions		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		
		0. Form 990-PF (2015)
BAA		FORM 330-PF (2013)

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see instructions.)	reign to	oundations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes		
a Average monthly fair market value of securities.	1 a	<u>2,1</u> 37,204.
b Average of monthly cash balances	1 b	378,476.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	2,515,680.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation) 1e 0.]]	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	2,515,680.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	37,735.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,477,945.
6 Minimum investment return. Enter 5% of line 5	6	123,897.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private opera and certain foreign organizations check here ► ☐ and do not complete this part.)	ting for	ındations
1 Minimum investment return from Part X, line 6	1	123,897.
2a Tax on investment income for 2015 from Part VI, line 5 2a 9, 311.		,
b Income tax for 2015 (This does not include the tax from Part VI) 2 b	1	
c Add lines 2a and 2b	2 c	9,311.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	114,586.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	114,586.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	114,586.
Part XII Qualifying Distributions (see instructions)		
 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes Expenses, contributions, gifts, etc — total from Part I, column (d), line 26 	1 a	123,100.
b Program-related investments — total from Part IX-B	1 b	
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 Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	123,100.
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 (see instructions)	5	9,311.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	113,789.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four qualifies for the section 4940(e) reduction of tax in those years	ndation	
BAA		Form 990-PF (2015)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,				
line 7 2 Undistributed income, if any, as of the end of 2015				114,586.
a Enter amount for 2014 only			106 310	
b Total for prior years 20 , 20 , 20		0.	106,319.	_
3 Excess distributions carryover, if any, to 2015		0.		
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from Part			-	
XII, line 4 ► \$ 123,100.				
a Applied to 2014, but not more than line 2a			106,319.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus				
(Election required – see instructions)	0.			
d Applied to 2015 distributable amount				16,781.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the	0.			0.
same amount must be shown in column (a))				
6 Enter the net total of each column as				
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
· · · · · · · · · · · · · · · · · · ·	0.			
b Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has				
been issued, or on which the section 4942(a) I				
tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount – see instructions		0.		
e Undistributed income for 2014 Subtract line 4a from				
line 2a Taxable amount — see instructions			0.	
f Undistributed income for 2015 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2016.				0.00.5
7 Amounts treated as distributions out of				97,805.
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 2010 not applied on line 5 or line 7 (see instructions)	0.			
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				
BAA				Form 990-PF (2015)

Form 990-PF (2015) ANN K. & DOUG S.				65-106432	3 Page 10
Part XIV Private Operating Foundation					N/A
1 a If the foundation has received a ruling or determined is effective for 2015, enter the date of the	ruling	,		· ·	
b Check box to indicate whether the foundar		erating foundation d		4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	4120014	Prior 3 years	L . D . 001.0	
investment return from Part X for each year listed	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 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					
a '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					
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(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 an exempt organization					
(4) Gross investment income	(Canada ta ta		<u> </u>	¢Ε 000	•
Part XV Supplementary Information assets at any time during th	(Complete this e vear — see in	structions.)	roundation nad	ι ֆ၁,υυυ or more	e III
1 Information Regarding Foundation Management					
a List any managers of the foundation who have	e contributed more th	nan 2% of the total co	ontributions received	by the foundation bef	ore the
close of any tax year (but only if they have SEE STATEMENT 7	e contributed more	tnan \$5,000). (See	section 507(d)(2))		
b List any managers of the foundation who own a partnership or other entity) of which the	10% or more of the	stock of a corporation	n (or an equally large	portion of the owner	rship of
a partnership or other entity) of which the NONE	foundation has a 1	0% or greater intere	est		
2 Information Regarding Contribution, Gran	nt, Gift, Loan, Scho	larship, etc. Progra	ims:		
Check here if the foundation only ma requests for funds. If the foundation make	kes contributions to	preselected charitable	e organizations and o	does not accept unso inizations under oth	licited er conditions,
a The name, address, and telephone number of	e mail address of th	ne nerson to whom a	onlications should be	addrassad	-
a The Hame, address, and telephone humber of	e-mail address of the	ie person to whom a	pplications should be	audiesseu	
SEE STATEMENT 8					
b The form in which applications should be	submitted and infor	mation and materia	ils they should inclu	de	
SEE STATEMENT FOR LINE 2A					<u></u>
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards,	such as by geograp	hical areas, charital	ble fields, kinds of i	nstitutions, or other	factors
SEE STATEMENT FOR LINE 2A					
BAA	TE	EA0310L 10/13/15		F	orm 990-PF (2015)

