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Form 990-PF 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.

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052 Open to Public Inspection

For	alen	dar year 2017 or tax year beginning		, and ending		
Nar	ne of	foundation			A Employer identification	number
		K. & DOUG S. BROWN FAM		ON	65-1064323	
Nun	īber a	nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
_1	<u> 19</u>	COMMODORE			561-743-56	69
		own, state or province, country, and ZIP or foreign μ	ostal code		C If exemption application is pr	ending, check here
_		all that apply: Initial return	Instal values of a fa	ormer public charity	D 1. Foreign organizations	abaak basa
6 (HIECK	Final return	Amended return	orner public charity	1. Poreign organizations	, clieck liefe
		Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test,
н С	hack	type of organization: X Section 501(c)(3) ex		• U	1	
<u> </u>	~		Other taxable private founda	▼ ;	If private foundation state under section 507(b)(1)	
L Fa		irket value of all assets at end of year J Account		Accrual]	
			ther (specify)		F If the foundation is in a 6 under section 507(b)(1)	I - 1
\.		3,813,548. (Part I, colur	nn (d) must be on cash basi	s.)		(5), 01100111010
	rt I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	103,600.		N/A	
(2	Check fill fithe foundation is not required to attach Sch. B				
\mathcal{J}	3	Interest on savings and temporary cash investments				
/	4	Dividends and interest from securities	77,407.	77,407.		STATEMENT 1
	5a	Gross rents		ļ		
	b	Net rental income or (loss)		· · · · · · · · · · · · · · · · · · ·		
ē	6a	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	2,443.		PECFIVED-	
e.	b	assets on line 6a 19,910.		0 4 400	1110	R
Revenue	7	Capital gain net income (from Part IV, line 2)		2,443.	MAR 2 7 2018	
_	8	Net short-term capital gain	<u> </u>	<u> </u>	MAK 2 / 2010	
	9	Income modifications Gross sales less returns			OGDEN, UT	<u>-</u>
	10a					
		Less Cost of goods sold Gross profit or (loss)	 			
	11	Other income	1,308.	0.		STATEMENT 2
	12	Total. Add lines 1 through 11	184,758.	79,850.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				
٠. د	15	Pension plans, employee benefits				
ses	16a	Legal fees				
Expens	b	Accounting fees STMT 3	1,700.	1,700.		0.
, M	C	Other professional fees				
ĭ ĕ		Interest			<u> </u>	
r i	l	Taxes STMT 4	8,692.	2,687.	·	0.
	19	Depreciation and depletion			ļ	
and Administrative	20	Occupancy			 	
7 7 7	l	Travel, conferences, and meetings			 -	
	22	Printing and publications Other expenses STMT 5	2 002	3,883.		0.
SC. Operating	23 24	•	3,883.	3,003.	' 	
ěra	24	Total operating and administrative expenses Add lines 13 through 23	14,275.	8,270.		0.
õ	25	Contributions, gifts, grants paid	108,660.	0,270	<u>'</u>	108,660.
	ı	Total expenses and disbursements.			 	100,000.
		Add lines 24 and 25	122,935.	8,270.		108,660.
	27	Subtract line 26 from line 12:				
	l	Excess of revenue over expenses and disbursements	61,823.			
	i	Net investment income (if negative, enter -0-)		71,580.		
	1	Adjusted net income (if negative, enter -0-)			N/A	

