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OMB No 1545-0052

2018

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year	beginning 01-01-20)18 , aı	nd er	nding 12-31-	2018			
Name of foundation THE BREWER FAMILY FOUNDATION INC							A Employer identification number			
						82-3712328				
		l street (or P O dox number if mail is no ENT BEACH ROAD	t delivered to street address	Room/suite		B Telephone nu	mber (see instruction	ns)		
						(914) 659-0066	i			
		, state or province, country, and ZIP or , CT 06853	foreign postal code			C If exemption	application is pendin	g, check here		
G Cl	neck al	I that apply Initial return	☐ Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere 🔲		
		☐ Final return	Amended return				ganızatıons meeting			
		Address chang	ge 🔲 Name change			test, chec	k here and attach co	mputation 🕨 🔲		
H C	neck ty	pe of organization 🗹 Section 5	01(c)(3) exempt private	foundation			ındatıon status was t n 507(b)(1)(A), chec			
	Section	4947(a)(1) nonexempt charitable	trust 🗌 Other taxabl	e private foundation						
of	year (f	rom Part II, col (c), ▶\$ 5.754.652	J Accounting method Other (specify) (Part I, column (d) must	be on cash basis)	ıal		ation is in a 60-montl n 507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Davanua and		l .		(d) Disbursements		
		of amounts in columns (b), (c), and (equal the amounts in column (a) (see		(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc ,	received (attach					,,,		
		schedule)	·	250	-					
	2	Check ► ✓ If the foundation is r								
	3	Sch B Interest on savings and temporar	v cash investments	4,792		4,792				
	4	Dividends and interest from secui		107,225	-	107,225				
	5a	Gross rents				<u> </u>				
	ь	Net rental income or (loss)								
ne	6a	Net gain or (loss) from sale of ass	sets not on line 10							
Revenue	b	Gross sales price for all assets on								
Re	7	Capital gain net income (from Par	rt IV, line 2)			0				
	8	Net short-term capital gain								
	9	Income modifications	· • • • • • • •							
	10a	Gross sales less returns and allow	vances							
	b	Less Cost of goods sold	• •]						
	C	Gross profit or (loss) (attach sche	edule)							
	11	Other income (attach schedule)								
	12			112,267	1	112,017				
	13	Compensation of officers, director		0	<u> </u>	0		0		
_	14	Other employee salaries and wag								
ses	15 16a	Pension plans, employee benefits Legal fees (attach schedule)		6,769		3,769		3,000		
E				1,500		750		750		
and Administrative Expenses	Ь	Accounting fees (attach schedule) Other professional fees (attach sc		1,300		/30		/30		
Ve	17	Interest	incaule)							
rati	17 18	Taxes (attach schedule) (see inst	ructions)							
) St	19	Depreciation (attach schedule) ar	,							
<u>=</u>	20	Occupancy								
Ad	21	Travel, conferences, and meeting	S							
puc	22	Printing and publications								
ğ	23	Other expenses (attach schedule)		150		150		0		
Operating	24	Total operating and administr	ative expenses.							
Der.		Add lines 13 through 23	<u>-</u>	8,419		4,669		3,750		
Ō	25	Contributions, gifts, grants paid		310,800				310,800		
	26	Total expenses and disbursem	nents. Add lines 24 and	319,219		4,669		314,550		
	27	Subtract line 26 from line 12				.,				
	a	Excess of revenue over expen	ses and							
	ь	disbursements Net investment income (if negative contents)	ative. enter -0-1	-206,952		107 240				
	_C	Adjusted net income (if negative	•			107,348				
For		work Reduction Act Notice, see	•	1		Cat No 11289)	 (For	<u> </u> ·m 990-PF (2018)		

5,335,131

5,787,382

5,787,382

5,787,382

5,787,382

2

3

4

5

6

5,994,334

-206,952

5,787,382

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0

5.302,401

5,754,652

4,436,891

5,994,334

5,994,334

5,994,334

5,994,334

Other notes and loans receivable (attach schedule)

Investments—U S and state government obligations (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶ _ Less accumulated depreciation (attach schedule)

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Less allowance for doubtful accounts ▶

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -

Unrestricted Temporarily restricted

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Other increases not included in line 2 (itemize) > ____