Page 11

Part XV Supplementary Information (co	ontinued)			
3 Grants and Contributions Paid During the Y	ear or Approved for Fut	ure Paymen	nt	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of		Amount
Name and address (home or business)	substantial contributor	recipient	contribution	
a Paid during the year	-			
SEE STATEMENT 9				
Total	···		► 3a	123,100.
b Approved for future payment				
Total .	<u> </u>		► 3b	

nter gross amounts unless otherwise indicated	Unrelated business income		Excluded by	section 512, 513, or 514	(e)
1. Program convention	(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
1 Program service revenue			code		
ab	 		+ +		
с	<u> </u>			+	
d	 - -		+ +		
	 		+		 -
f	 		++-		
g Fees and contracts from government agencies	+	-		-	
2 Membership dues and assessments			+ +		
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	FO 164	
5 Net rental income or (loss) from real estate			14	50,164.	
a Debt-financed property	-				
b Not debt-financed property			 -	_	
6 Net rental income or (loss) from personal property					
7 Other investment income	 -		14	4,654.	
8 Gain or (loss) from sales of assets other than inventory		.	18	891,640.	
9 Net income or (loss) from special events			- 10	071,040.	
10 Gross profit or (loss) from sales of inventory	· · · · -		 + -		
11 Other revenue			1		
a	 		 		
b	 		+		
c			 		
d	1	 -			
e					
Subtotal Add columns (b), (d), and (e)				946,458.	
13 Total. Add line 12, columns (b), (d), and (e)			<u> </u>	13	946,458
See worksheet in line 13 instructions to verify calculation	ons)			_	
Part XVI-B Relationship of Activities to the	Accomplish	ment of Exemi	ot Purpose	<u> </u>	· · ·
Line No. Explain below how each activity for which in					, to the
accomplishment of the foundation's exempt	purposes (othe	r than by providing	funds for suc	ch purposes) (See in	istructions)
N/A	·				
		·		· -	

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) (See instructions)
N/A	
-	

BAA

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

								_				Vac	No
d	describ	organization direct ed in section 501(c to political organiz	:) of the Code (engage in a other than so	ny of the follo ection 501(c)(wing wit (3) organ	h any ot	her organization or in section	on 527,			Yes	No
a T	ransfe ⁻	rs from the reporti	ng foundation to	o a nonchari	table exempt	organiza	ation of						
(1) Cas	sh									1 a (1)		Х
(2) Oth	er assets									1 a (2)	_	Х
		ransactions										_	
		es of assets to a n									1 b (1)		Х
		chases of assets fr			t organization					İ	1 b (2)		X
		ntal of facilities, equ		er assets							1 b (3)		X
		mbursement arrang									1 b (4)		X
		ns or loan guarant									1 b (5)		X
		formance of service			-						1 b (6)		Х
c S	sharing	of facilities, equip	ment, mailing li	ists, other as	ssets, or paid	employe	es.				1 c		X
d If th a	f the ar he good	nswer to any of the ds, other assets, or s nsaction or sharing	above is 'Yes, services given by	' complete the the reporting	ne following s g foundation If	chedule.	Columnidation re	n (b) should alv	vays show the	ne fair n	narket valu	ue of	
(a) Line		(b) Amount involved			e exempt organiz		_	Description of tran				nement	
N/A			(5)				(4)			, and .	onaring arran	goment	-
								-					
									-				
			1										
				-									
											•		
_													
								_					
					_			_					
		 .							•				
d	escribe	undation directly or i ed in section 501(c) complete the follo) of the Code (d	ed with, or rel other than se	ated to, one or ection 501(c)(3	more ta: 3)) or in	x-exempt section	t organizations 527?			Yes	X	No
		Name of organiza		(b)	Type of organ	nızatıon		(c) Description	n of rela	tionshin		
N/A	\	<u>, </u>		\-/	., po o. o. ga.				,		р		-
						_							
-					_								-,
			-					. =.		•			
								-					
	Under p	penalties of perjury, I dec and complete Declaration	late that I have exam	nined this return	, including accomp	panying sch	edules and	statements, and to	the best of my	knowledge	and belief, if	t is true,	
Sign	COITCCI,	and complete become	On or preparer (outer	ulali taxpayer)	is based on all line	l l	willcii pre	parer rias ariy kilow	leuge		May the II	RS disci	221
Here	./	775			~4/ t	9/20	16.	(Tand			this return	1 with th	ne
	Signa	ature of officer or trustee			Date		<u> </u>	ie //will			. (see instr	uctions)	2
	1	Print/Type preparer's r	name	Pren	arer's signature/	_		Date	Ot		PTIN	Yes	No
D~:¬		'' ' '		7	· </td <td>201</td> <td>10</td> <td>4/12-1-</td> <td>Check self ample</td> <td>t</td> <td></td> <td>1 (1</td> <td></td>	201	10	4/12-1-	Check self ample	t		1 (1	
Paid Propo		TIM R. SHAF		EDC ATO		119	<u> </u>	17 C 76	self-emplo		P00199	TPT	
Prepa Use O		Firm's name	SFW PARTN						Firm's EIN	43-1	764273		
USE C	rilly	ini s addless			STE 300				Phone no	(214	\ E60 1	2222	
BAA		<u> </u>	SAINT LOU	IS, MO 6	<u> 3131-189</u>	Τ			Phone no	(314)	569-3		
											rorm 44	J-PF (/UII 51

