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990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052
2012
Open to Public Inspection

For	ca	lei	ndar year 2012 or tax year beginning	12/4/2012 ,	and ending		12/3	1/2012	
Na	me c	of fo	neifabrue				Emp	oloyer identification nu	mber
			Brook Foundation, Inc					46-15090	070
			nd street (or P.O. box number if mail is not delivered to street addr	ess)	Room/suite	В	Tele	phone number (see instr	
								(203) 594-	6505
			rter, CPA_PO_Box_1104		_	-ا-	16	emption application is pe	
	•			СТ	06840	١٠	irex	emption application is pe	inding, check here
			aan			ᅴ_			
G	Cn	ec		al return of a former	public criairty		1 1 -0	oreign organizations, che	ck nere
				ended return		1		oreign organizations mee	·
				ne change		_	cr	neck here and attach con	aputation
Н			k type of organization X Section 501(c)(3) exer			E	If pro	vate foundation status wa	as terminated
	Se	ect	ion 4947(a)(1) nonexempt charitable trust	Other taxable privat	e foundation		unde	er section 507(b)(1)(A), cl	heck here
1	Fai	rn	market value of all assets at end J Accounting i		sh 🗓 Accrua	al F		foundation is in a 60-mo	
			ar (from Part II, col (c)				unde	er section 507(b)(1)(B), cl	heck here
			6) ▶\$ 9,305 850 (Part I, column (d) must be on cash b	pasis)				
Pa	ay.		Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inve	stment	,	(c) Adjusted net	(d) Disbursements for chantable
			amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	income		`	income	purposes
			the amounts in column (a) (see instructions))						(cash basis only)
	1		Contributions, gifts, grants etc received (attach schedule)	9,886 50	- 	98		* \$70 Jan 1.	* * * * * * * * * * * * * * * * * * * *
	2		Check Implication is not required to attach Sch. B		***) A Pr	<u> </u>	
	3		Interest on savings and temporary cash investments				-		
	4		Dividends and interest from securities						
	5		Gross rents	ink A	* ,	. 6 ×*			
<u>ə</u>			Net rental income or (loss)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	, , , , , , , , , , , , , , , , , , ,	<u>, , , , , , , , , , , , , , , , , , , </u>	+		* · · · · · · · · · · · · · · · · · · ·
Į,	6		Net gain or (loss) from sale of assets not on line 10	* .	**	73			
Revenue	-,		Gross sales price for all assets on line 6a		- 8				
œ	7		Capital gain net income (from Part IV, line 2)			* ,,			
	8		Net short-term capital gain Income modifications			*			
	l		Gross seles less returns and allowances		3/4	,	4.3		,-41
	''		Less Cost of goods sold					·	11.81
	ļ		Gross profit or (loss) (attach schedule)			.33			
	11		Other income (attach schedule)						1000
	12			9 886 50	10		ol	0	
	13		Total. Add lines 1 through 11 Compensation of officers, supertures, trustees, etc.				Ť		***************************************
enses	14		Other employee salaries and wages						
en:	15		Other employee salaries and vages Pension plans, employee benefits						
ğ.	16		Legal fees (attach schedule)						
Ú	'-		Accounting fees (attach schedule)	3,62	25	3,6	325		
ĭ∢e		С	Other professional fees (attach schedule)	4,84	13	4 8	343		
rat	17		Interest						
ist	18		Taxes (attach schedule) (see in the cyons)						,
<u>=</u>	19)	Depreciation (attach schedule) and depletion						1.15
ㅁ	20	ł	Occupancy						
∀	21		Travel, conferences and meetings						
Operating and Administrative Exp	22		Printing and publications						
9	23		Other expenses (attach schedule)	85	50				
ti	24		Total operating and administrative expenses.			_		_	_
šra			Add lines 13 through 23	9,3		8 4	168	0	0
ğ	25		Contributions gifts, grants paid		3 '		3×24	<u> </u>	
	26	<u> </u>	Total expenses and disbursements. Add lines 24 and 25	9.3			168	0	0
	27	,	Subtract line 26 from line 12				1		
			Excess of revenue over expenses and disbursements	9,877 18	32	:00			
			Net investment income (if negative, enter -0-)		4 14 6	/"	0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	1	c	Adjusted net income (if negative, enter -0-)	1 7 7	1 3 . 6 . 4		52231	0	1" " " " " " " " " " " " " " " " " " "