Grants payable

	5
	6
	7
2	8
Assets	9
As	10a
	b
	С
	11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

28

29

31

Part III

2

Liabilities

Balances

Fund 26

ŏ

Assets 27

Net 30

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	(or unowasie)	pras expense or sale	(c) plus (l) lillius (g)
b			
C C			
d			
e			
	showing gain in column (h) and ow	ned by the foundation on 12/31/69	(1)
Complete only for assets	(i)	(k)	(I) Gains (Col (h) gain minus
(i) F M V as of 12/31/69	Adjusted basis as of 12/31/69	Excess of col (i) over col (j), if any	col (k), but not less than -0-) or Losses (from col (h))
a			
b			
С			
d			
e			
• •		ons) If (loss), enter -0-	} 2
			<u> </u>
Part V Qualification L	Jnder Section 4940(e) for Re	duced Tax on Net Investme	nt Income
For optional use by domestic p	rivate foundations subject to the sec	tion 4940(a) tax on net investment	income)
f section 4940(d)(2) applies, le	eave this part blank		
	e section 4942 tax on the distributate of qualify under section 4940(e) Do		period? Yes 🗹 No
1 Enter the appropriate am	nount in each column for each year,	see instructions before making any	entries
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2017	0	5,890,418	0 000000
2016			<u> </u>

2015 2014 2013 2 Total of line 1, column (d) 2 0 000000 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the 3 0 000000 number of years the foundation has been in existence if less than 5 years 4 6,079,518 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 **5** Multiply line 4 by line 3 5 0 **6** Enter 1% of net investment income (1% of Part I, line 27b) . 6 1,073 7 1,073 **7** Add lines 5 and 6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI

instructions

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314,550

8

Page 3

(d)

Date sold

Page **6**

Fa	Statements Regard	iiiig	ACTIVITIES TOT WITHCH	Form 4720 May Be	Required	Continue	:u)			
5a	During the year did the foundation p	oay o	r incur any amount to						Yes	No
	(1) Carry on propaganda, or otherw	vise a	ttempt to influence legisl	ation (section 4945(e))?		☐ Ves	✓ N			
	(2) Influence the outcome of any sp	pecific	c public election (see sect	tion 4955), or to carry				"		
	on, directly or indirectly, any voter registration drive?									
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									
	(4) Provide a grant to an organizati in section 4945(d)(4)(A)? See in		•	, -	i 					
	(5) Provide for any purpose other the					☐ Yes	Y N	°		
	educational purposes, or for the	prev	ention of cruelty to childr	en or animals?		□ ,,	✓ N			
Ь	If any answer is "Yes" to $5a(1)-(5)$,	dıd a	ny of the transactions fa	il to qualify under the ex	ceptions des	☐ Yes cribed in	Y N	°		
	Regulations section 53 4945 or in a		=					5b		
	Organizations relying on a current n					▶				
c	If the answer is "Yes" to question 5a						Ш			
_	tax because it maintained expenditu			•						
	If "Yes," attach the statement requi	red b	y Regulations section 53	4945-5(d)		∐ Yes	∟ N	°		
6a	Did the foundation, during the year,				ums on					
_	a personal benefit contract?					Yes	✓ N			l <u>.</u> .
Ь	Did the foundation, during the year,	pay	premiums, directly or ind	irectly, on a personal be	nefit contract	:2	•	6b		No
_	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, wa					☐ Yes	✓ N	o		
	If yes, did the foundation receive ar		•					7b		
8	Is the foundation subject to the sect					tion or				
	excess parachute payment during th	ne ye	ar ⁹			Yes	✓ N	<u>。 </u>		<u> </u>
Pa	rt VIII Information About Contractors	Offic	ers, Directors, Trust	ees, Foundation Ma	nagers, H	ighly Pai	d Emp	oloyees	,	
1	List all officers, directors, trustee	es, fo	oundation managers an	nd their compensation	. See instru	tions				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	employee be	tributions t enefit plans compensati	and '	(e) Expe	nse acc	
See	Additional Data Table			- /						
		1								
		1								
		1								
	Compensation of five highest-pa	id en	nplovees (other than th	nose included on line	L—see instri	uctions). I	If none	, enter `	NONE	."
						tributions t		·		
(a)	Name and address of each employee	paid	(b) Title, and average hours per week	(c) Compensation		ee benefit		e) Exper		
	more than \$50,000		devoted to position	(0)		nd deferred sensation	[‡]	other a	lowanc	es
NON					Comp	ensacion .				
11011	-									
					+		+			
							+			
					1					
Tota	I number of other employees paid ov	er \$5	0,000			<u>. ▶</u>				0
								Form 99	0-PF	(2018)