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of y	
<u>.</u>	<u> </u>	Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	210,247.	172,537.	172,537.
	3	Accounts receivable -		1	
	1	Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
	1	Less: allowance for doubtful accounts ▶		{	
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons	ļ		
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
s	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	102	Investments - U.S. and state government obligations			
	1	Investments - corporate stock STMT 6	2,895,486.	2,995,019.	3,641,011.
	1	Investments - corporate bonds	2,033,400.	2,333,013.	3/041/0110
	1	Investments - land, buildings, and equipment basis			
	''	Less accumulated depreciation			
	10	Investments - mortgage loans			
	1.	Investments - other			
	13	ŀ			
	14	Land, buildings, and equipment basis			
		Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	2 105 722	2 167 556	2 012 E40
_	-	instructions. Also, see page 1, item ()	3,105,733.	3,167,556.	3,813,548.
	l	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ĕ	20	Loans from officers, directors, trustees, and other disqualified persons			
įġ	21	Mortgages and other notes payable			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here	{		
S		and complete lines 24 through 26, and lines 30 and 31.			
ces	1	Unrestricted			
alar	25	Temporarily restricted			
ĕ	26	Permanently restricted			
Net Assets or Fund Balanc		Foundations that do not follow SFAS 117, check here			
Œ.		and complete lines 27 through 31.	}		
25	27	Capital stock, trust principal, or current funds	0.	0.	
se	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ž	29	Retained earnings, accumulated income, endowment, or other funds	3,105,733.	3,167,556.	
Š	30	Total net assets or fund balances	3,105,733.	3,167,556.	
				İ	
	31	Total liabilities and net assets/fund balances	3,105,733.	3,167,556.	
P	art	Analysis of Changes in Net Assets or Fund B	alances		
	art	iii and in the state of the sta			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	at agree with end-of-year figure reported on prior year's return)		1	3,105,733.
2	Ente	amount from Part I, line 27a		2	61,823.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	3,167,556.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	3,167,556.
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	K. & DOUG S. I			IND	ATION	6	5-106	4323	Page 3
(a) List and describe	the kind(s) of property sold (for rehouse; or common stock, 200	example, real esta		(b)	How acquired - Purchase - Donation		acquired day, yr.)	(d) Date (mo., da	
1a ALLIANZGI NFJ				1	P		0/12	11/1	
b CAPITAL GAINS				\vdash		11/2	10/12	/	<u> </u>
С									
d									
_e				Ц,					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				Sain or (loss s (f) minus	(g))	
a 18,981.			17,47	3.				1	<u>,508.</u>
ь 935.									935.
<u>c</u>									
<u>d</u>									
e Complete only for assets showin	a gain in column (h) and owned	by the foundation	2 02 12/21/60			W 0 /	0-1 (1-1)		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col. (i) col. (j), if any		C	òl. (k), but	Col. (h) gain not less tha s (from col. (n -0-) or	
			Cor. (j), ii dily						,508.
a b		 -							935.
C									<u> </u>
d									
e									
2 Capital gain net income or (net ca		enter in Part I, line er -0- in Part I, line		}	2			2	,443.
3 Net short-term capital gain or (los									
If gain, also enter in Part I, line 8,		,, (0).		J					
If (loss), enter -0- in Part I, line 8		(b.)	(* 		3		N/A	<u> </u>	
	nder Section 4940(e)					icome			
(For optional use by domestic private	foundations subject to the secti	ion 4940(a) tax or	i net investment ir	ncom	e.)				
If section 4940(d)(2) applies, leave th	nis part blank.								
Was the foundation liable for the sect if "Yes," the foundation doesn't qualify		, ,	,	rıod?				Yes	X No
1 Enter the appropriate amount in e	each column for each year; see t	he instructions be	fore making any e	entries	S.				
(a) Base period years Calendar year (or tax year beginnir			Net value of no	(c) oncha	ritable-use asse	ts	Distril (col. (b) div	(d) oution ratio vided by col.	(c))
2016		130,512.			,843,41				<u>45900</u>
2015		113,789.		2	<u>,477,94</u>				<u>45921</u>
2014		100,350.		2	,479,81				40467
2013		106,784.			,031,80				52556
2012		91,659.	<u> </u>		<u>,826,91</u>	7.	Τ	.0	50171
2 Total of line 1, column (d)		otal and lung O but T	0			2		.2	35015
3 Average distribution ratio for the state foundation has been in exister		oral on line 2 by 5	o, or by the numb	er or	years	3	 	.0	<u>47003</u>
4 Enter the net value of noncharitab	le-use assets for 2017 from Par	t X, line 5				4	-	3,402	,607.
5 Multiply line 4 by line 3						5_	ļ	159	,933.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6_			716.
7 Add lines 5 and 6						7_		160	,649.
8 Enter qualifying distributions from	•					8_		108	,660.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI,	line 1b, and comp	olete that part usir	ng a 1	% tax rate.				
723521 01-03-18								Form 990-	PF (2017)