	-4 1 <i>6</i>	Attached schedules and amounts in the description column	Beginning of year	End (of year			
ra	rt lf	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value			
	1	Cash—non-interest-bearing						
	2	Savings and temporary cash investments						
	3	Accounts receivable		- 1400	***			
		Less allowance for doubtful accounts						
	4	Pledges receivable		1600	` , < , ,			
		Less allowance for doubtful accounts						
	5	Grants receivable						
	6	Receivables due from officers, directors, trustees, and other						
	1	disqualified persons (attach schedule) (see instructions)						
	7	Other notes and loans receivable (attach schedule)	**	,				
		Less allowance for doubtful accounts						
S	8	Inventories for sale or use						
Assets	9	Prepaid expenses and deferred charges						
Š		a Investments—U.S. and state government obligations (attach schedule)						
~		b Investments—corporate stock (attach schedule)		9,305,850	9,305 850			
		c Investments—corporate bonds (attach schedule)		3,1000,1000				
	11		** '	, ,	t •			
	''	Investments—and buildings and equipment basis Less accumulated depreciation (attach schedule)						
	12							
	13	Investments—mortgage loans						
	14	Investments—other (attach schedule)		Y H				
	14			and the second s	militarista men " 3" se mes men			
	46	Less accumulated depreciation (attach schedule)						
	15	Other assets (describe)						
	16	Total assets (to be completed by all filers—see the		0.205.050	0 205 050			
	477	instructions Also, see page 1, item I)	0	9 305,850	9,305,850			
	17	Accounts payable and accrued expenses		9 318				
S	18	Grants payable						
iabilities	19	Deferred revenue						
E	20	Loans from officers directors, trustees, and other disqualified persons						
Ę.	21	Mortgages and other notes payable (attach schedule)						
	22	Other liabilities (describe)			1			
	23	Total liabilities (add lines 17 through 22)	0	9,318				
(A)		Foundations that follow SFAS 117, check here						
ances		and complete lines 24 through 26 and lines 30 and 31.	,					
an	24	Unrestricted		9,296,532				
Sal	25	Temporarily restricted						
9	26	Permanently restricted			•			
Ĕ		Foundations that do not follow SFAS 117, check here			· · · · ·			
ĬŢ.	ļ	and complete lines 27 through 31.						
ō	27	Capital stock trust principal, or current funds						
ets	28	Paid-in or capital surplus, or land bldg, and equipment fund						
Net Assets or Fund Ba	29	Retained earnings, accumulated income, endowment, or other funds						
⋖	30	Total net assets or fund balances (see instructions)	0	9,296,532				
et	31	Total liabilities and net assets/fund balances (see						
_		instructions)	0	9,305,850				
Pai		Analysis of Changes in Net Assets or Fund Balances						
1		net assets or fund balances at beginning of year-Part II, column (a), line	30 (must agree with					
		of-year figure reported on prior year's return)		1	0			
2		r amount from Part I, line 27a		2	9,877,182			
3		_		3				
5	· · · · · · · · · · · · · · · · · · ·							
	Decreases not included in line 2 (itemize) unrealized losses on investments carried at market value 5 580,650							