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Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued)	Foundation Managers, Highly Pa	nid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		- 0
Part IX-A Summary of Direct Charitable Activities		0
List the foundation's four largest direct charitable activities during the tax year. Include releving anizations and other beneficiaries served, conferences convened, research papers produc		of Expenses
1	,	
2		
3		
4		
		_
Part IX-B Summary of Program-Related Investments (see in	nstructions)	
Describe the two largest program-related investments made by the foundation during the	e tax year on lines 1 and 2	Amount
1		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		•
Iotal. Add lines 1 through 3		Form 990-PF (2018)

За 3h

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

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

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

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

Adjusted qualifying distributions. Subtract line 5 from line 4.

4

5

4

5

314.550

1.073

313.477

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302.903

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0

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XIII	Undistributed Income	(see	instructions)	>

- Form 990 Part XII
 - 1 Distributable amount for 2018 from Part XI, line 7
 - 2 Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

(a)

Corpus

11.647

11,647

11,647

11.647

(b)

Years prior to 2017

(c)

2017

- **b** Total for prior years Excess distributions carryover, if any, to 2018 a From 2013. **b** From 2014. . . .
- c From 2015. . .
- d From 2016.
- e From 2017. f Total of lines 3a through e. 4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$
- a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years
 - (Election required—see instructions).

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus

5 Excess distributions carryover applied to 2018

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b 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. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 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) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

Subtract lines 7 and 8 from line 6a

indicated below:

c Treated as distributions out of corpus (Election required—see instructions).

same amount must be shown in column (a))



Enter gross amounts unless otherwise indicated		Unrelated bu	ısıness ıncome	Excluded by section	(e) Related or exempt	
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
		1				
	and contracts from government agencies					
_	ership dues and assessments					
	st on savings and temporary cash					
ınvestr	nents			14	4,792	
• Divide	nds and interest from securities			14	107,225	
Net re	ntal income or (loss) from real estate					
	-financed property.					
	lebt-financed property					
	ntal income or (loss) from personal property				<u> </u>	
	nvestment income	<u> </u>				
	r (loss) from sales of assets other than					
invent	•					
	come or (loss) from special events	<u> </u>				
Gross	profit or (loss) from sales of inventory					
L Other	revenue a					
с						
d						
е						
e 2 Subto	al Add columns (b), (d), and (e).		0		112,017	
e 2 Subtot 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				112,017 3	
e 2 Subtot 3 Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations)		1		
e Subton Total. (See w	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
e Subto Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
e Subtook Total. (See w Part XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
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e Subto Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
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e Subtot Total. (See w art XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
e Subtot Total. (See w art XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
e Subtot Total. (See w art XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
e Subto Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
e Subto Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
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e Subto Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
e Subtot Total. (See w art XV ine No.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	
e Subto Total. (See w art XV	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations) le Accomplish Income is report	ment of Exempled in column (e) of	pt Purposes F Part XVI-A contribu	ted importantly to	112,017

. (==	- 0,	
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable	
	Exempt Organizations	