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, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Name of the organization		Employer identification number				
ANN K. & DOUG S. BROWN FAMILY	Y FOUNDATION	65-1064323				
Organization type (check one)						
Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
~	4947(a)(1) nonexempt charitable trust not 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 privi	ate foundation				
	501(c)(3) taxable private foundation					
Check if your organization is covered by the General	l Rule or a Special Rule.					
Note. Only a section 501(c)(7), (8), or (10) organization	anization can check boxes for both the General Rule and a S	pecial Rule See instructions.				
General Rule X For an organization filing Form 990, 990-Exproperty) from any one contributor Complete	Z, or 990-PF that received, during the year, contributions total te Parts I and II. See instructions for determining a contribu	iling \$5,000 or more (in money or tor's total contributions				
Special Rules						
For an organization described in section 50 under sections 509(a)(1) and 170(b)(1)(A)(v)	11(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supp that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, he year, total contributions of the greater of (1) \$5,000 or (2) 0-EZ, line 1 Complete Parts I and II	I Ga or 16h and that				
during the year, total contributions of more	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
Caution. An organization that is not covered by 990-PF), but it must answer 'No' on Part IV, line Part I, line 2, to certify that it does not meet the	the General Rule and/or the Special Rules does not file Sche 2, of its Form 990, or check the box on line H of its Form e filing requirements of Schedule B (Form 990, 990-EZ, or 9	nedule B (Form 990, 990-EZ, or 990-EZ or on its Form 990-PF, 90-PF)				

BAA 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) (2015)

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)
Name of organization

1 of Part I

ANN K. & DOUG S. BROWN FAMILY FOUNDATION

Page 1 of 1

65-1064323

Part I	Contributors	(see instructions)	Use duplicate copies of Part I if additional space is needed
--------	--------------	--------------------	--

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DOUGLAS & ANN BROWN 119 COMMODORE JUPITER, FL 33477	\$275,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)

Page

1 to

1 of Part II

Name of organization

Employer identification number

ANN K. & DOUG S. BROWN FAMILY FOUNDATION 65-1064323

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 s	
(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
		}	
]\$]	

1 to

1 of Part III

Name of organization	Employer identification number
ANN K. & DOUG S. BROWN FAMILY FOUNDATION	65-1064323
Part III Exclusively religious, charitable, etc., contributions to organizations described	in section 501(c)(7), (8),
or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a)	through (e) and

	the following line entry For organizations of contributions of \$1,000 or less for the year Use duplicate copies of Part III if additional	(Enter this information once See i		
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
(a) . from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
art I				
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
(a) from art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, addres	Relationship of transferor to transferee		
a) from art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	Transferee's name, addre	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	

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		_	-
			-
_			-

PAGE 1

ANN K. & DOUG S. BROWN FAMILY FOUNDATION

65-1064323

STATEMENT 1	
FORM 990-PF, PART I, LINE 11	ı
OTHER INCOME	

		(A) REVENUE ER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOME	TOTAL \$	4,654. 4,654.	\$ 4,654. \$ 4,654.	\$ 0.

STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES

		(A) EXPENSES PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	TOTAL	\$ 2,000. \$ 2,000.	\$ 2,000. \$ 2,000.	\$ 0.	\$ 0.	

STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES

		(A) EXPENSES PER BOOKS		(B) NET INVESTMENT INCOME		(C) ADJUSTED NET INCOME		
EXCISE TAX FOREIGN TAX	TOTAL	•	19. 52. 11.	\$ <u>\$</u>	749. 1,162. 1,911.	\$ 0.	\$	0.

STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

EXPENSES INVESTMENT ADJUSTED CHARITABLE PER BOOKS INCOME NET INCOME PURPOSES PORTFOLIO RELATED FEES \$ 11,453. \$ 11,453. \$ 0. \$ 0.			(A)	(B) NET	(C)	(D)
PORTFOLIO RELATED FEES \$ 11,453. \$ 11,453.			EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
<u> </u>		_	PER BOOKS	INCOME	NET INCOME	<u>PURPOSES</u>
	PORTFOLIO RELATED FEES	TOTAL	11,453. 11,453.	\$ 11,453. \$ 11,453.	\$ 0.	\$ 0.

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711		
~~		

PAGE 2

ANN K. & DOUG S. BROWN FAMILY FOUNDATION

65-1064323

STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

CORPORATE STOCKS	VALUATION <u>METHOD</u>	BOOK <u>VALUE</u>	FAIR MARKETVALUE		
INVESTMENT ACCOUNTS	COST TOTAL	\$ 2,496,529. \$ 2,496,529.	\$ 2,323,823. \$ 2,323,823.		

STATEMENT 6 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	- B	CONTRI- SUTION TO EBP & DC	
DOUGLAS BROWN 119 COMMODORE JUPITER, FL 33477-4005	TRUSTEE 0	\$	0. \$	0.	\$ 0.
ANN BROWN 119 COMMODORE JUIPTER, FL 33477-4005	TRUSTEE 0		0.	0.	0.
JULIA THORSON 1010 MARVILLA LANE ST. LOUIS, MO 63131	TRUSTEE 0		0.	0.	0.
ROBIN WOLL 22 MARSALLY ST. LOUIS, MO 63131	TRUSTEE 0		0.	0.	0.
CRAIG BROWN 7136 WASHINGTON AVENUE ST. LOUIS, MO 63130	TRUSTEE 0		0.	0.	0.
	TOTA	L <u>\$</u>	0. \$	0.	\$ 0.

STATEMENT 7 FORM 990-PF, PART XV, LINE 1A FOUNDATION MANAGERS - 2% OR MORE CONTRIBUTORS

DOUGLAS BROWN ANN BROWN

STATEMENT 8 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

ANN K & DOUG BROWN FAMILY FOUNDATION

CARE OF: ANN OR DOUGLAS BROWN

2015

FEDERAL STATEMENTS

PAGE 3

ANN K. & DOUG S. BROWN FAMILY FOUNDATION

65-1064323

STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

STREET ADDRESS:

119 COMMODORE

CITY, STATE, ZIP CODE:

JUPITER, FL 33477-4005

TELEPHONE:

E-MAIL ADDRESS:

FORM AND CONTENT:

OPTIONAL

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS:

NONE NONE

STATEMENT 9 FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
ST. LOUIS UNIVERSITY ST. LOUIS MO	NONE	EXEMPT	EDUCATIONAL	\$ 30,000.
JUPITER MEDICAL FOUNDATION JUPITER FL	NONE	EXEMPT	MEDICAL	12,450.
ARMORY ART CENTER WEST PALM BEACH FL	NONE	EXEMPT	ARTS	15,550.
AMERICAN JEWISH COMMITTEE ST. LOUIS MO	NONE	EXEMPT	RELIGIOUS	1,000.
BUSCH WILDLIFE SANCTUARY JUPITER FL	NONE	EXEMPT	CONSERVATION	150.
MISSOURI BOTANICAL GARDEN ST. LOUIS MO	NONE	EXEMPT	SCIENTIFIC	500.
ALIVE ST. LOUIS MO	NONE	EXEMPT	SOCIAL	500.
MALTZ JUPITER THEATER JUPITER FL	NONE	EXEMPT	PERFORMING ARTS	5,000.
PLANNED PARENTHOOD ST. LOUIS MO	NONE	EXEMPT	EDUCATIONAL AND MEDICAL	250.
ALS ASSN ST. LOUIS MO	NONE	EXEMPT	MEDICAL	500.
CENTRAL REFORM CONGREGATION ST. LOUIS MO	NONE	EXEMPT	RELIGIOUS	1,825.
AUTISM SPEAKS ST. LOUIS MO	NONE	EXEMPT	MEDICAL	250.