Form 990-PF (2012) Brothers	Brook Foundation, Inc					46	-1509070	Page 3
Partely Capital Gains a	ind Losses for Tax on Inve	estme	nt Incor	ne				
(a) List and describe t	the kind(s) of property sold (e.g. real estions or common stock 200 shs MLC Co	ate,		(b) How acquired P—Purchase		e acquired day, yr)	(d) Date (mo , da	
1 a				D-Donation				
b								
c	· · · · · · · · · · · · · · · · · · ·							
d								
e							-	
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis		, ,	n or (loss) f) minus (g)	
a	(3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3					(-) p (7	
<u>b</u>								
C								
d		 	······································					
e		 						
	wing gain in column (h) and owne	d by the	foundatio	n on 12/31/60				
(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31.69	l by the	(k) Exces	s of col (i) (j), if any	ĺ	ol (k), but not	(h) gain minus less than -0-) o om col (h))	
a				0/1 7				
b		 						
C		 -						
d		 						
e								
	(If gain:	also en	iter in Par	tline7)	· ·			
2 Capital gain net income or	(net capital loss) { If (loss)	enter	-0- ın Par	t I, line 7	2			0
If gain also enter in Part I,	or (loss) as defined in sections line 8, column (c) (see instruct	-						
in Part I, line 8				, , ,	3			0
Parky Qualification Ur	ider Section 4940(e) for R	<u>educe</u>	ed Tax o	<u>n Net Investm</u>	<u>ent Incc</u>	me		
(For optional use by domestic	private foundations subject to the	he sec	tion 4940	(a) tax on net inve	estment ir	icome)		
If section 4940(d)(2) applies, le	eave this nort blank							
	•							-
Was the foundation liable for the	he section 4942 tax on the distr	ibutabl	e amount	of any year in the	e base pe	nod?	Yes	No
If "Yes," the foundation does n	ot qualify under section 4940(e) Don	ot comple	te this part				
1 Enter the appropriate am	ount in each column for each y	ear se	e the inst	ructions before m	aking an	/ entries		
(a)	(b)			(c)			(d)	
Base period years	Adjusted qualifying distribution	ns	Net value o	of noncharitable-use as	ssets		nbution ratio	
Calendar year (or tax year beginning 2011	(n)	0			0	(col (b) d	livided by col (c	000000
2010			··			·		
								000000
2009								000000
2008		-						000000
2007							0	000000
2 Total of line 1, column (d)					2		0	000000
	or the 5-year base perioddividual rundation has been in existence			•	3		0	000000
4 Enter the net value of none	charitable-use assets for 2012 f	rom Pa	art X, line	5	4			
5 Multiply line 4 by line 3					5			
	it income (1% of Part I, line 27b)			6			0
7 Add lines 5 and 6	a mooning (1 70 or 1 arti, mie 270	,						
					7		···	0
	ns from Part XII, line 4 ter than line 7, check the box in	Part V	I, line 1b,	and complete tha	8 at part us		ax rate See	0
the Part VI instructions								

\mathbf{R}	ũ	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	ions)				
1 :	3	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		المهار الم ال	13.1		
		Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	!	3			
£		Domestic foundations that meet the section 4940(e) requirements in Part V, check					
		here hand enter 1% of Part I, line 27b	334	15.	¥ 31 1		
(٠.	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%		21			
		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		0			
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					
5		Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		0			
6		Credits/Payments Credits/Payments		34	e Rose T		
	3	2012 estimated tax payments and 2011 overpayment credited to 2012 6a 6a	. 4.7	30	,		
ŀ	3	Exempt foreign organizations—tax withheld at source		100			
		Tax paid with application for extension of time to file (Form 8868)		* * *	1 12		
		Backup withholding erroneously withheld 6d 6d	(Y.)2 * %	ر السائد ، الأ	أسند ا		
7		Total credits and payments Add lines 6a through 6d		0			
8		Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached.					
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0			
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		0			
11		Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunded ▶ 11		0			
Đ,	a	VII-A Statements Regarding Activities					
		During the tax year, did the foundation attempt to influence any national state, or local legislation or did it	eê ŝ	Yes	No		
' '		participate or intervene in any political campaign?	1a		X		
		Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
•		Instructions for the definition)?	1b		Х		
		If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	7	438Y			
		published or distributed by the foundation in connection with the activities		, #\$			
		Did the foundation file Form 1120-POL for this year?	1c		X		
		Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			8		
		(1) On the foundation > \$(2) On foundation managers > \$, 3			
		Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		.]			
		on foundation managers 🕨 \$			5.6		
2		Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	who was to	X		
_		If "Yes." attach a detailed description of the activities		É	1		
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		
4		Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X		
		If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A			
5		Was there a liquidation, termination dissolution, or substantial contraction during the year?	5		Х		
		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	19				
		By language in the governing instrument, or	l	4½ 3			
		By state legislation that effectively amends the governing instrument so that no mandatory directions	. %.		1.3		
		that conflict with the state law remain in the governing instrument?	6	X			
7		Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Χ			
8	a	Enter the states to which the foundation reports or with which it is registered (see instructions)		0	36.81		
		DE		8			
- 1	b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney		* 1 3			
		General (or designate) of each state as required by General Instruction G? If "No " attach explanation	8b	X			
9		Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)					
	or 4942(j)(5) for calendar year 2012 or the taxable year beginning in 2012 (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	X			
	_			-			

the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

if the foundation had excess business holdings in 2012)