Fall	VATI	Exempt Organi:	zations							
		anization directly or inchan section 501(c)(3)					on described in section	501	Yes	No
a Tran	nsfers fi	from the reporting foundation to a noncharitable exempt organization of								
(1)	Cash.			1a(1)		No				
(2)	Other	assets						. 1a(2)		No
b Othe	er trans	sactions								
(1)	Sales	of assets to a nonchari	table exempt o	organization.				. 1b(1)		No
		ases of assets from a n						. 1b(2)		No
		l of facilities, equipmen					$\dots \dots \dots$. 1b(3)		No
		ursement arrangemen						1b(4)		No
		or loan guarantees.						1b(5)		No
٠,		nance of services or m		_				1b(6)		No
	-	facilities, equipment, n	-				ways show the fair mai	1c		No
of th	ne good ny tran:	ls, other assets, or serv	vices given by t ngement, show	the reporting to v in column (d	foundation If the	foundation receive goods, other asse	ed less than fair marketets, or services received	t value d	ngemen	ts
	_									
2a Is th	ne foun	dation directly or indire	ectly affiliated v	with, or related	d to, one or more	tax-exempt organ	ızatıons			
		n section 501(c) (other					_	✓ No		
		mplete the following so								
		(a) Name of organization		(E	Type of organization	on	(c) Description of	relationship		
	ofmy	knowledge and belief	, it is true, corr				ing schedules and state than taxpayer) is base			
Sign Here	*	n preparer has any kno	iwieage		2019-05-13	*****		May the IRS di return		
		ignature of officer or t	rustee		Date	Title		with the prepa below (see instr)?	_	
		Print/Type preparer's	name P	Preparer's Sign	nature	Date	Check if self-			
Paid		THOMAS P TERRY	СРА			2019-05-01	employed ▶ □	P00341	.04/	
Prepa Use (Firm's name ► MAR	KOWITZ FENEL	ON & BANK L	LP		Firi	m's EIN ▶11	-34520	93
	-	Firm's address ► 55	2 EAST MAIN S	STREET						
		RI	VERHEAD, NY	11901			Pho	one no (631) 727-3	3626

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation JOHN D BREWER JR PRESIDENT / DIRECTOR 3 CRESCENT BEACH ROAD 10 00 ROWAYTON, CT 06853 MARGARET S BREWER VICE-PRESIDENT / 0 0

3 CRESCENT BEACH ROAD ROWAYTON, CT 06853	10 00			
JOHN S BREWER	DIRECTOR	0	0	0
49 FIDDLERS LANE YARMOUTH, ME 04096	2 00			
WILLIAM L BREWER	SEC/TREASURER /	0	0	0

YARMOUTH, ME 04096				
WILLIAM L BREWER	SEC/TREASURER /	0	0	0
1438 THIRD AVE APT 18B NEW YORK, NY 10028	DIRECTOR 5 00			
				i

DIRECTOR

KELLY BREWER 2 00

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

than \$5,000).

JOHN D BREWER JR

MARGARET S BREWER

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
THE LANDINGS SCHOOL286 RIVER RD ARUNDEL, ME 04046		PROVIDE SUPPORT FOR BOAT BUILDING AND MARINE INDUSTRY CURRICULUM	25,000
BURKE REHAB HOSPITAL	NC	GENERAL DONATION TO	800

recipient

BURKE REHAB HOSPITAL 785 MAMARONECK AVE WHITE PLAINS, NY 10605	NC	GENERAL DONATION TO MEDICAL FACILITY	80
SWIM ACROSS AMERICA	PC	CANCER RESEARCH SUPPORT	1,000

785 MAMARONECK AVE WHITE PLAINS, NY 10605		MEDICAL FACILITY	
SWIM ACROSS AMERICA 11600 N COMMUNITY HOUSE RD CHARLOTTE, NC 28277	PC	CANCER RESEARCH SUPPORT	1,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
THE SALVATION ARMY855 ASYLUM AVE HARTFORD, CT 06105	PC	SUPPORT SERVICES IN THE COMMUNITY	2,000
THE TREVOR DAY SCHOOL	NC	SUPPORT FOR EDUCATIONAL	10,000

HE TREVOR DAY SCHOOL W 88TH STREET EW YORK, NY 10001	NC	SUPPORT FOR EDUCATIONAL PROGRAMS	10
ELO HAITI1599 SOUTH ST 3	PC	SUPPORT FOR HAITI	10

Total .

