EXTENDED TO NOVEMBER 15, 20 Return of Private Foundation 2018

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

_				7 11, 2017	, and e		DEC 31, 2017	Open to Public Inspection
	_		foundation	. 11, 4011	, anu e		A Employer identification	
,	vaii	16 01	ioditation				Limployer Identification	, nameci
	BI	RO	WNSTEIN FAMILY FOUNDATI	ON			82-1550563	}
_	_		nd street (or P O box number if mail is not delivered to stree			Room/suite	B Telephone number	
	3!	59	MERRIEBROOK LANE				845-457-11	.00
_	City	or to	own, state or province, country, and ZIP or foreign s	oostal code			C If exemption application is p	pending, check here
	S	ГΑ	MFORD, CT 06902		<u> </u>			
G	CI	heck	all that apply: X Initial return	Initial return of a fo	ormer public o	harity	D 1. Foreign organization	s, check here
			Final return	Amended return			2 Foreign organizations mi	eating the 85% test
_			Address change	Name change		<b>√</b>	Foreign organizations me check here and attach co	omputation
H	C	-	type of organization: X Section 501(c)(3) e		- t	)	E If private foundation sta	
Ŀ	_		ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundate		/ <u>/</u>	under section 507(b)(1	
			·	ing method: X Cash	Accr	ual	F If the foundation is in a	
	(II)			ther (specify) mn (d) must be on cash basi	<u> </u>		under section 507(b)(1	)(B), check here
1				(a) Revenue and		vestment	(c) Adjusted net	(d) Disbursements
\			Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books		ome	income	for charitable purposes (cash basis only)
厂		1	Contributions, gifts, grants, etc., received	573,897.			N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		2	Check In the foundation is not required to attach Sch 8					
		3	Interest on savings and temporary cash investments	, "				
		4	Dividends and interest from securities	783.		783.		STATEMENT 1
		5a	Gross rents	· · · · · · · · · ·				
		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	0.				
	Revenue	b	assets on line 6a		10	0 601		
	e B	7	Capital gain net income (from Part IV, line 2)		4.1	2,621.		
		8 9	Net short-term capital gain Income modifications	,				
3			Gross sales less returns and allowances					
7			Less Cost of goods sold					
0			Gross profit or (loss)	,				
3			Other income	,		·		
9 –		12	Total. Add lines 1 through 11	574,680.	27	3,404.		
-	1	13	Compensation of officers, directors, trustees, etc	0.		0.		0.
Į.			Other employee salaries and wages				RECEIVE	<u> </u>
D			Pension plans, employee benefits	10 401			0	0 0
•1	nse		Legal fees STMT 2	12,431.		0.	8 NOV 0 9 20	18 10
i	Expenses		Accounting fees Other professional fees				10	18   O .
1	e E		Interest				OGDENI	
	듥		Taxes				300	4
	ţ l		Depreciation and depletion					
	티		Оссиралсу					
	≱	21	Travel, conferences, and meetings				<u> </u>	
	al	22	Printing and publications					
	Ē.		Other expenses					
	Operating and Administrative	24	Total operating and administrative	10 401		•		
	န္ပို		expenses Add lines 13 through 23	12,431.		0.		567,537.
			Contributions, gifts, grants paid	567,537.				301,331.
		۷0	Total expenses and disbursements. Add lines 24 and 25	579,968.		0.		567,537.
	7	27	Subtract line 26 from line 12:	317,300.			•	JU1, JU1, S
			Excess of revenue over expenses and disbursements	-5,288.				
			Net investment income (if negative, enter -0-)	7,230	27	3,404.		
			Adjusted net income (if negative, enter -0-)				N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

82-1550563

Form 990-PF (2017)

BROWNSTEIN FAMILY FOUNDATION

Form 990-PF (2017)