	990-PF (2017) ANN K. & DOUG S. BROWN FAMILY FOUNDATION 6 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - See			age 4	
	Exempt operating foundations described in section 4940(d)(2), check here \to	-10 - 300	1113010		31	
ıa	1 1					
_	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		-	. 4	2.2	
D	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		4.	<u> </u>	
	of Part I, line 27b	}				
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)				^	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			0.	
	Add lines 1 and 2	3		L,4:		
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			0.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	·	<u> </u>	<u> </u>	
	Credits/Payments:					
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 2,960.					
	Exempt foreign organizations - tax withheld at source					
	Tax paid with application for extension of time to file (Form 8868) . 6c 0.					
	Backup withholding erroneously withheld 6d 0.					
	Total credits and payments. Add lines 6a through 6d	7		2,9		
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			0.	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		1,5		
	Enter the amount of line 10 to be; Credited to 2018 estimated tax	11			0.	
_	rt VII-A Statements Regarding Activities			т	 _	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i	1	1	Yes		
	any political campaign?		1a		<u>X</u>	
p	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definit	ion	16		<u>X</u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or		} {	1		
	distributed by the foundation in connection with the activities.		1	1		
C	Did the foundation file Form 1120-POL for this year?		1c		<u>X</u>	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		\			
	(1) On the foundation. \blacktriangleright \$ 0 . (2) On foundation managers. \blacktriangleright \$		1 1			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1 1	1		
	managers. ► \$ 0 .					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		· 2		<u>X</u> _	
	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		_X_	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	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:		1 1	-		
	By language in the governing instrument, or		((ļ		
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	aw	1 1			
	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		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			ļ	ı	
	FL			ļ	ı	
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)			į	ı	
ŕ	of each state as required by General Instruction G? If "No," attach explanation		8b	x	ı	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen	dar				6
-	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		9		Х	(
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X	
		F	orm 990	-PF	(2017)	

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P	art VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		
40	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	10		v
40	If "Yes," attach statement. See instructions	12	X	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?			<u> </u>
14	Website address ► N/A The books are in care of ► DOUGLAS S. BROWN Telephone no. ► 561-7	13-5	669	
17	Located at > 119 COMMODORE, JUPITER, FL ZIP+4 >3			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	<u> </u>	<u>_</u>	Ť.
•	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			L
Pa	art 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
18	During the year, did the foundation (either directly or indirectly):			1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		ļ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			1
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			l
	if the foundation agreed to make a grant to or to employ the official for a period after	1		İ
	termination of government service, if terminating within 90 days.)		ļ	ļ
١	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	l		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A	_1b_		 -
	Organizations relying on a current notice regarding disaster assistance, check here			ļ
(: Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1		
0	before the first day of the tax year beginning in 2017? Taxon on failure to distribute program (coston 4042) (does not explic for years the foundation was a greater constant foundation.	1c		<u> </u>
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)):	-		ł
	LAt the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			ŀ
	before 2017? Let the critical distribution for the foundation have any unbistributed income (income times od and be, if art kiny for tax years) beginning Yes X No]		
	If "Yes," list the years \		1	1
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	-		Į
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b	l	}
(If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			1
	during the year?			
١	of "Yes," did it have excess business holdings in 2017 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	}	1]
	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 2017) N/A	3b	<u> </u>	<u> </u>
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
1	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	1	1	
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b	i	X