NEW YORK, NY 10001		PROGRAMS	
HELO HAITI1599 SOUTH ST 3 COVENTRY, CT 06238	PC	SUPPORT FOR HAITI EDUCATIONAL PROGRAM FOR ORPHANS	10,000

HELO HAITI1599 SOUTH ST 3 COVENTRY, CT 06238	PC	SUPPORT FOR HAITI EDUCATIONAL PROGRAM FOR ORPHANS	10,000

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Purpose of grant or contribution

Amount

a Paid during the year

FRIENDS OF THE CHILDREN 44 NE MORRIS ST PORTLAND, OR 97212	PC	SUPPORT FOR PROGRAMS FOR AT-RISK CHILDREN	10,000
THE CAEDMON SCHOOL416 E 80TH ST NEW YORK, NY 10075	NC	SUPPORT FOR EDUCATIONAL PROGRAMS	5,000

NEW YORK, NY 10075		PROGRAMS	3,000
OCEAN CONSERVANCY 1300 19TH STREET NW WASHINGTON, DC 20036	PC	SUPPORT FOR CONSERVATION PROGRAMS	5,000
Total		> 3a	310,800

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

5 /			
BEST FRIENDS ANIMAL SOCIETY 307 WEST BROADWAY NEW YORK, NY 10001	PC	SUPPORT FOR PROGRAMS HELPING HOMELESS PETS AND ADOPTION SOLUTIONS	5,000
CATHEDINE VIOLET HUBBARD ANIMAL	POF	SUPPORT FOR ANIMAL CARE	2 500

HODIZONG NATIONAL	20	011DD0DT F0D FD1164F701111	7.500
PO BOX 3571 NEWTOWN, CT 06470			
CATHERINE VIOLET HUBBARD ANIMAL SANCTUARY	POF	SUPPORT FOR ANIMAL CARE PROGRAMS	2,500

PO BOX 3571 NEWTOWN, CT 06470		TROGRAMS	
HORIZONS NATIONAL 120 POST ROAD WEST STE 202 WESTPORT CT 06880	PC	SUPPORT FOR EDUCATIONAL PROGRAMS FOR UNDER- PRIVILAGED CHILDREN	7,500

NEWTOWN, CT 06470			
HORIZONS NATIONAL 120 POST ROAD WEST STE 202 WESTPORT, CT 06880	PC	SUPPORT FOR EDUCATIONAL PROGRAMS FOR UNDER- PRIVILAGED CHILDREN	7,500
		-	

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

NEW CANAAN COUNTRY DAY SCHOOL'S BAZEMORE FUND 635 FROGTOWN ROAD NEW CANAAN, CT 06840	NC	TUITION ASSISTANCE FOR HORIZON'S STUDENTS	5,000
SAVE THE SOUND	PC	SUPPORT FOR ENVIRONMENTAL	2,500

SAVE THE SOUND 545 TOMPKINS AVE 3RD FLOOR MAMARONECK, NY 10543	PC	SUPPORT FOR ENVIRONMENTAL STRATEGY TO KEEP LONG ISLAND SOUND CLEAN	2,500
MARINE CORPS UNIVERSITY FOUNDATION	PC	SUPPORTING PROFESSIONAL MILITARY EDUCATION OF	1,000

545 TOMPKINS AVE 3RD FLOOR MAMARONECK, NY 10543		STRATEGY TO KEEP LONG ISLAND SOUND CLEAN	
MARINE CORPS UNIVERSITY FOUNDATION 715 BROADWAY ST STE 200		SUPPORTING PROFESSIONAL MILITARY EDUCATION OF MARINES AROUND THE WORLD	1,00

MAMARONECK, NY 10543		ISLAND SOUND CLEAN	
MARINE CORPS UNIVERSITY FOUNDATION 715 BROADWAY ST STE 200 QUANTICO, VA 22134	PC	SUPPORTING PROFESSIONAL MILITARY EDUCATION OF MARINES AROUND THE WORLD	1,00

Total .

▶ 3a

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or cubetantial contributor

	or substantial contributor			
a Paid during the year				
SAMUEL WAXMAN CANCER RESEARCH FOUNDATION 420 LEXINGTON AVE 285 NEW YORK, NY 10170		PC	SUPPORT RESEARCH FOR CURES FOR CANCER	10,000

NEW YORK, NY 10170			
THE BRICK CHURCH SCHOOL 62 EAST 92ND ST NEW YORK, NY 10128	NC	SUPPORT FOR EDUCATIONAL PROGRAMS	5

Total .