Part IV Ca	apital Gains ar	nd Losse:	s for Tax on li	nvestmen	t Income							
(a)	List and describe the 2-story brick ware	e kınd(s) of pı house; or cor	roperty sold (for exa nmon stock, 200 sh	ample, real esta s. MLC Co.)	ite,	) P	low acc - Purch - Dona	iase	(c) Date acquired (mo., day, yr.)	1	(d) Date so (mo., day,	
1a PUBLIC	LY TRADED	SECUR	ITIES				I	5	VARIOUS		06/21/	17
ь												
_c						<u> </u>						
_d					· · · · · · · · · · · · · · · · · · ·	_						
<u>e</u>	<del></del>			<del></del>		١,						
(e) Gross			liation allowed liowable)		st or other basis expense of sale				(h) Gain or (lo ((e) plus (f) min		<u>′</u>	-
<u>a</u>	<u>573,895.</u>			ļ	301,27	4.					272,6	
<u>b</u>				-								0.
C				<del> </del>								0.
d		<del></del>		<u> </u>								0.
e Complete and	· for opering the sumpo		- (h) and award his	the foundation	10/21/00	}						0.
Complete only	for assets showing								Gains (Col. (h) g (k), but not less			
(i) FMV as	of 12/31/69		usted basis 12/31/69		cess of col. (1)				Losses (from co		)	
_a											272,6	
				<u> </u>								0.
				ļ								0.
_d												0.
<u>e</u>				<u> </u>			<sub>1</sub> -					0.
2 Capital gain net	income or (net capit	tal loss)	If gain, also ente			}	2				272,6	521.
3 Net short-term	capital gain or (loss)	as defined in										
	er in Part I, line 8, co		300110113 1222(3) 4	na (o).		)	Î					
If (loss), enter	-0- <u>in Part I, line</u> 8					<u> </u>	3		N	<u>'A</u>		
Part V Qu	alification Un	<u>der Secti</u>	on 4940(e) foi	r Reduced	Tax on Net	Inv	<u>estm</u>	ent Inc	ome			
(For optional use b	y domestic private fo	oundations su	bject to the section	4940(a) tax or	n net investment ir	icome	e.)				N/A	
If section 4940(d)	(2) applies, leave this	nart hlank										
11 36611011 4340(4)	2) applies, leave this	part blank.										_
	n liable for the sectio					rıod?				L	Yes	No
	tion doesn't qualify t					ntrion					<del></del>	
1 Enter the appr	opriate amount in eac	ch column for		instructions be	nore making any e				<del>-,</del>	(0	1)	
Base	periód years	Δ.	(b) Ijusted qualifying dis	strihiitions	Net value of no	(c) neban		ise assets		stribüt	ión ratio	
Calendar year (	or tax year beginning	in)	nasico quantynig on		THOU VALUE OF THE				(cor. (p)	aivia	ed by col. (c)	<del>}</del>
	2016											
	2015				<del></del>				<del> </del>			
	2013			<del></del>	-				<del></del>			
	2012	<del>-  </del>							+			
	2012				J				<del>                                     </del>			
2 Total of line 1,	column (d)								2			
	ution ratio for the 5-y	vear base neri	nd - divide the total	on line 2 by 5	O or by the numb	er of v	vears					
=	has been in existence			011 11110 2 113 0.	o, or by allo hame	0. 0.	, ou. c		3			
and realisation	nao boon in omotomo	0 11 1000 111011	3 ,00.0									
4 Enter the net va	alue of noncharitable	-use assets fo	r 2017 from Part X,	line 5					4		<del></del>	
5 Multiply line 4 l	by line 3								5			
6 Enter 1% of ne	t investment income	(1% of Part I,	line 27b)						6			_
7 Add lines 5 and			•						7			
											<del></del> -	
	distributions from P	•							8			
If line 8 is equa See the Part VI	I to or greater than li	ne 7, check th	ie box in Part VI, lini	e 1b, and com	plete that part usir	ng a 1°	% tax r	ate.				

