DLN: 93491318041299

2018

OMB No 1545-0052

Return of Private Foundation

Form 990-PF

Department of the Treasury

Internal Revenue Service

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

		ndar year 2018, or tax year	r beginning 07-01-20	18 , aı	nd er	nding 06-30-		
		ındatıon twater Fund					entification numbe	r
						27-1041109		
		I street (or P O box number if mail is n I Co 685 Post Road	ot delivered to street address)	Room/suite		B Telephone number (see instructions) (203) 655-2200		
	or town en, CT	, state or province, country, and ZIP of 06820	r foreign postal code	•		C If exemption	application is pendin	g, check here
G Ch	eck al	I that apply	Initial return of a	former public charity		D 1. Foreian ord	anızatıons, check he	ere \Box
		Final return	Amended return	,			ganizations meeting	▶ ⊔
		Address chan				test, chec	k here and attach co	mputation 🕨 🔲
H Ch	eck ty	pe of organization 🗹 Section	501(c)(3) exempt private 1	foundation			indation status was t n 507(b)(1)(A), chec	
	Section	n 4947(a)(1) nonexempt charitabl	e trust 🔲 Other taxable	e private foundation			(.) (-) ()	
		ket value of all assets at end	J Accounting method	☑ Cash ☐ Accru	al		tion is in a 60-month	
		rom Part II, col (c), ▶\$ 2,850,900	Other (specify) (Part I, column (d) must	be on cash basis)		under section	n 507(b)(1)(B), chec	k nere
Pa	rt I	Analysis of Revenue and	Expenses (The total	(a) Davishire and				(d) Disbursements
		of amounts in columns (b), (c), and equal the amounts in column (a) (se	(d) may not necessarily	(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	362,122				
	2	schedule) Check ▶ ☐ If the foundation is	not required to attach	302,122				
	_	Sch B						
	3	Interest on savings and tempora	•	1,097		1,097		
	4	Dividends and interest from secu	urities	49,694		49,694		
	5a b	Gross rents						
a)	6a	Net gain or (loss) from sale of as	ssets not on line 10	-274,072				
Revenue	b	Gross sales price for all assets o						
eve		·						
œ	7	Capital gain net income (from Pa	· ,			0		
	8 9	Net short-term capital gain . Income modifications						
	10a	Gross sales less returns and allo	wances					
	ь	Less Cost of goods sold	· ·					
	С	Gross profit or (loss) (attach sch	edule)					
	11	Other income (attach schedule)		9 68		68		
	12	Total. Add lines 1 through 11		138,909		50,859		
	13	Compensation of officers, directo	ors, trustees, etc	55,217		0		55,217
	14	Other employee salaries and wa	ges					
es G	15	Pension plans, employee benefit		6,508		0		6,508
ens	16a	Legal fees (attach schedule) .						
Expenses	b	Accounting fees (attach schedule		27,463		20,597		6,866
	С	Other professional fees (attach s	schedule)					
Administrative	17	Interest		<u>os.</u> 1		_		2
<u> </u>	18	Taxes (attach schedule) (see ins	, i	250		0		250
Ē	19	Depreciation (attach schedule) a	"					
Ad	20	Occupancy						
D L	21	Printing and publications						
Operating and	22 23	Other expenses (attach schedule		21,190		6,808		0
Ę	24	Total operating and administ		22,130		5,030		<u> </u>
ærs		Add lines 13 through 23		110,628		27,405		68,841
ŏ	25	Contributions, gifts, grants paid		492,876		·		492,876
	26	Total expenses and disburser	ments. Add lines 24 and					
	27	Subtract line 26 from line 12		603,504		27,405		561,717
	a	Excess of revenue over exper	nses and					
		disbursements		-464,595				
	b	Net investment income (if negative directors)				23,454		
	С	Adjusted net income (If negat	ive, enter -U-)					

2,763,217

3,037,322

939

939

3,036,383

3,036,383

3,037,322

ارجه

2.810.451

2,850,900

960

960

2,849,940

2,849,940

2,850,900

2

3

4

5

6

3,036,383

-464,595

278,152

2,849,940

2,849,940 Form **990-PF** (2018)