THE BRICK CHURCH SCHOOL 62 EAST 92ND ST NEW YORK, NY 10128	NC	SUPPORT FOR EDUCATIONAL PROGRAMS	5,000
STAMFORD HEALTH ONE HOSPITAL PLAZA BOX 9317	NC	SUPPORT FOR THE VISION FOR	7,500

62 EAST 92ND ST NEW YORK, NY 10128		PROGRAMS	
STAMFORD HEALTH ONE HOSPITAL PLAZA BOX 9317 STAMFORD, CT 06904	NC	SUPPORT FOR THE VISION FOR A HEALTHIER COMMUNITY	7,500

NEW YORK, NY 10128			
STAMFORD HEALTH ONE HOSPITAL PLAZA BOX 9317 STAMFORD, CT 06904	NC	SUPPORT FOR THE VISION FOR A HEALTHIER COMMUNITY	7,500

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year			
FUTURE 5135 ATLANTIC ST	PC	SUPPORT FOR EDUCATIONAL	2,500

STAMFORD, CT 06901		PROGRAMS	
ALZHEIMER'S ASSOCIATION 225 N MICHIGAN AVE 17TH FL	PC	SUPPORT OF CARE, SUPPORT AND RESEARCH OF	10,000

CHICAGO, IL 60601		ALZHEIMER'S DISEASE	
225 N MICHIGAN AVE 17TH FL		AND RESEARCH OF	
ALZHEIMER'S ASSOCIATION	PC	SUPPORT OF CARE, SUPPORT	10,000

CHICAGO,IL 60601		ALZHEIMER'S DISEASE	
FUTURE 5135 ATLANTIC ST	PC	SUPPORT EDUCATION	5,000

FUTURE 5135 ATLANTIC ST STAMFORD, CT 06901	PC	SUPPORT EDUCATION PROGRAMS	5,0

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Daid during the year

Total .

a Paid during the year			
LOMA LINDA UNIVERSITY MEDICAL CENTER PROTON THERAPY 11234 ANDERSON ST LOMA LINDA, CA 92354		SUPPORT FOR THE RESEACH FOR CANCER TREATMENT WITH PROTON	10,000

LOMA LINDA, CA 92354			
SAVE THE SOUND 545 TOMPKINS AVE 3RD FLOOR MAMARONECK, NY 10543	PC	SUPPORT FOR THE ENVIRONMENTAL EFFORTS ON LONG ISLAND SOUND	45,000
AMERICARE88 HAMILTON AVE	PC	SUPPORT NUTRITIONAL,	2,000

SAVE THE SOUND 545 TOMPKINS AVE 3RD FLOOR MAMARONECK, NY 10543	Po	SUPPORT FOR THE ENVIRONMENTAL EFFORTS ON LONG ISLAND SOUND	45,000
AMERICARE88 HAMILTON AVE STAMFORD, CT 06902	Pe	SUPPORT NUTRITIONAL, MEDICAL, AND AID TO DESPERATE FAMILIES	2,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

MULTIPLE MYELOMA RESEARCH FOUNDATION 383 MAIN AVE 5TH FLOOR NORWALK, CT 06851	PC	SUPPORT NEW SCIENCE AND TECHNOLOGY FOR CANCER REASERCH	10,000
I VME LAND CONSERVATION TRUST	DC .	SUBBORT FOR LAND	2 000

NORWALK, CT 06851		REASERCH	
LYME LAND CONSERVATION TRUST PO BOX 1002 LYME, CT 06371		SUPPORT FOR LAND PRESERVATION IN CONNECTICUT	2,000
CONNECTICUT FOOD BANK	PC	SUPPORT PROGRAM FOR	2,000

PO BOX 1002 LYME, CT 06371	PC	SUPPORT FOR LAND PRESERVATION IN CONNECTICUT	2,000
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	PC	SUPPORT PROGRAM FOR PROVIDING NUTRITIOUS FOOD FOR PEOPLE IN NEED	2,000

LYME, CT 06371		CONNECTICUT	
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	PC	SUPPORT PROGRAM FOR PROVIDING NUTRITIOUS FOOD FOR PEOPLE IN NEED	2,000
Total	 	▶ 3a	310,800