_		2-1550			age 4
	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49	48 - see	nstru	ctio	1S)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1		5,4	<u>68.</u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				
	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		5,4	
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		<del>-,-</del>	0.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		5,4	
	Credits/Payments:			<u> </u>	<u> </u>
	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0.				
	· · · · · · · · · · · · · · · · · · ·				
		_			^
	Total credits and payments. Add lines 6a through 6d	7			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			<u>22.</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed SEE STATEMENT 3	9		<u>5,5</u>	<u>90.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10			
	Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ Refunded ▶	11			
Pa	rt VII-A   Statements Regarding Activities		,		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	1	<u></u>	Yes	No
	any political campaign?		1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definiti	on	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities.				
c	Did the foundation file Form 1120-POL for this year?		1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
٠	(1) On the foundation. $\blacktriangleright$ \$ O . (2) On foundation managers. $\blacktriangleright$ \$ O .				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
E					
_	managers. ► \$				v
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		<u>X</u>
4a	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?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<u>X</u> _
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state I	aw			
	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	
•					
R۵	Enter the states to which the foundation reports or with which it is registered. See instructions.				
Jū	CT	<del></del>			
	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
_	in the answer is tes to line 7, has the foundation furnished a copy of Furni 990-PF to the Attorney General (of designate)		1		
b	of each state as required by Comment Instruction CC If "No." ottock systems				
	of each state as required by General Instruction G? If "No," attach explanation	J.	8b_	_X	/
	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		_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 calen year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	dar	9	_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 calen				<u>X</u> X

Pa	rţ VII-A	Statements Regarding Activities (continued)				
				7	Yes	No
11	At any time	during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	-	P(b)(13)? If "Yes," attach schedule. See instructions		11	ľ	X
12		ndation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory priv	ileges?			
		ach statement. See instructions		12	- 1	X
13	-	ndation comply with the public inspection requirements for its annual returns and exemption application?	<u> </u>	13	х	
		dress ► N/A				
14		are in care of ▶ DONALD BROWNSTEIN Telephone no. ▶	203-351	-21	870	
• •			IP+4 ▶069			
15		47(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			<b></b>	
		he amount of tax-exempt interest received or accrued during the year	15	N	/A	
16		during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	-	or other financial account in a foreign country?	Г	16		X
		tructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the				
	foreign cou					
Pa	rt 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
1a	During the	year, did the foundation (either directly or indirectly):		1	- 1	
	(1) Engage	e in the sale or exchange, or leasing of property with a disqualified person?	X No	i		
	(2) Borrov	v money from, lend money to, or otherwise extend credit to (or accept it from)	}	- }	j	
	a disqi		X No	ļ		
	(3) Furnis		X No	1		
	(4) Pay co	impensation to, or pay or reimburse the expenses of, a disqualified person?	X No	- {	1	
	(5) Transf	er any income or assets to a disqualified person (or make any of either available				
	for the	benefit or use of a disqualified person)?	X No	- 1		
	(6) Agree	to pay money or property to a government official? (Exception. Check "No"				
	if the f	oundation agreed to make a grant to or to employ the official for a period after				
	termin	ation of government service, if terminating within 90 days.)	X No	l		
b	If any answ	er is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations				
	section 53.	4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	1b		
	Organizatio	ins relying on a current notice regarding disaster assistance, check here				
C	Did the fou	ndation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the	first day of the tax year beginning in 2017?	L	1c		_X_
2	Taxes on fa	ulure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		I		
	defined in s	section 4942(j)(3) or 4942(j)(5)):			ļ	
а	At the end	of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		- (	ľ	
	before 201	7? Yes	X No			
	If "Yes," list	the years <b>&gt;</b>		ļ	ļ	
b	Arc there a	ny years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect				
	valuation o	f 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 L	2b		
C	If the provi	cions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		Ì		
	▶			ļ		
3a	Did the fou	ndation hold more than a 2% direct or indirect interest in any business enterprise at any time		1		
	during the	year? Yes	X No	ļ		
þ		it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after	}	ľ	ĺ	
		69; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to disp	ose			
	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,			J	
	Form 4720	, to determine if the foundation had excess business holdings in 2017.)	N/A	3b_		
		ndation invest during the year any amount in a manner that would jeopardize its charitable purposes?	L	4a		X
b	Did the fou	ndation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose th	ıat	ł		
	had not be	en removed from jeopardy before the first day of the tax year beginning in 2017?		4b		<u> X</u>
			Form	990	-PF	(2017)