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Form 990-PF (2017) ANN K. & DOUG S. BROWN F. Part VII-B Statements Regarding Activities for Which F.			65-106 4 3:	23	Page 6
5a During the year, did the foundation pay or incur any amount to:	orm 4720 may be t	required (continu	1	Yes	No
(1), Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	☐ Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); or	,			- 1	
any voter registration drive?	• • •		s X No	1	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	?	Ye	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			- 1	
4945(d)(4)(A)? See instructions		Ye	s X No		İ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		1	1	
the prevention of cruelty to children or animals?		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	ì	1	
section 53.4945 or in a current notice regarding disaster assistance? See instru			, <u> </u>	5b	<u>X</u>
Organizations relying on a current notice regarding disaster assistance, check h					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				- 1	
expenditure responsibility for the grant?	, N	I∕A ∐ Ye	8 L. No	j	
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			1	1	}
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 Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		<u> </u>	6b	<u> </u>
If "Yes" to 6b, file Form 8870.	hallan to		s X No	1	
7a At any time during the tax year, was the foundation a party to a prohibited tax si		1 Ye		76	
Part VIII Information About Officers, Directors, Truste		nagers Highly		7b	
Paid Employees, and Contractors	ees, i oundation wa	illagers, riigilij			
1 List all officers, directors, trustees, and foundation managers and the	heir compensation.				1
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Ext	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account allowa	
		[
SEE STATEMENT 7		0.	0.		<u> 0 </u>
		ĺ			
		J			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "			
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter NONE.	(d) Contributions to	(e) Ex	Dense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	ačcouni aliowa	t, other
NONE	devoted to position		compensation	1	11003
HOME		1			
		<u> </u>			
]			
					
	Ti .	Į.			
			L		
Total number of other employees paid over \$50,000					0
			Form	990-PF	· (2017)

Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)		1064323 Page 7
3 Five highest-paid independent contractors for professional services. If none, e	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(B) Type of our mas	(C) TEMPONOGRADI
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant s number of organizations and other beneficiaries served, conferences convened, research papers 1N/A	statistical information such as the produced, etc.	Expenses
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	ar on lines 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3		0.

Form **990-PF** (2017)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	3,300,588.
	Average of monthly cash balances	1b	3,300,588. 153,835.
	Fair market value of all other assets	1c	
ď	Total (add lines 1a, b, and c)	1d	3,454,423.
е	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	3,454,423.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	51,816.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,402,607.
6	Minimum investment return. Enter 5% of line 5	6	170,130.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here ▶ and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	170,130.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c_	1,432.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	168,698.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	168,698.
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	168,698.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	108,660.
b	Program-related investments - total from Part IX-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:	1	
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	<u> 108,660.</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	108,660.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies fo	r the section

Form **990-PF** (2017)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	_ ,				
		(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI,				
•	line 7				168,698.
2	Undistributed income, if any, as of the end of 2017				
а	Enter amount for 2016 only			106,508.	
b	Total for prior years:				
	, ,		0.		
3	Excess distributions carryover, if any, to 2017:				
а	From 2012				
t	From 2013				
c	From 2014				
d	1 From 2015				
ε	From 2016				
f	Total of lines 3a through e	0.			
4	Qualifying distributions for 2017 from				
	Part XII, line 4: ►\$ 108,660.				
a	Applied to 2016, but not more than line 2a		 ,	106,508.	···
t	Applied to undistributed income of prior		·		
	years (Election required - see instructions)		0.		
C	: Treated as distributions out of corpus				
	(Election required - see instructions)	0.			
C	Applied to 2017 distributable amount				2,152.
ε	e Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6	Enter the net total of each column as indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
t	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0.		_
C	Enter the amount of prior years'	,,			
	undistributed income for which a notice of				
	deficiency has been issued, or on which the section 4942(a) tax has been previously				
	assessed		0.		
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions		0.		
•	Undistributed income for 2016. Subtract line				
	4a from line 2a. Taxable amount - see instr.			0.	
f	Undistributed income for 2017, Subtract	;			
	lines 4d and 5 from line 1. This amount must			ļ	466 546
	be distributed in 2018				166,546.
7	Amounts treated as distributions out of				
	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 2012				
	not applied on line 5 or line 7	0.			
y	Excess distributions carryover to 2018				
ın	Subtract lines 7 and 8 from line 6a	0.			
	Analysis of line 9: a Excess from 2013				
	Excess from 2013				
	Excess from 2015		1	1	
	d Excess from 2016				
	e Excess from 2017				
	25555 (1 OIII E0 17	<u> </u>			