2.810.451

2,850,900

Assets 9 10a b C

11

12

13

14

15

16

17

18

19 20

21

22

23

24

25

28

29

30

31

Part III

2

3

Liabilities

Balances

Fund 26

ō

Assets 27

Net

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

Accounts payable and accrued expenses

Foundations that follow SFAS 117, check here ▶

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

Land, buildings, and equipment basis

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted

Permanently restricted . . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

Grants payable

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

(a) List and describe the kind(s) of property sold (e g , real estate,

1 a Gresham RDP Partners Fund LLC

2-story brick warehouse, or common stock, 200 shs MLC Co)

(mo , day, yr)

Page **3**

b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or d	(g) other basis ense of sale	Gain	h) or (loss) f) minus (g)
a			274,07	'2	-274,07
b					
С					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation o	on 12/31/69		(I)
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col(၊) (<u>၂</u>), ıf any	col (k), but not	(h) gain minus less than -0-) or rom col (h))
a					-274,07
b					
c					
d					
<u>e</u>					
· -	or (net capital loss) Jain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi		art Í, line 7	3	-274,072
Part V Qualification U	Inder Section 4940(e) for Re	educed Tax on Net	Investment I	ncome	
(For optional use by domestic pi	rivate foundations subject to the sec	ction 4940(a) tax on ne	t investment inco	me)	
If section 4940(d)(2) applies, le	ave this part blank				
	e section 4942 tax on the distributal t qualify under section 4940(e) Do		in the base period	d? ∐ Y	es 🗹 No
1 Enter the appropriate am	ount in each column for each year,	see instructions before	making any entri		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitabl	e-use assets	(d) Distribution rat (col (b) divided by o	
2017	622,672		3,178,713		0 195888
2016	1,624,132		3,823,518		0 424774
2015	2,524,028		5,377,745		0 469347
2014	3,089,183		8,616,076		0 358537
2013	5,134,882		12,297,291		0 417562
2 Total of line 1, column (c	d)				1 866108
	dation has been in existence if less		3		0 373222
4 Enter the net value of nor	ncharitable-use assets for 2018 fron	n Part X, line 5			2,836,663
5 Multiply line 4 by line 3			5		1,058,705
	ent income (1% of Part I, line 27b)				235
					1,058,940
8 Enter qualifying distribution	ons from Part XII, line 4 ,		8		561,717
If line 8 is equal to or gre instructions	ater than line 7, check the box in Pa	art VI, line 1b, and com	plete that part us		ee the Part VI orm 990-PF (2018

(b)

How acquired

P—Purchase

D-Donation

(c)

Date acquired

(mo, day, yr)

Page **6**

Pa	Statements Regard	ling Activities for Which	n Form 4720 May Be	Required (continued)			
Ба	During the year did the foundation p	pay or incur any amount to				Yes	No
	(1) Carry on propaganda, or otherw	rise attempt to influence legis	lation (section 4945(e))?	☐ Yes ✓	No		
	(2) Influence the outcome of any sp	pecific public election (see sec	tion 4955), or to carry	□ fes ⊡	NO		
	on, directly or indirectly, any vo	ter registration drive?		· · · 🗌 Yes 🗸	No		
	(3) Provide a grant to an individual	for travel, study, or other sim	nılar purposes?	Yes V	No		
	(4) Provide a grant to an organizati		· -	d			
	in section 4945(d)(4)(A)? See in			· · · · Yes 🗹	No		
	(5) Provide for any purpose other th	- ·	• • • • • • • • • • • • • • • • • • • •				
L	educational purposes, or for the			∟ Yes 🖭	No		
D	If any answer is "Yes" to 5a(1)–(5), Regulations section 53 4945 or in a	=			5b		
	Organizations relying on a current n				30		
С	If the answer is "Yes" to question 5a						
	tax because it maintained expenditu		•				
	If "Yes," attach the statement require			· · □ Yes □	No		
= -		· -		ume an			
5a	Did the foundation, during the year,			uilis oii			
h	a personal benefit contract? Did the foundation, during the year,			Yes V	No 6b		No
ь	If "Yes" to 6b, file Form 8870	pay premiums, directly or mo	ulrectly, on a personal be	enent contract?	80		NO
7a	At any time during the tax year, was	the foundation a party to a	prohibited tay chalter tra	neaction? \square			
	If yes, did the foundation receive an			∟ tes 🖭	No 7b		
	Is the foundation subject to the sect				/6		
,	excess parachute payment during th						
	<u> </u>			Yes 🗸	No L		<u> </u>
Pa	and Contractors	Officers, Directors, Trus	tees, Foundation Ma	anagers, Hignly Paid En	npioyees	,	
1	List all officers, directors, trustee				1		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans and	(e) Expe		
	. ,	devoted to position	-0-)	deferred compensation	other a	llowand	ces
ee .	Additional Data Table						
2	Compensation of five highest-pa	id employees (other than t	hose included on line	1—see instructions). If nor	ne, enter "	NONE	."
_ \	Name - and address of angle amounts.	(b) Title, and average		(d) Contributions to	(a) Funan		
a)	Name and address of each employee more than \$50,000	hours per week	(c) Compensation	employee benefit plans and deferred	(e) Expen other al		
		devoted to position		compensation			
ON	E						
ota	I number of other employees paid over	er \$50,000					(
				L	Form 00	O-DE	(2019