Form 990-PF (2017) BROWNSTEIN FAMILY FOUNDA	TION	···	82-15505	663	P	age <b>6</b>
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)			
<ul> <li>5a During the year, did the foundation pay or incur any amount to:</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio</li> <li>(2) Influence the outcome of any specific public election (see section 4955);</li> </ul>		_	es X No	Y	es	No
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es X No			
<ul> <li>(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions</li> <li>(5) Provide for any purpose other than religious, charitable, scientific, literary,</li> </ul>			es X No			
the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		Y	es 🗓 No			
section 53.4945 or in a current notice regarding disaster assistance? See instr Organizations relying on a current notice regarding disaster assistance, check	uctions	Ū	N/A ►□	5b	_	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d).		. —	es 🗀 No			
<ul><li>6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?</li></ul>	pay premiums on	Y	es 🗓 No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870.	personal benefit contract?			6b	_	X
7a At any time during the tax year, was the foundation a party to a prohibited tax s  b   f "Yes," did the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation receive any proceeds or have any net income attributed to the foundation at the foundation	utable to the transaction?		es X No N/A	7b		<u> </u>
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation wa	inagers, nigni	y			
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.					
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acc al	) Expe ount, o lowand	nse other ces
DONALD BROWNSTEIN	TRUSTEE					
359 MERRIEBROOK LANE	1 00					•
STAMFORD, CT 06902	1.00 TRUSTEE	0.	0.	·		0.
LISA TANNEBAUM 359 MERRIEBROOK LANE	TRUSTEE					
STAMFORD, CT 06902	1.00	0.	0			0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		<u> </u>		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acc	) Expe ount, o lowant	other
NONE						
Total number of other employees paid over \$50,000			P i			0

	L550563 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 CHARITABLE DONATION TO 501(C)(3) - QUEENS COLLEGE FOUNDATION	<del></del>
TO FURTHER THEIR EXEMPT PURPOSE	
TO TOKIMAK THEIK BARMI I TOKI ODE	_ 200,000.
CHARITABLE DONATION TO 501(C)(3) - THE METROPOLITAIN MUSEUM	
TO FURTHER THEIR EXEMPT PURPOSE	
	232,537.
CHARITABLE DONATION TO 501(C)(3) - GREENWICH COUNTRY DAY	
SCHOOL TO FURTHER THEIR EXEMPT PURPOSE	
	55,000.
CHARITABLE DONATION TO 501(C)(3) - WALKING MOUNTAINS TO	
FURTHER THEIR EXEMPT PURPOSE	
D-HV DIG	60,000.
Part IX-B   Summary of Program-Related Investments	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
	0.
NONE	
NONE	
	0.
All other program-related investments. See instructions.	
3	
SEE STATEMENT 6	0.