Form 990-PF (2017) ANN K.	& DOUG S. B	ROWN FAMILY	FOUNDATION		64323 Page 10
Part XIV Private Operating F			A, question 9)	N/A	/
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	•	▶ └ੑੑ		
b Check box to indicate whether the foun		ng foundation described is		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2016	Prior 3 years	(4) 0014	(a) Total
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					/
each year listed					
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				,'	
e Qualifying distributions made directly			/		
for active conduct of exempt activities.			<i>f</i>		
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			, f		
(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)		<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					
an exempt organization					
Part XV Supplementary Info	rmation (Comple	te this part only	 if the foundation	had \$5 000 or m	ore in assets
at any time during			ii tiio iodiidatioii	1144 40,000 01 111	oro in accord
1 Information Regarding Foundation					
a List any managers of the foundation wi	•	than 2% of the total cont	ributions received by the	foundation before the clo	ise of any tax
year (but only if they have contributed			nouncino roccirco oy ano	Touridation bororo tiro oro	oo or any tax
SEE STATEMENT 8					
b List any managers of the foundation wi	no own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a p	artnership or
other entity) of which the foundation ha			to, an edgan, in go perm		
NONE					
2 Information Regarding Contribute	tion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation				ot accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num			-		
	S. S. S. S. S. S. S. S. S. S. S. S.	por com to million applic			
b The form in which applications should	be submitted and informa	tion and materials they st	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields,	kınds of institutions, or o	other factors:	
	· - ·	,	•		

3 Grants and Contributions Paid During t	the Year or Approved for Future	Payment		
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ADMIRALS COVE CARES	NONE	EXEMPT	COMMUNITY	
JUPITER FL				3,350.
				1
ALIVE	NONE	EXEMPT	SOCIAL	
ST. LOUIS MO				500.
ALZHEIMERS ASSOCIATION	NONE	EXEMPT	MEDICAL	
ST. LOUIS MO				300.
				11
AMERICAN JEWISH COMMITTEE	NONE	EXEMPT	RELIGIOUS	
ST. LOUIS, MO				1,000.
51, 10015, NO				1,000.
ARMORY ART CENTER	NONE	EXEMPT	ARTS	
MESON DALM DESCRIPTION				27,000
WEST PALM BEACH FL Total SEE	CONTINUATION SHE	ET(S)	> 3a	27,000. 108,660.
b Approved for future payment				
		ţ		
NONE				
		}		
			1	
Total			▶ 3b	0.

Part XVI-A **Analysis of Income-Producing Activities**

nter gross amounts unless otherwise indicated.	Unrelated	ousiness income	Exclud	led by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Allount	
a			_		
b	_				
<u>c</u>					
d	1 1				
e	_ _				- -
1 <u></u>	_				·
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash					
investments			14	77,407.	
Dividends and interest from securities			<u> </u>		
Net rental income or (loss) from real estate:	 				
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property			14	1,308.	
7 Other investment income			<u> 14</u>	1,300.	
Gain or (loss) from sales of assets other		ĺ	18	2 442	
than inventory			<u></u> 0	2,443.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:		j			
å	1 1				
b					
		1			
d					
e		0		81 158	0
e		0.		81,158.	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.		81,158.	
e	S.)			13	
e	S.)		emp	13	0 81,158
e Subtotal. Add columns (b), (d), and (e) B Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
e	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
s Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
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e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
s Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
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s Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
s Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) see worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
e Subtotal. Add columns (b), (d), and (e) B Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158
e	s.) es to the Accor	nplishment of Execution (e) of Part XVI-A o		13 t Purposes	81,158

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

1	Did the o	roanization directly or indir	ectly engage in any c	of the followin	g with any other organization	on described in section	on 501(c)		Yes	No
					to political organizations?		(-/	1		
а	•	from the reporting founda	•	-						İ
_	(1) Cash		tion to a notionalize	no onompt or	jameanon on			1a(1)		_X_
	(2) Othe							1a(2)		X
ь	٠,	nsactions:						19757		
-		s of assets to a noncharitat	nle exempt organizati	OU				1b(1))	X_
		hases of assets from a nor	· · · · · ·					1b(2)		X
		al of facilities, equipment, (gamzation				1b(3)		X
		al or lacilities, equipment, to abursement arrangements	JI Other assets					1b(4)		X
		is or loan guarantees						1b(5)		X
	• •	ormance of services or mei	mharabin ar fundraia	ına oolioitatio		•	•	1b(6)	 	X
	• •	of facilities, equipment, mai		-	•		••	1c		X
	•		•		•	wave about the four m	arkat value of the goods of		l	
đ				-	dule. Column (b) should alv ed less than fair market valu				e15,	
		d) the value of the goods, (su 1655 tilali lali illaiket vait	ie iii any transaction	or snaring arrangement, s	IOW III		
(2)	ine no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and s	haring ar		
۵,۲	ine no	(b) Amount involved	(c) Name on		exempt organization	(u) Description	or transiers, transactions, and s	alaing a	angeme	- Ints
				N/A						
						+				
										