4a

4h

Form	n 990-F	PF (2012	Broth	ers Brook Fo	undation, In	С								16-150	9070	F	age 6
Pε	rt VI	B	Statemer	nts Regardi	ng Activit	ies	for Which Fo	rm -	4720 May Be	Red	quired	continu <mark>c</mark>	ied)				
				foundation pay											, ,	وي	
	(1)	Carry	on propaga	anda, or otherwi	se attempt to	o infl	uence legislation ((sect	ion 4945(e))?			Yes	X	No	Em.	£ ; .	,
	(2)	Influe	nce the outo	come of any spe	ecific public	elect	on (see section 49	955).	, or to carry					_			,
		on, di	rectly or indi	rectly, any vote	r registration	n driv	e?		•			Yes	X	No			i
	(3)	Provid	de a arant ta	n an individual f	or travel stu	dv o	r other similar pur	മാവ	ne?			Yes	X	Νο		İ	į į
			=			-	aritable, etc., orga						شا]	2 20 1	1.1	1
	()		-	•			(2)? (see instructi					Yes	Γ¥	No	1	že,	
	(5)											163] 110		*	!
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes							X	٦.,	1 34	, ³ 7,						
L	16		• •		-		•							No	1	leji*	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b		-			-		actions fail to qual		· · · · · · · · · · · · · · · · · · ·		escribed i	1			5b	N/A	<u> </u>
							ding disaster assi			ns) /				1	30	IN/A	inut of
	_						ster assistance ch					•		J			
С							ation claim exemp	tion	from the			<u> </u>		1	,		10 %
				ed expenditure			-	C (-0)				Yes	L	No	esi,	is.	
_				•			section 53 4945–8									.ş	;
6a						nds, o	directly or indirectl	y to	pay				<u> </u>	7	Sept.	, s,	د سد
			•	al benefit contra								Yes	LX	No		1	,
b					y premiums	dire	ctly or indirectly o	nap	personal benefit c	ontra	ict?				6b	<u> </u>	X
	If "Ye	es" to 6	6b, file Form	8870										7		· `	100
7a	At ar	ny time	during the t	ax year, was th	e foundation	a pa	irty to a prohibited	tax	shelter transactio	n?		Yes	X	No	,î, °	(-	- Mary 1
		The second	the foundat	tion receive any	proceeds o	r hav	e any net income	attrık	butable to the tran	rsact	ion?				7b	N/A	
ŔΡ	art V		Informa	ation About	Officers,	Dir	ectors, Truste	ees,	, Foundation	Mai	nagers,	Highly	Pai	id Em	ıploy	ees,	
			and Co	ntractors													
1	List	all off	ficers, dire	ctors, trustee	es, foundat	ion	managers and t	heir	r compensation	ı (se	e instru	ctions).					
			(a) Nama ad	ad addraga			Title and average hours per week		c) Compensation			butions to	_	(e)	Expen	se acco	unt,
			(a) Name an	id address			evoted to position	\"	f not paid, enter -0-)	an	employee t id deferred	compensal	tion	(ther all	owance	es
Jeff	fery B	loyd				Pre	sident, Director										
PO	Вох	1104	New Cana	an, CT 06840		[10		0								
Ter	esa B	loyd				Sec	retary Director										
<u>P0</u>	Box	1104	New Cana	an, CT 06840			10	<u> </u>	0								
Ge	offrey	ВСа	rter			Trea	asurer, Director									,	
<u>P0</u>	Box	1104	New Cana	an CT 06840			10		0			<u> </u>				· ····	
	- -				-												
								<u> </u>						<u> </u>			
2	Con	npens	ation of fiv	/e highest-pa	id employe	es (other than thos	e in	cluded on line	19	see instr	uctions)). If n	one,			
	ente	r "NO	NE."														
							(b) Title and avera	ine.				ntributions			_		
(a) Name	e and ad	Idress of each	employee paid m	ore than \$50 0	00	hours per week	-	(c) Compensation	วก		oyee benef and deferre				se acco	
							devoted to position	on				pensation		L `			
NO	NE											•					
								1						L	_		
														<u> </u>			
						_								<u></u>			
Tot	al nu	mher c	of other emi	plovees paid	over \$50.00	າດ ື								1			