Total. Add lines 1 through 3

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:		<del></del>
	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	23,072.
	Fair market value of all other assets	1c	0.
-	Total (add lines 1a, b, and c)	1d	23,072.
	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	23,072.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	346.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	22,726.
6	Minimum investment return, Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	732.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here   in and do not complete this part.)	id certain	
1	Minimum investment return from Part X, line 6	1	732.
2a	Tax on investment income for 2017 from Part VI, line 5		
Ь	Income tax for 2017. (This does not include the tax from Part VI.)	-	
C	Add lines 2a and 2b	2c	5,468.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
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	<u>567,537.</u>
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	<del></del>
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	<del> </del>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	<u>567,537.</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	<u>0.</u>
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	567,537.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years	qualifies f	or the section

Form **990-PF** (2017)

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				0.
2 Undistributed income, if any, as of the end of 2017				<del>_</del>
a Enter amount for 2016 only			0.	
b Total for prior years:				<del></del>
g Total for prior years.		0.		
3 Excess distributions carryover, if any, to 2017:	<del></del>			
1		'		
a From 2012	1			
<b>b</b> From 2013	1			
c From 2014	<del> </del>			
d From 2015				
e From 2016	-			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: $\triangleright$ \$ 567,537.	}		_	
a Applied to 2016, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		<u> </u>	<u> </u>	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				0.
e Remaining amount distributed out of corpus	567,537.			
5 Excess distributions carryover applied to 2017	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	-			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	567,537.	············		
<b>b</b> Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e 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	1			
be distributed in 2018		_		0.
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.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	567,537.		ĺ	
10 Analysis of line 9:	301,331.			
a Excess from 2013				
b Excess from 2014	- <del> </del>			1
c Excess from 2015	-			
d Excess from 2016	-			
	-			
e Excess from 2017 567,537.	L		L	<del></del>

BROWNSTEIN FAMILY FOUNDATION

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to any foundation manager or substantial contributor Amount status of contribution Name and address (home or business) recipient a Paid during the year QUEENS COLLEGE FOUNDATION PC CONTRIBUTION TO N/A 65-30 KISSENA BOULEVARD SCHOLARSHIP FUND QUEENS NY 11367-1597 200,000. CONTRIBUTION TO WALKING MOUNTAINS SCIENCE CENTER N/A PC BOX 9469 SCIENCE CENTER CAMPUS EXPANSION AVON CO 81620 60,000. GREENWICH COUNTRY DAY SCHOOL N/A PC CONTRIBUTION TO 401 OLD CHURCH ROAD CAMPAIGN FOR TRADITION GREENWICH CT 06830 AND INNOVATION 55,000. THE METROPOLITAIN MUSEUM N/A PC CONTRIBUTION TO EUROPEAN SCULPTURE AND 1000 FIFTH AVENUE NEW YORK, NY 10028 DECORATIVE ARTS DESIGNATED MUSEUM ACQUISITIONS 232,537, GREENWICH HISTORICAL SOCIETY N/A PC CONTRIBUTION TO 39 STRICKLAND ROAD IMPROVE AND EXPAND CAMPUS 20 000 COS COB CT 06807 **▶** 3a 567 537 Total b Approved for future payment NONE ► <u>3b</u> Total

723621 01-03-18

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

<del></del>		<del></del>			
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(c) Exclu- sion	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	7,1100111	code	Amount	
a b	·		+		· · · · · · · · · · · · · · · · · · ·
			1	·	
d	L L		1 -		<del></del>
e					
f					
g Fees and contracts from government agencies		<u> </u>			
2 Membership dues and assessments					
3 Interest on savings and temporary cash	Ţ	·			
investments					
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:			-		
a Debt-financed property	<b></b>				<u></u>
b Not debt-financed property	\ <u></u>				
6 Net rental income or (loss) from personal					
property			+		<del> </del>
7 Other investment income	<del></del>		<del></del>		·····
8 Gain or (loss) from sales of assets other					
than inventory  Net income or (loss) from special events	<del></del>		+		·- <u>··</u>
10 Gross profit or (loss) from sales of inventory					· · · · · · · · · · · · · · · · · · ·
I1 Other revenue:					<del></del>
a					
b					
С					
d					
e		<u> </u>			
12 Subtotal. Add columns (b), (d), and (e)				783.	<u> </u>
13 Total. Add line 12, columns (b), (d), and (e)				13	783.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	nplishment of E	xempt	Purposes	
Line No Explain below how each activity for which inc the foundation's exempt purposes (other than			A contribut	ted importantly to the accom	plishment of
	, р. с	<u> </u>			
	<del> </del>	<del></del>		<del></del>	<del></del>
					<del></del>
		<del>.</del>			
<del>-                                    </del>					
	_ <del></del>			<del></del>	
<del>-  </del>					
<del>-  </del>		<del></del>		<del></del>	· -
			•		
	<del></del>	<del></del> -		<del></del>	