										
										
_			 			 		_		
										
										
			<u> </u>							
			ļ							
										
			<u> </u>							
			<u></u>							
2a		•	•		or more tax-exempt organi	zations described	_	_,	_	_
	ın sectior	n 501(c) (other than section	n 501(c)(3)) or ın sec	tion 527?			Ĺ_	Yes	X	.] No
b	If "Yes," c	complete the following sche				,				
		(a) Name of org	anization		(b) Type of organization	(c) Description of relations	qır		
		N/A								
		<u> </u>								
						<u> </u>				
					g accompanying schedules and n taxpayer) is based on all inforn		han any kaomindra	the IRS		
	gn 🛌	perier, it is the, correct, and con	ipiete beclaration of pre	parer (other than	taxpayer) is based on an inform	Mattor of writer preparer	T CIC	rn with th wn below		
He	re	1 (7/			X	FOUNDA	TION MGR	X Yes	; [_	No
	Sıg	nature of officer or prustee			Date	Title				
_		Print/Type preparer's na	me	Preparer's si	ignature	Date	Check if PTIN			
_			4		2	[self- employed			
Pa		TIM R. SHA			>hallea	03/13/18		0199		<u>. </u>
	eparer	Firm's name ► SFW		LLC	7		Firm's EIN ► 43-1			
Us	e Only	'								
		Firm's address ▶ 16	10 DES PE	RES RD	, SUITE 300					
			INT LOUIS				Phone no. 314-5	<u> 59 – 3</u>	333	!
										(2017)

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.
 ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

Employer identification number

	ANN	K. & DOUG S. BROWN FAMILY FOUNDATION	65-1064323
Organization t	type (check one):		
Filers of:	Se	ection:	
Form 990 or 99	90-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 990-PF	12	501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Oh 1 - 6			
		vered by the General Rule or a Special Rule. 8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions
General Rule			
		ng Form 990, 990·EZ, or 990·PF that received, during the year, contributions totaling contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules			
section any or	ns 509(a)(1) and ne contributor, d	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, uring the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount 1 Complete Parts I and II	or 16b, and that received from
year, '	total contribution	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from a s of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educate to children or animals. Complete Parts I, II, and III	-
year, o is che purpo	contributions exc cked, enter here use Don't comple	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a dissively for religious, charitable, etc., purposes, but no such contributions totaled me the total contributions that were received during the year for an exclusively religious ate any of the parts unless the General Rule applies to this organization because it roc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box , charitable, etc ,
but it must ans	swer "No" on Par	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F t IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo fling requirements of Schedule 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) (2017)

Name of organization

Employer identification number

ANN K. & DOUG S. BROWN FAMILY FOUNDATION

65-1064323

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DOUGLAS & ANN BROWN 119 COMMODORE JUPITER, FL 33477	\$100,000.	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 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 Oncash 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 Omniash (Complete Part II for noncash contributions)

Employer identification number

ANN K. & DOUG S. BROWN FAMILY FOUNDATION

65-1064323

Part II	Noncash Property (see instructions) Use duplicate copies of P	art 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. From	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization **Employer identification number** & DOUG S. BROWN FAMILY FOUNDATION 65-1064323

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 Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this inflo once) \$ Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