Form 990-PF (2012) Brothers Brook Foundation, Inc	46-1509070 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Pa	id Employees,
and Contractors (continued)	
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."	Ţ·
(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	+
	<u></u>
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four laigest direct charitable activities during the tax year. Include relevant statistical information such as	Expenses
the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 <u>N/A</u>	
2	
3	1
J	
4	<u> </u>
······································	
Part IX-B Summary of Program-Related Investments (see instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
	+
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3	1
Total Add into 1 dirough 5	

b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	0
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

46-1509070

Fo	rm 990-PF (2012; Brothers Brook Foundation,	Inc			<u>46-15</u> 09	
Pa	art XIV Private Operating Foundations	(see instructions	and Part VII-A	, question 9)		N/A
1	a If the foundation has received a ruling or determin foundation, and the ruling is effective for 2012, ent			•		
	b Check box to indicate whether the foundation is a	private operating for	undation described	ın section	4942(j)(3) or	4942(J)(5)
2	a Enter the lesser of the adjusted net	Тах уеаг		Pnor 3 years		
	income from Part I or the minimum investment return from Part X for each	(a) 2012	(b) 2011	(c) 2010	(d) 2009	(e) Total
	year listed			```		0
	b 85% of line 2a					0
	c Qualifying distributions from Part XII,					
	line 4 for each year listed					0
	d Amounts included in line 2c not used directly					
	for active conduct of exempt activities					0
	e Qualifying distributions made directly					
	for active conduct of exempt activities Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
Ū	alternative test relied upon		1			
	a "Assets" alternative test—enter					0
	(1) Value of all assets					0
	(2) Value of assets qualifying					<u></u>
	under section 4942(j)(3)(B)(i)					0
	b "Endowment" alternative test—enter 2/3 of minimum investment return shown in					
	Part X 1ine 6 for each year listed					0
	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)					0
	(2) Support from general public and 5 or more exempt					
	organizations as provided in					_
	section 4942(j)(3)(B)(III)					0
	(3) Largest amount of support from an exempt organization					0
	(4) Gross investment income					0
6	art XV Supplementary Information (Co	mnlete this na	t only if the fo	undation had \$5	000 or more in	
L.K	assets at any time during the ye			andation nad po	,000 01 111010 111	
1	Information Regarding Foundation Manage		<u> </u>			
	a List any managers of the foundation who have co	ntributed more than	2% of the total cont	tributions received by	the foundation	
	before the close of any tax year (but only if they have	ave contributed mor	e than \$5,000) (Se	e section 507(d)(2))		
Je	effery Boyd					
	b List any managers of the foundation who own 109				ortion of the	
	ownership of a partnership or other entity) of whic	ir the loundation has	sa 10% of greater i	inerest		
2	one Information Regarding Contribution, Grant	Gift Loan Scho	larshin etc. Pro	ourame.		
2	Check here X if the foundation only make:				nes not accept	
	unsolicited requests for funds. If the foundation m					
	other conditions, complete items 2a, b, c, and d		•			
	a The name, address, and telephone number or e-n	nail of the person to	whom applications	should be addressed		
_	h. The form in which applications chould be submitted	od and information a	nd materials they s	hould include		
	b The form in which applications should be submitted	u and information a	na materials tricy si	HOUR HOUGE		
_						, , <u>, </u>
	c Any submission deadlines					
	d Any restrictions or limitations on awards, such as	by geographical are	as, charitable fields	, kinds of institutions,	or other	
	factors					

Part:XV Supplementary Information (continued)

3	Grants and Contributions Paid During		for Future F	ayment	
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		
a	Paid during the year				
	Total			▶ 3a	0
Ь	Approved for future payment				
	Total			▶ 3b	0