MONTGOMERY, NY 12549

Part			egarding Trans		oundation and Transactions a	and Relations		1550563 ncharitable		ige 13
		Exempt Organ	izations						<del>,</del>	
					ig with any other organizat		ion 501(c)		Yes	No
•			•		g to political organizations	?			} }	
		from the reporting found:	ation to a noncharitabl	le exempt or	ganization of:				<b> </b>	
• •	Cash							1a(1)		X
, ,	Other							<u>1a(2)</u>		X
		sactions:	ble everest erresumet.					45/45	} }	v
٠.	,	of assets to a noncharital ases of assets from a no						1b(1) 1b(2)	-	X
<b>\</b>	*	ases of assets from a flo I of facilities, equipment,	•	yanızanını				1b(3)	1	X
		oursement arrangements						1b(4)		X
• •	•	or loan guarantees						1b(5)		X
		mance of services or me	mbership or fundraisi	ina solicitatio	ns			1b(6)		X
• •	•	facilities, equipment, ma	•	-				1c		X
d If t	he answ	er to any of the above is	"Yes," complete the fo	ollowing sche	edule. Column (b) should a	lways show the fair r	narket value of the q	goods, other as	sets,	
ог	services	given by the reporting fo	oundation. If the found	dation receiv	ed less than fair market val	lue in any transaction	or sharing arrange	ment, show in		
со	lumn ( <b>d</b>	) the value of the goods,	other assets, or service	ces received.						
(a) Line r	10	(b) Amount involved	(c) Name of r	noncharitable	e exempt organization	(d) Description	of transfers, transaction	ons, and sharing a	талдете	nts
				<u> </u>						
		<del></del>								
		<del></del>				_ <del> </del>				
		<del></del>	<del>                                     </del>			<del></del>		<del></del>		
	<del></del>							<del></del>		
								<del></del>		
	+-	<u> </u>								
	+-					<del>-  </del>				
		<del>-</del> ,,								
_										
	L_									
2a Is	the four	dation directly or indirec	tly affiliated with, or re	elated to, one	or more tax-exempt organ	nizations described		_		_
		501(c) (other than sectio		tion 527?				Yes	LX	No
<u>b_lf</u>	Yes," co	mplete the following sch			(h) Turn of propagation	<del></del>	(a) Description of re			
		(a) Name of org	janization	<del></del>	(b) Type of organization	<del>                                     </del>	(c) Description of re	Hationship		
		N/A				<del> </del>				
		<del> </del>	<del></del>			<del>                                     </del>		<del></del>		
						<del> </del>				
							·- ·			
					ng accompanying schedules and			May the IRS	discuss t	hie
Sign		lief, it is true, correct, and cor	nplete Declaration of prep	parer (other tha	n taxpayer) is based on all infor	mation of which prepare	r has any knowledge	return with the	e prepar	er
Here		Lucy, &	AL		11/8/18	PRESI	DENT	X Yes		No
	Sign	ature of officer or trustee		01	Date	Title				
		Print/Type preparer's na	<b>/</b> I	Preparer s	ignature ///	Date	Check if	PTIN		
Deid		CHRISTOPHE	R MELLEY,	//AI	. ////////////////////////////////////		self- employed			
Paid	arc-	CPA		117	/ 10 W/~	10/31/18	1	P00122		
Prep Use		Firm's name ► NUG	ENT & HAER	USSLER R	., P.C. V		Firm's EIN ► 1	4-15673	70	
USE '	Cilly	Firm's address ► 1 0	וו מסא מעם א	DOVD				<del></del>		