Form 990-PF (2018)		Page 7
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 anity 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		• 0
		Form 990-PF (2018)

1b Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 2 2 Amounts set aside for specific charitable projects that satisfy the 3 3a

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

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

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

4

5

3h

4

5

561.717

561.717

Form 990-PF (2018)

Page 9

141,364

141,364

Form **990-PF** (2018)

0

Form 990-PF (2	018)
Part XIII	Und

b Total for prior years

c From 2015. . .

- distributed Income (see instructions) 1 Distributable amount for 2018 from Part XI, line 7
- 2 Undistributed income, if any, as of the end of 2018

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

5 Excess distributions carryover applied to 2018

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

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . .

c Excess from 2016. . . .

d Excess from 2017. . .

e Excess from 2018. . .

b Excess from 2015. .

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

6 Enter the net total of each column as

indicated below:

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

same amount must be shown in column (a))

- a Enter amount for 2017 only.
- Excess distributions carryover, if any, to 2018 a From 2013. **b** From 2014. **d** From 2016. . . .
 - 4.530.685
- 2,658,527 2.261.001 e From 2017.
- 1.438.128 f Total of lines 3a through e.
- 475,178 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).

2.658.527

2,261,001 1.438.128

475.178

420.353

(a)

Corpus

11.363.519

420.353

11,783,872

4.530.685

7,253,187

(b)

Years prior to 2017

(c)

2017



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)
		+				
	and contracts from government agencies					
	rship dues and assessments					
3 Interes	t on savings and temporary cash nents			14	1,097	
	nds and interest from securities			14	49,694	
5 Net ren	ital income or (loss) from real estate					
	financed property					
	ebt-financed property					
	ntal income or (loss) from personal property			1.4		
	nvestment income			14	68	
invento	` ,			18	-274,072	
	ome or (loss) from special events			10	-2/4,0/2	
	profit or (loss) from sales of inventory					
.1 Other i	revenue a					
	al Add columns (b), (d), and (e).		0		-223,213	
	Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu			13	3	-223,213
Part XV	-B Relationship of Activities to the	ne Accomplish	ment of Exem	pt Purposes		
Line No. ▼	Explain below how each activity for which the accomplishment of the foundation's expressions (
	i e e e e e e e e e e e e e e e e e e e					

J (23	(2010)							
VVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable							
XVII	Exempt Organizations							

Part XVII	Exempt Organiz	zations				•			
	ganization directly or inc than section 501(c)(3)	directly engage					on 501	Yes	No
a Transfers f	rom the reporting found	dation to a non	charitable exe	empt organization	of				
(1) Cash									No
(2) Other	assets						. 1a(2)		No
b Other trans	sactions								
(1) Sales	of assets to a noncharr	table exempt o	rganızatıon.				. 1b(1)		No
(2) Purch	ases of assets from a n	oncharitable ex	empt organiz	ation			1b(2)		No
(3) Renta	l of facilities, equipmen	it, or other asse	ets				1b(3)		No
(4) Reimb	oursement arrangement	ts					. 1b(4)		No
(5) Loans	or loan guarantees.						. 1b(5)		No
(6) Perform	mance of services or me	embership or fu	ındraısıng solı	ıcıtatıons			. 1b(6)		No
c Sharing of	facilities, equipment, m	nailing lists, oth	er assets, or	paıd employees.			. 1c		No
of the good	ver to any of the above ds, other assets, or serv esaction or sharing arrai	vices given by t	he reporting f	foundation If the	foundation receive	d less than fair marl	ket value		
(a) Line No	(b) Amount involved	(c) Name of no	ncharitable exer	mpt organization	(d) Description of	transfers, transactions,	and sharing arra	ngement	ts
3 - I - H F				d b	.	t			
	idation directly or indire	•	*	•		_	es ☑ No		
	n section 501(c) (other		01(c)(3)) or I	n section 52/7.		⊔Y€	es 🖭 No		
b If "Yes," co	mplete the following so (a) Name of organizatio		l /h) Type of organization	on I	(c) Description	of rolationship		
	(a) Name of organizatio	111	(6) Type of organization)II	(C) Description	or relationship		
of m which	er penalties of perjury, I y knowledge and belief, h preparer has any kno	, it is true, corr					ased on all infor	mation	of
Sign Here	****			2019-11-04	*****		May the IRS di return with the prepa		
9	Signature of officer or tr	rustee	Date		Title		below (see instr)?	✓ _{Yes} [⊐ No
	Print/Type preparer's name Prep		reparer's Signature		Date	Check if self-	PTIN P00008	110	
Paid					2019-11-04	employed ► □		.119	
Preparer Jse Only	Firm's name ▶ Voge	l & Co			· 	·	Fırm's EIN ▶06	-13445	34
•		5 Post Road	<u> </u>			-	Phone no (203) 655-2	2200
	Darien, CT 06820								