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ANN K. & DOUG S. BROWN FAMILY FOUNDATION

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STATEMENT 9 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE <u>RELATIONSHIP</u>	FOUND- ATION STATUS	PURPOSE OF GRANT		AMOUNT
ST. LOUIS ART MUSEUM ST. LOUIS MO	NONE	EXEMPT	MUSEUM	\$	500.
NORTON MUSEUM OF ART WEST PALM BEACH FL	NONE	EXEMPT	MUSEUM		250.
ST. LOUIS ARTISTS GUILD ST. LOUIS MO	NONE	EXEMPT	ART		150.
NEW CITY SCHOOL ST. LOUIS MO	NONE	EXEMPT	EDUCATION		17,450.
SLU ENTREPRENEURSHIP PROGRAM ST. LOUIS MO	NONE	EXEMPT	EDUCATION		1,250.
LADUE EDUCATION FOUNDATION ST. LOUIS MO	NONE	EXEMPT	EDUCATION		10,000.
HUMANE SOCIETY MARYLAND HEIGHTS MO	NONE	EXEMPT	ANIMAL SHELTER		250.
LOGOS SCHOOL ST. LOUIS MO	NONE	EXEMPT	EDUCATION		1,500.
LOGGERHEAD MARINE LIFE JUNO BEACH FL	NONE	EXEMPT	CONSERVATION		150.
MO BAPTIST MED CTR FDN ST LOUIS MO	NONE	EXEMPT	MEDICAL		2,500.
CANCER SUPPORT COMMUNITY ST. LOUIS MO	NONE	EXEMPT	MEDICAL		1,825.
READY READERS ST. LOUIS MO	NONE	EXEMPT	EDUCATIONAL		500.
BIAU GOLDSTEIN YOUTH KANSAS CITY MO	NONE	EXEMPT	YOUTH		500.
CIRCUS FLORA ST. LOUIS MO	NONE	EXEMPT	CULTURAL		500.
ADMIRALS COVE CARES JUPITER FL	NONE	EXEMPT	COMMUNITY		1,000.
KEN STEINBACH RESEARCH (WASHINGTON UNIV) ST. LOUIS MO	NONE	EXEMPT	EDUCATIONAL		200.

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FEDERAL STATEMENTS

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STATEMENT 9 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
THE SPOT - WASHINGTON UNIVERSITY ST. LOUIS MO	NONE	EXEMPT	COMMUNITY	\$ 250.
MOFFITT CANCER CENTER TAMPA FL	NONE	EXEMPT	MEDICAL	250.
WISH UPON A TEEN ST. LOUIS MO	NONE	EXEMPT	COMMUNITY	200.
MISSION OF SIGHT ST. LOUIS MO	NONE	EXEMPT	MEDICAL	250.
ST. LUKES HOSPITAL ST. LOUIS MO	NONE	EXEMPT	MEDICAL	250.
GLOBAL SUSTAINABILITY NEW YORK NY	NONE	EXEMPT	ENVIRONMENT	1,650.
STUDENT DEPLOMACY CORP NEW YORK NY	NONE	EXEMPT	EDUCATION	300.
HEALTH NETWORK FOUNDATION CLEVELAND OH	NONE	EXEMPT	MEDICAL	1,000.
EMMAUS CATHOLIC CHURCH TAMPA FL	NONE	EXEMPT	RELIGIOUS	200.
CARDINAL GLENNON ST. LOUIS MO	NONE	EXEMPT	MEDICAL	700.
MEGAN MEIER FOUNDATION ST. LOUIS MO	NONE	EXEMPT	COMMUNITY	100.
GEORGE WASHINGTON MT VALLEY FOROGE VA	NONE	EXEMPT	HISTORICAL SITE	500.
FOUNDATION AT BARNES JEWISH ST. LOUIS MO	NONE	EXEMPT	MEDICAL	2,500.
FAU LIFE LONG LEARNING JUPITER FL	NONE	EXEMPT	EDUCATION	500.
MY CLINIC JUPITER FL	NONE	EXEMPT	MEDICAL	1,000.
JOHN BURROUGHS SCHOOL ST. LOUIS MO	NONE	EXEMPT	EDUCATION	6,000.
100 BLACK MEN OF ST. LOUIS ST. LOUIS MO	NONE	EXEMPT	COMMUNITY	200.

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STATEMENT 9 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS CANCER SUPPORT CENTER ST. LOUIS MO	DONEE RELATIONSHIP NONE	FOUND- ATION STATUS EXEMPT	PURPOSE GRANT MEDICAL		<i>1</i>	<u>AMOUNT</u> 250.
PB CTY CULTURAL COUNCIL LAKE WORTH FL	NONE	EXEMPT	COMMUNITY			500.
				TOTAL	\$	123,100.