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

Employer identification number

В	ROWNSTEIN FAMILY FOUNDATION	_82-1550563
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 501(constant of the section 501)  General Rule  X For an organization	is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (8), or (10) organization can check boxes for both the General Rule and a Special Rule and a Special Rule, (10), (8), or (10) organization can check boxes for both the General Rule and a Special Rule, (10), (8), or (10) organization can check boxes for both the General Rule and a Special Rule.	ng \$5,000 or more (in money or
Special Rules		
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount of the Complete Parts I and II.	a, or 16b, and that received from
year, total contrib	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educruelty to children or animals. Complete Parts I, II, and III	
year, contribution is checked, enter purpose Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from s exclusively for religious, charitable, etc., purposes, but no such contributions totaled in the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the General Rule applies to this organization because rule, etc., contributions totaling \$5,000 or more during the year	more than \$1,000. If this box is, charitable, etc ,
but it must answer "No" of	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B in Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its the filing 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

#### BROWNSTEIN FAMILY FOUNDATION

82-1550563

DICOMIN	STEIN FAMILY FOUNDATION		-1330303
Part I	Contributors (see instructions) Use duplicate copies of Part I	of additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DONALD BROWNSTEIN  359 MERRIEBROOK LANE  STAMFORD, CT 06902	\$\$4,679.	Person Payroll Noncash X  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DONALD BROWNSTEIN  359 MERRIEBROOK LANE  STAMFORD, CT 06902	\$\$.	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DONALD BROWNSTEIN  359 MERRIEBROOK LANE  STAMFORD, CT 06902	\$ 207,320.	Person Payroll Oncash X  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	DONALD BROWNSTEIN  359 MERRIEBROOK LANE  STAMFORD, CT 06902	\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DONALD BROWNSTEIN  359 MERRIEBROOK LANE  STAMFORD, CT 06902	\$\$ <u>20,064.</u>	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0	DONALD BROWNSTEIN  359 MERRIEBROOK LANE  STAMFORD, CT 06902	\$ 100,691.	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2017)

Employer identification number

# BROWNSTEIN FAMILY FOUNDATION

82-1550563

(a)			(0)	
No.	(b)	EMV	(c) (or estimate)	(d)
from	Description of noncash property given		instructions.)	Date received
Part I		(366	msu uctions.)	
	650 SHARES OF VANGUARD SM CAP GROWTH	.	J	
_1	ETF	.		
}		\$	94,679.	<u>06/21/17</u>
(a)		•	(c)	
No.	(b)	FMV	(or estimate)	(d)
from	Description of noncash property given		instructions.)	Date received
Part I	· · · · · · · · · · · · · · · · · · ·			
	310 SHARES OF VANGUARD EXTENDED MKT	.		
_2	ETF	.		
				0010010
		.   \$	31,446.	06/21/17
(a)			(c)	
No.	(b)	FMV	(or estimate)	(d)
from	Description of noncash property given		instructions.)	Date received
Part I		+		<del>-</del>
_	925 SHARES OF VANGUARD INDEX FDS S&P	.		
3	500 ETF			
		.	005 055	00.00=
		.   \$	207,320.	06/21/17
		<del></del>		
(a)			(c)	
No.	(b)	FMV	(or estimate)	(d)
from Part I	Description of noncash property given	(See	instructions.)	Date received
arti	EAO GUADHO OF WANGWARD TAIDY FDG OCD			
ا ۸	540 SHARES OF VANGUARD INDX FDS S&P	-		
4	500 ETF	-		
		.	119,697.	06/28/17
		·   \$	119,09/-	00/20/1/
(0)			<del></del>	
(a) No.	/L\		(c)	(d)
from	(b) Description of noncash property given	1	(or estimate)	(a) Date received
Parti	Description of noticasti property given	(See	instructions.)	Date I cocived
<u>-</u>	132 SHARES OF VANGUARD SM CAP GROWTH	<del>-  </del>		
5	ETF	•		
		-		
		-   \$	20,064.	09/28/17
ł		-   "	20,004.	<u> </u>
(a)				
No.	(b)		(c)	(d)
from	(b)  Description of noncash property given	<b>I</b>	(or estimate)	Date received
Part I	bescription of noticash property given	(See	instructions.)	Date   eceived
	930 SHARES OF VANGUARD EXTENDED MKT	<del>                                     </del>		
۾	ETF	•		
_6	FIL	-		
		\$	100,691.	10/19/17
		1 40	エロロノロジエ・	<u> </u>