Recipient If recipient is an individual, show any relationship to status of status of

recipient

310,800

any foundation manager

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
SOUNDWATERS1281 COVE ROAD STAMFORD, CT 06902		PC	SUPPORT THE PROTECTION OF THE LONG ISLAND SOUND THROUGH EDUCATION	5,000
SAVE THE BAY100 SAVE THE BAY DRIVE PROVIDENCE, RI 02905		PC	SUPPORT FOR DUNE RESTORATION PROJECTS IN NEWPORT, RI	5,000
THE NATURE CONSERVANCY 4245 N FAIRFAX DR STE 10 ARLINGTON, VA 22203		PC	SUPPORT FOR THE MISSION OF CONSERVING LANDS AND WATERS	2,000

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
CROHN'S & COLITIS FOUNDATION 3010 WESTCHESTER AVE STE 106 PURCHASE, NY 10577	PC	SUPPORT FOR THE SEARCH FOR THE CURE OF CROHN'S AND COLITIS DISEASES	10,000
1DRFORG26 BROADWAY 14TH FLOOR	PC	SUPPORT FOR THE RESEARCH	10.000

JDRFORG26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	PC	SUPPORT FOR THE RESEARCH FOUNDATION WORKING TOWARD A CURE FOR JUVENILE DIABETES	10,000
CARVER FOUNDATIONS ACADEMY ST	DC.	SUBBORT FOR AFTER SCHOOL	2 000

		TOWARD A CURE FOR JUVENILE DIABETES	
CARVER FOUNDATION7 ACADEMY ST NORWALK, CT 06850	PC	SUPPORT FOR AFTER SCHOOL PROGRAMS IN PUBLIC SCHOOLS	2,000

Recipient If recipient is an individual, show any relationship to status of status of

any foundation manager

Name and address (home or business)

Total .

,	or substantial contributor			
a Paid during the year				
PERSON TO PERSON1864 POST RD DARIEN, CT 06820		PC	SUPPORTING THE LIVES OF FAMILIES IN CRISIS IN OUR COMMUNITIES	2,500
YMCA OF SOUTHERN MAINE 14 OLD SOUTH FREEPORT RD FREEPORT, ME 04032		PC	SUPPORTING LIFE-CHANGING PROGRAMS & SERVICES FOR YOUTH	12,500
SAIL MAINE58 FORE STREET		PC	SUPPORT THE EFFORT TO	12,500

recipient

TO THE WATER

Recipient If recipient is an individual, show any relationship to status of status of

recipient

310,800

any foundation manager

Name and address (home or business)

Total .

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
FREEPORT COMMUNITY SERVICES 53 DEPOT ST BOX 119 FREEPORT, ME 04032		PC	SUPPORT FOR PROGRAMS HELPING LOCAL COMMUNITY BECOME INDEPENDENT	5,000
MIDCOAST HUMANE30 RANGE ROAD BRUNSWICK, ME 04011		PC	SUPPORT FOR PROVIDING FOOD, SHELTER, SAFETY AND CARE FOR ANIMALS	5,000
MAINE MARITIME MUSEUM 243 WASHINGTON ST BATH, ME 04530		PC	SUPPORT NEW EXHIBITS AND A WORLD-CLASS COLLECTION OF MARITIME ARTIFACTS	5,000

Recipient If recipient is an individual, show any relationship to status of status of

Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
FREEPORT HISTORICAL SOCIETY 45 MAIN STREET FREEPORT, ME 04032		PC	SUPPORT THE SHARING AND ENJOYMENT OF THE LONG HISTORY OF FREEPORT, MAINE	5,000
YARMOUTH EDUCATION FOUNDATION 101 MCCARTNEY ST YARMOUTH, ME 04096		NC	SUPPORT FOR THE HIGH QUALITY OF EDUCATION IN THE YARMOUTH SCHOOL DISTRICT	5,000
ROWAYTON LIBRARY 33 HIGHLAND AVENUE NORWALK, CT 06853		NC	SUPPORT FOR THE COMMUNITY LIBRARY	1,000

Total .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

310,800

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

	or substantial continuator			
a Paid during the year				
NORWALK POLICE FUNDPO BOX 1711 NORWALK, CT 06852		PC	SUPPORT THE BENEFIT OF THE NORWALK POLICE FORCE	500
PERSON TO PERSON1864 POST RD DARIEN, CT 06820		PC	SUPPORTING THE LIVES OF FAMILIES IN CRISIS IN OUR COMMUNITIES	1,000
THE MICHAEL J FOX FOUNDATION		PC	SUPPORT FOR THE RESEARCH	2,000