Part XV Supplementary Information				
3 Grants and Contributions Paid During the				ļ
. Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	Control	
				ļ
AUTISM SPEAKS	NONE	EXEMPT	MEDICAL	
ST. LOUIS, MO		 	 	500.
BIAU GOLDSTEIN YOUTH	NONE	EXEMPT	уоитн	
KANSAS CITY, MO				500.
BJC HOSPICE FDN	NONE	EXEMPT	MEDICAL	
BUC NOSFICE FUN	NONE	EXEMP1	REDICAL	
ST. LOUIS MO				2,500.
BUSCH WILDLIFE SANCTUARY	NONE	EXEMPT	CONSERVATION	
TIDION D				150
JUPITER, FL				150.
CENTRAL REFORM CONGREGATION	NONE	EXEMPT	RELIGIOUS	
ST. LOUIS, MO				2,000.
CIRCUS FLORA	NONE	EXEMPT	CULTURAL	
ST. LOUIS, MO				300.
FAU LIFE LONG LEARNING	NONE	EXEMPT	EDUCATION	
JUPITER, FL				250.
HEALTH NETWORK FOUNDATION	NONE	EXEMPT	MEDICAL	
READIN NEIWORK FOUNDATION	NONE	EAEMP1	MEDICAL	
CLEVELAND, OH		ļ		500.
INNSBROOK HISTORICAL SOCIETY	NONE	EXEMPT	HISTORICAL	
TABLEDBOOK WO				500
INNSBROOK, MO				500.
JEWISH COMMUNITY CENTER	NONE	EXEMPT	COMMUNITY	
ST. LOUIS, MO				250.
Total from continuation sheets				76_510.

Part XV Supplementary Informat 3 Grants and Contributions Paid During to				
, Recipient	If recipient is an individual	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	status of recipient	Contribution	Amount
JEWISH FEDERATION	NONE	EXEMPT	RELIGIOUS	
PALM BEACH, FL		ļ		2,000
JOHN BURROUGHS SCHOOL	NONE	EXEMPT	EDUCATION	
ST, LOUIS MO		-		5,500
JUPITER MEDICAL FOUNDATION	NONE	EXEMPT	MEDICAL	
JUPITER, FL				2,500
LOGGERHEAD MARINE LIFE	NONE	EXEMPT	CONSERVATION	
JUNO BEACH, FL		<u> </u>		200
LOGOS SCHOOL	NONE	EXEMPT	EDUCATION	
ST. LOUIS, MO		 		1,300
MALTZ JUPITER THEATER	NONE	EXEMPT	PERFORMING ARTS	ļ
JUPITER FL				3,000
MISSOURI BOTANICAL GARDEN	NONE	EXEMPT	SCIENTIFIC	
ST. LOUIS, MO		-		300
NO DIDUTTE VED CED DIV				
MO BAPTIST MED CTR FDN	NONE	EXEMPT	MEDICAL	
ST LOUIS MO		 		5,000
MY CLINIC	NONE	EXEMPT	MEDICAL	
			illo I Chi	
JUPITER, FL				5,300
NATIONAL MUSEUM OF WOMEN-ARTS	NONE	EXEMPT	ARTS	
VASHINGTON DC Total from continuation sheets			_ 	200

3 Grants and Contributions Paid During t	tion			
Decimant	If recipient is an individual,	T		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
NEW CITY SCHOOL	NONE	EXEMPT	EDUCATION	
ST. LOUIS, MO			<u> </u>	1,500
NORTON MUSEUM OF ART	NONE	EXEMPT	MUSEUM	
WEST PALM BEACH, FL			 	250
PALM BEACH CTY CULTURAL	NONE	EXEMPT	CULTURAL	
PALM BEACH, FL				500
PLANNED PARENTHOOD	NONE	EXEMPT	EDUCATIONAL AND	500
7.1. 20010, 110				300
READY READERS	NONE	EXEMPT	EDUCATIONAL	<u>}</u>
ST. LOUIS, MO		 		750
SITEMAN CANCER CENTER	NONE	EXEMPT	MEDICAL	
ST. LOUIS, MO				100
ST. LOUIS UNIVERSITY	NONE	EXEMPT	EDUCATIONAL	
ST. LOUIS, MO				25,000
STUDENT DIPLOMACY CORP	NONE	EXEMPT	EDUCATION	
NEW YORK, NY				500
FURY FRIENDS	NONE	EXEMPT	ANIMALS	
JUPITER, FL		 	-	1,000
NEMOURS WILDLIFE FOUNDATION	NONE	EXEMPT	ANIMALS	
BEAUFORT SC Total from continuation sheets		<u> </u>		250