Employer identification number

	TEIN FAMILY FOUNDATION  Exclusively religious, charitable, etc., confi	ributions to organizations described	82-1550563 In section 501(c)(7), (8), or (10) that total more than \$1,000				
t III	the year from any one contributor. Complete	columns (a) through (e) and the follo	WING line entry. For organizations				
	completing Part III, enter the total of exclusively religion.  Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or	r less for the year (Enterthis info once)				
No.	Use duplicate copies of Part III it addition	ai space is needed					
No. m	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held				
rtl							
_   .							
.		<del></del>					
-							
1		(e) Transfer of gif	it				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	_ <del>_</del>						
	_ <del>-</del>						
<u> </u>	<del></del>	<del></del>	<del></del>				
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
<u>tl   </u>	···	(-/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		_ <del></del>					
.							
<u> </u>	<del></del>	L					
Ì	(e) Transfer of gift						
ł							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
.							
No.	<del></del>	<del>,</del>	<del></del>				
m	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
rt I	<del></del>						
.							
-			··				
ĺ	(e) Transfer of gift						
	<b>-</b>		D. I. V I				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
No.	<del></del>						
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
rt I							
.							
<b>-</b> ∤ ·	<del></del>	·					
		<u> </u>					
-		(e) Transfer of gif	<del>t</del> t				
<u> </u>							
		Transferee's name, address, and ZIP + 4					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES S'	STATEMENT 1	
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
JP MORGAN JP MORGAN	14. 769.	0.	14. 769.	14. 769.		
TO PART I, LINE 4	783.	0.	783.	783.		

FORM 990-PF	LEGAL FEES		STATEMENT 2		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OTHER PROFESSIONAL FEES	12,431.	0.		0.	
TO FM 990-PF, PG 1, LN 16A	12,431.	0.		0.	

FORM 990-PF	INTEREST AND PENALTIES	STATEMENT 3
TAX DUE FROM FORM UNDERPAYMENT PEN LATE PAYMENT PEN LATE PAYMENT PEN	5,468. 122. 140. 164.	
TOTAL AMOUNT DUE		5,894.

FORM 990-PF	LATE PA	YMENT PENALT	STAT	EMENT 4	
DESCRIPTION	DATE	TUUOMA	BALANCE	MONTHS	PENALTY
TAX DUE DATE FILED	05/15/18 11/15/18	5,468.	5,468. 5,468.	6	164.
TOTAL LATE PAYMENT PENALT	Ϋ́				164.

FORM 990-PF	LA	TE PAYMENT I	NTEREST		STAT	EMENT 5
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE DATE FILED	05/15/18 11/15/18	5,468.	5,468. 5,608.	.0500	184	140.
TOTAL LATE PAYMENT	INTEREST					140.

FORM 990-PF	OTHER	PROGRAM-RELATED	INVESTMENTS	STATEMENT	
DESCRIPTION				AMOUNT	
NONE					0.
DESCRIPTION				AMOUNT	
NONE		·			0 .
•					
		RT IX-B, LINE 3			0.