Enter gross amounts unless otherwise indicated	Unrelated bus	ness income	Excluded by section	n 512, 513 or 514	(e)		
4.5	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)		
1 Program service revenue		 					
ab							
		<u> </u>					
	[
	1						
f		-					
g Fees and contracts from government agencies							
2 Membership dues and assessments					-		
3 Interest on savings and temporary cash investmen	nts						
4 Dividends and interest from securities							
5 Net rental income or (loss) from real estate	2741	`					
a Debt-financed property							
b Not debt-financed property							
6 Net rental income or (loss) from personal property	,						
7 Other investment income	······································	··					
8 Gain or (loss) from sales of assets other than inve	entory	······································					
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory	<u> </u>						
11 Other revenue a							
b							
C	1						
d	į l						
е							
4.) '	0			
12 Subtotal Add columns (b), (d), and (e)	,	() ` `				
			<u>J., </u>	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula	tions)						
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVIB Relationship of Activities to	tions) the Accomplishment	of Exempt F	Purposes	13			
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for whi	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVIB Relationship of Activities to	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
13 Total. Add line 12 columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activities to Line No. Explain below how each activity for white	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		
1	tions) the Accomplishment ich income is reported in colu	of Exempt F	Purposes (VI-A contributed in	13	0		

	990-PF (2	Diomicio Di	ook Foundation arding Tran	nsfers To and Transactions a	and Rel	46-1 ationships With Noncha			e 13
		Exempt Organiz	ations						
		on 501(c) of the Code		ngage in any of the following with ection 501(c)(3) organizations) or			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No
	•		oundation to	a noncharitable exempt organizati	on of				£ .
	(1) Cas	, ,	odridation to	a nonoranable exempt organizati	011 01		1a(1)		X
	• •	er assets					1a(2)		Х
b	• •	ansactions					Jan 27		عائد غ
	(1) Sale	es of assets to a nonc	haritable exe	mpt organization			1b(1)		Х
	(2) Pur	chases of assets from	a noncharita	able exempt organization			1b(2)		Х
	(3) Rer	ital of facilities, equipi	ment or other	r assets			1b(3)		Х
	(4) Reii	mbursement arranger	ments				1b(4)		<u>X</u>
		ns or loan guarantee:					1b(5)	ļ	Х
	` '			ip or fundraising solicitations			1b(6)		X
	_	• • •		ts, other assets, or paid employee			1c		Χ
d 	value of	the goods, other ass	ets, or service	complete the following schedule (es given by the reporting foundation ement, show in column (d) the value.	on If the	foundation received less than	ı fair marke	et ed	
(a) L	ine no	(b) Amount involved	(c) Name	of noncharitable exempt organization	(d) De	scription of transfers, transactions, an	d sharing arra	angeme	nts
		<u> </u>			ļ				
							····	···	
		· · · · · · · · · · · · · · · · · · ·							
	-				-				
					 				
			} 						
								•	
									
	describe		f the Code (ot	ited with, or related to one or more than section 501(c)(3)) or in s			Yes X] No	
		(a) Name of organization	.9	(b) Type of organization		(c) Description of re	lationship		
									_
									
	Und	ler penalties of ponury I declare	hal I have exampled	this return including accompanying schedules and	statements a	nd to the best of my knowledge and belief, it is	s true,		
Sig He	gn com	ect, and complete Declaration of	preparer (other last)	i taxpayer) is based on all information of which prepa	erer has any k	May the I	RS discuss th		