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of recipient any foundation manager Name and address (home or business) or substantial contributor UPLEDGER FOUNDATION NONE EXEMPT MEDICAL PALM BEACH FL 500. KIDS IN DISTRESS NONE COMMUNITY EXEMPT 500. BOYNTON BEACH, FL CRAFT ALLIANCE ARTS NONE EXEMPT 4,300. ST. LOUIS, MO DR JE VALEDGER FOUNDATION NONE MEDICAL EXEMPT 300. W. PALM BEACH, FL LEWY BODY DEMENTIA ASSC. NONE EXEMPT MEDICAL 100. LILBURN GA AMERICAN FRIENDS OF MAGEN DAVID ADOM MEDICAL NONE EXEMPT 200. NEW YORK NY CONGREGATION RODELPH SHA NONE EXEMPT COMMUNITY 100. PHILADELPHIA PA UNIVERSITY CITY CHILDREN'S CENTER NONE EXEMPT COMMUNITY ST LOUIS MO 1,210. SCHOLARSHIP FOUNDATION NONE EXEMPT EDUCATION ST LOUIS MO 1,000. LADUE EDUCATION FOUNDATION NONE EXEMPT EDUCATION 5,000. LADUE MO Total from continuation sheets

ANN K. & DOUG S. BROWN FAMILY FOUNDATION 65-1064323 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution **A**mount Name and address (home or business) HOLLINGS CANCER CENTER NONE EXEMPT MEDICAL 200. CHARLESTON SC

Total from continuation sheets

FORM 990-PF D	IVIDENDS	AND INTER	EST FROM SECT	JRITIES S	TATEMENT	
GROSS AMOUNT		CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST- MENT INCOME		
OPPENHEIMER	78,342.	93	5. 77,40	7. 77,407.		
TO PART I, LINE 4	78,342.	93	5. 77,40	77,407.		
FORM 990-PF		OTHER I	NCOME	S	TATEMENT	
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
NONDIVIDEND DISTRIBUTI	ONS		1,308.	0.		
TOTAL TO FORM 990-PF,	PART I, 1	LINE 11	1,308.	0.		
FORM 990-PF		ACCOUNTI	NG FEES	S	TATEMENT	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABI PURPOSES	
ACCOUNTING FEES		1,700.	1,700	•	(
TO FORM 990-PF, PG 1,	LN 16B	1,700.	1,700	·	(
FORM 990-PF		TAX	ES		TATEMENT	
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABI PURPOSES	
EXCISE TAX FOREIGN TAX		6,005. 2,687.			(

FORM 990-PF	OTHER E	XPENSES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM			
PORTFOLIO RELATED FEES	3,883.	3,883.		0.		
TO FORM 990-PF, PG 1, LN 23	3,883.	3,883.		0.		
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 6		
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE		
INVESTMENT ACCOUNTS			2,995,019.	3,641,011.		
TOTAL TO FORM 990-PF, PART I	I, LINE 10B		2,995,019.	3,641,011.		

	JIST OF OFFICERS, DAND FOUNDATION MANA	STATEMENT 7		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DOUGLAS BROWN 119 COMMODORE JUPITER, FL 33477-4005	TRUSTEE 0.00	0.	0.	0.
ANN BROWN 119 COMMODORE JUIPTER, FL 33477-4005	TRUSTEE 0.00	0.	0.	0.
JULIA THORSON 1010 MARVILLA LANE ST. LOUIS, MO 63131	TRUSTEE 0.00	0.	0.	0.
ROBIN WOLL 22 MARSALLY ST. LOUIS, MO 63131	TRUSTEE 0.00	0.	0.	0.
CRAIG BROWN 7136 WASHINGTON AVENUE ST. LOUIS, MO 63130	TRUSTEE 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.
	ART XV - LINE 1A F FOUNDATION MANAGE	ers	STAT	EMENT 8

NAME OF MANAGER

DOUGLAS BROWN ANN BROWN