PERSON TO PERSON1864 POST RD DARIEN, CT 06820	PC	SUPPORTING THE LIVES OF FAMILIES IN CRISIS IN OUR COMMUNITIES	1,
THE MICHAEL J FOX FOUNDATION PO BOX 4777 NEW YORK, NY 10163	PC	SUPPORT FOR THE RESEARCH TO DELIVER BETTER TREATMENTS FOR PARKINSON'S DISEASE	2,

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

a raid during the year			
CONNECTICUT RIVER MUSEUM 67 MAIN STREET ESSEX, CT 06426	NC	SUPPORT QUALITY EDUCATION PROGRAMS	2,000
GREENS LEDGE LIGHT PRESERVATION	PC	SUPPORT THE EFFORT TO SAVE	2,000

REENS LEDGE LIGHT PRESERVATION OCIETY O BOX 43 OWAYTON, CT 06853		SUPPORT THE EFFORT TO SAVE AND PRESERVE THE HISTORIC LIGHTHOUSE	

PO BOX 43 ROWAYTON, CT 06853		LIGHTHOUSE	
THE ROYAWTON CIVIC ASSOCIATION PO BOX 302	PC	SUPPORT COMMUNITY-WIDE EVENTS	1,00

ROWAYTON, CT 06853			
THE ROYAWTON CIVIC ASSOCIATION PO BOX 302 ROWAYTON, CT 06853	PC	SUPPORT COMMUNITY-WIDE EVENTS	1,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

Name and address (home or business)

Total .

, ,	or substantial contributor			
a Paid during the year				
GREENWICH HOSPITAL FOUNDATION 30 RIVER ROAD		NC	SUPPORT THE WORK OF THE PHYSICIANS, NURSES AND	2,000

COS COB, CT 06807		STAFF	
HIGH HOPES THERAPEUTIC RIDING 36 TOWN WOODS RD	PC	SUPPORT THE PROGRAMS FOR THERAPEUTIC HORSEBACK	
OLD LYME CT 06371		DIDING	

HIGH HOPES THERAPEUTIC RIDING 36 TOWN WOODS RD OLD LYME, CT 06371	PC	SUPPORT THE PROGRAMS FOR THERAPEUTIC HORSEBACK RIDING	2,000
NEW CANAAN COUNTRY DAY SCHOOL	NC	SUPPORT TUITION ASSISTANCE	7,500

OLD LYME, CT 06371		RIDING	
NEW CANAAN COUNTRY DAY SCHOOL 635 FROGTOWN ROAD NEW CANAAN, CT 06840	NC	SUPPORT TUITION ASSISTANCE PROGRAM	7,500

efile GRAPHIC print - DO NOT F	ROCESS	As Filed D	ata -		DLN: 93491133021369	
TY 2018 Accounting Fees Schedule						
Name: THE BREWER FAMILY FOUNDATION INC EIN: 82-3712328						
Category	Amo	ount	Net Investment Income	Adjusted Ne	t Disbursements for Charitable Purposes	
ACCOUNTING FEES		1,500	75	0	750	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -			DLN: 93491133021369
TY 2018 Investments - Other S	Schedule			
Name:	THE BREWER FAM	ILY FOUNDA ⁻	TION INC	
EIN: 8	32-3712328			
Investments Other Schedule 2				

Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
FOUITIES	AT COST	5.335.131	5.302.401			

efile GRAPHIC print - DO NOT PROCES	SS As Filed Data	pata - DLN: 93491133021369				
TY 2018 Legal Fees Schedu	ıle		_			
Name: THE BREWER FAMILY FOUNDATION INC						
EIN: 82-3712328						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
LEGAL FEES	6,769	3,769		3,000		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	DLN: 93491133021369		
TY 2018 Other Expenses Schedule						
Name:	ne: THE BREWER FAMILY FOUNDATION INC					
EIN: 82-3712328						
Other Expenses Schedule						
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

INVESTMENT ACCOUNT FEES