Preparer's signature

Firm's address 4 High Ridge Park, Suite 300, Stamford, CT 06905

Geoffrey Carter

Paid

Preparer

Use Only

Geoffrey Carter

Date

8/5/2013

P00914004

27-1521437

(203) 979-1850

PTIN

Check X if

self-employed

Firm's EIN

Phone no

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number

Name of the organization	Employer identification number							
Death are Oracle Foundation In			40 4500070					
Brothers Brook Foundation In Organization type (check one			46-1509070					
	,							
Filers of:	Sect	ion:						
Form 990 or 990-EZ		501(c)() (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private found	ation					
		527 political organization						
Form 990-PF	X	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation							
		501(c)(3) taxable private foundation						
, ,		t by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a	Special Rule See					
General Rule								
		rm 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or ributor. Complete Parts I and II	nore (in money or					
Special Rules								
sections 509(a)(1) and	d 170(t	nization filing Form 990 or 990-EZ that met the 33 1/3% support test b)(1)(A)(vi) and received from any one contributor, during the year, a e amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	contribution of the greater					
the year, total contribu	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1 000 for use exclusively for religious, charitable, scientific literary, or educational purposes or the prevention of cruelty to children or animals. Complete Parts I, II and III							
For a section 501(c)(7), (8) or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use <i>exclusively</i> for religious charitable, etc., purposes, but these contributions did not total to more than \$1 000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> 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 of \$5,000 or more during the year.								
990-EZ, or 990-PF), but it mus	st ansv	covered by the General Rule and/or the Special Rules does not file S ver "No" on Part IV, line 2 of its Form 990 or check the box on line H ertify that it does not meet the filing requirements of Schedule B (Forr	of its Form 990-EZ or on					

Mama of auranization	Complement dender of the
Name of organization	Employer identification number
Brothers Brook Foundation Inc	46-1509070

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	Jeffery Boyd PO Box 1104 New Canaan CT 06840 Foreign State or Province Foreign Country	\$ 9,886,500	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name. address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Occupation (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	Foreign State or Province Foreign Country	\$	Person Payroll Occash (Complete Part II if there is a noncash contribution)		

Name of organization Employer identification number
Brothers Brook Foundation Inc 46-1509070

Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
1	15000 shares Priceline com Common Stock	\$ 9 886,500	12/7/2012	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		\$		

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of or				Employer identification number
	rook Foundation, Inc			46-1509070
Part III.	Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizat total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry			
	For organizations completing Part III,	•		
	contributions of \$1,000 or less for the		once See instruction	s) > \$
(a) No.	Use duplicate copies of Part III if addit	ional space is needed		
from	(b) Purpose of gift	(c) Use of g	ift (d) Description of how gift is held
Part I				
	3	(e) Transfer o	f aift	
		(c) Transfer o	. 9	
	Transferee's name, address, a	and ZIP + 4	Relationship of	transferor to transferee
	,			
	For Prov Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift (d	d) Description of how gift is held
Tarti				
		*		
		(e) Transfer of	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
	For Prov Country			
(a) No.	For Prov Country			
from	(b) Purpose of gift	(c) Use of g	ift (c	l) Description of how gift is held
Part I				
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of	transferor to transferee
	Fan Danie			
(a) No.	For Prov Country			
from	(b) Purpose of gift	(c) Use of g	ift (d) Description of how gift is held
Part I				-
		• •		
Ī		(e) Transfer of	gift	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of t	ransferor to transferee
	For Prov			

Part I, Line 16b (990-PF) - Accounting Fees

	3,625	3 625	0
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
Accounting and Organizational charges	3 625	3,625	

Part I, Line 16b (990-PF) - Accounting Fees

	0
	Disbursements
1	for Charitable
	Purposes
	(Cash Basis Only)
1	

Part I, Line 16c (990-PF) - Other Professional Fees

	4,843	4,843	
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1 Legal	4,843	4,843	
2			

Part I, Line 16c (990-PF) - Other Professional Fees

	0
	Disbursements
	for Charitable
	Purposes
	(Cash Basis Only)
1	
2	

Part I, Line 18 (990-PF) - Taxes

		0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Real estate tax not included in line 20			
2	Tax on investment income			
3	Income tax			

Part I, Line 18 (990-PF) - Taxes

	0
	Disbursements
	for Charitable
	Purposes
1	
2	
3	

Part I, Line 23 (990-PF) - Other Expenses

	850	0	0
	Revenue and		
	Expenses	Net Investment	Adjusted Net
Description	per Books	Income	Income
1 Application fee	850		

Part I, Line 23 (990-PF) - Other Expenses

	0
	Disbursements
	for Charitable
	Purposes
1	

Form 8868

(Rev January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

	If you are filing for an Additional (Not Automatic)				.i. c		▶ [)		
Do	If you are filing for an Additional (Not Automatic) not complete Part II unless you have already be	en granted	extension, complete only Part II (on I an automatic 3-month extension on	a previous	this fi sly file	orm) ed Form (88 68		
a c 886 Re	ectronic filing (e-file). You can electronically file Footporation required to file Form 990-F), or an addition of time to file any of the four for Transfers Associated With Certain Personal tructions). For more details on the electronic filing o	enal (not a forms listed I Benefit Co	utomatic) 3-month extension of time d in Part I or Part II with the exception ontracts, which must be sent to the IF	You can e n of Form 8 RS in paper	lectro 8870, r form	nically fr Informat iat (see	le Form ran		
	Automatic 3-Month Extension of	Time, On	ily submit original (no copies nee	eded)					
	orporation required to file Form 990-1 and requesti				omole	ote .			
	t Lonly	•			0111,511		▶ □		
<u> </u>	other corporations (including 1120-C filers), partner	ships, REM	IICs and trusts must use Form 7004	to request	an e.	.tension	of		
	e to file income tax returns			•					
			Enter filer's	s identifyin	g nur	nber, sec	nstructions		
Typ	oe or Name of exempt organization or other filer se	ee instruction					nunc mon numer er (EIN) or		
þm	~		49-1509			070			
	Number street, and coon or surts no. If a P.C.	box see in	e instructions Social c			security number (SN)			
	date for c/o G Carter CPA PO Box 1104								
	City town or post office state, and ZIP code	f-or a foreigi	n address, see instructions	0.7		200.40			
	New Canaan			СТ	(06840			
Ente	er the Return code for the return that this application	is for (file	a separate application for each return	n)			04		
Aρ	plication	Return	Application	·· ·			Return		
ls f	•	Code	Is For				Code		
For	m 990 or Form 990-EZ	01	Form 990-T (corporation)	······	07				
	m 990-BL	02	Form 1041-A	08					
Foi	m 4720 (individual)	03	Form 4720				09		
	m 990-PF	04	Form 5227		· · · · · · ·		10		
	m 990-T (sec 401(a) or 408(a) trust)	05	Form 6069				11		
Fu	m 990-T (trust other than above)	06	Form 8870				12		
T 11	The books are in the care of Geoffrey Carter, Colephone No (203) 594-6505 If the organization does not have an office or place of this is for a Group Return, enter the organization's	f business four digit G	roup Exemption Number (GEN)			 	▶ □		
			art of the group, check this box		▶	· 🔲 an	id attach a		
<u> </u>	with the names and EINs of all members the extension		4.5						
'	Frequest an automatic 3-month (6 months for a countil 8/15/2013 to file the e	•	·		ua Ti	na avton	CIA D		
until 8/15/2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for									
	calendar year or								
	➤ X tax year beginning 12/4/2	012	, and ending	12/31/201	12				
2	If the tax year entered in line 1 is for less than 12 i			Final	retur	n	-		
	Change in accounting period	,		ري					
3a	If this application is for Form 990-BL, 990-PF, 990-	T 4720, or	6069, enter the tentative tax, less ar						
	nonrefundable credits. See instructions				3a	\$	0		
b	If this application is for Form 990-PF, 990-T, 4720								
	estimated tax payments made. Include any prior ye				3b	\$	0		
С	Balance due Subtract line 3b from line 3a Include		•	ing		_			
	EFTPS (Electronic Federal Tax Payment System)		· · · · · · · · · · · · · · · · · · ·		3c	\$	0		
สมเม	on. If you are going to make an electronic fund Aithdrawa	al with this F	oun 8868, see Form 8453-FO and Form	1 8879.F∩ fr	ar nev	ment in 1	cuctions		

Signature and Verification must be completed for Part II only.

0

8c

EFTPS (Electronic Federal Tax Payment System) See instructions

Under penalties of porjury. I declare that I have examined this form, including	g accompanying schedules and statements, an	id to the be:	st of my	
knowledge and belief it is true, correct, and complete, and the lam authorize	zed to prepare this form		-//	
Signature > Tide >	Musicer	Date >	7/03/1	. –
		Form	8868 (Rev 1-2013)	