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

Gloria Jarecki	President / Director	0	0	C
10 Timber Trail Rye, NY 10580	0 00			

Kyc, W 10300				
Donna M C Jareckı	Director	0	0	0
3 Kenilworth Lane Rye, NY 10580	0 00			

3 Kenilworth Lane Rye, NY 10580	0 00			
Ellen B Chandler	Director	0	0	0
206 Ancon Avenue Pelham, NY 10803	0 00			

Ellen B Chandler	Director	0	0	0
206 Ancon Avenue Pelham, NY 10803	0 00			
Nancy Jareckı	Director	0	0	0

Pelham, NY 10803				
Nancy Jareckı	Director	0	0	0
131 East 66th Street 4D	0 00			

Nancy Jareckı	Director	0	0	(
131 East 66th Street 4D New York, NY 10065	0 00			

Secretary / Treasurer

25 00

55,217

6,508

AnnChristine Gormley

1104 Park Avenue Mamaroneck, NY 10543

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)

Hame and address (nome or business)	or substantial contributor			
a Paid during the year				
Bigger Picture Community Fund PO Box 815		PC	General Use	10,000

Waitsfield, VT 05673			
Bob Woodruff FoundationReMINDorg 100 Wall Street 2nd Floor New York, NY 10005	PC	General Use	10,000

Bob Woodruff FoundationReMINDorg 100 Wall Street 2nd Floor New York, NY 10005	PC	General Use	10,000
Boston MedFlight Robins Street Hanger 127 Hanscom Air Force Base	PC	General Use	2,500

Boston MedFlight Robins Street Hanger 127 Hanscom Air Force Base Bedford, MA 01730 PC General Use 2,500	100 Wall Street 2nd Floor New York, NY 10005	PC	General Use	10,000
	Robins Street Hanger 127 Hanscom Air Force Base	PC	General Use	2,500

New York, NY 10005			
Boston MedFlight Robins Street Hanger 127 Hanscom Air Force Base Bedford, MA 01730	PC	General Use	2,500
Total	 	▶ 3a	492,876

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)

L	or substantial contributor			
a Paid during the year				
Brennan Center for Justice 361 Avenue of the Americas		PC	General Use	5,000

New York, NY 10014			
Center for Study of Responsive Law PO Box 19367 Washington, DC 20036	PC	General Use	10,000

Center for Study of Responsive Law PO Box 19367 Washington, DC 20036	PC	General Use	10,000
ChildFund International 2821 Emerywood Parkway PO Box 26484	PC	General Use	1,344

Washington, DC 20036			
ChildFund International 2821 Emerywood Parkway PO Box 26484 Richmond, VA 232616484	PC	General Use	1,344

			1
ChildFund International 2821 Emerywood Parkway PO Box 26484 Richmond, VA 232616484	PC	General Use	1,344
Total	 	▶ 3a	492,876

Recipient If recipient is an individual, show any relationship to status of contribution Paid During the Year or Approved for Future Payment

| Purpose of grant or show any relationship to status of contribution | Purpose of grant or contribution | Purpose of g

any foundation manager

Name and address (home or business)

2200 Wilson Blvd Suite 102-231

Arlington, VA 22201

Total .

	or substantial contributor			
a Paid during the year				
Children's Health Defense 1227 North Peachtree Pkwy Peachtree City, GA 30269		PC	General Use	1,000
Coalition for the Homeless 129 Fulton Street New York, NY 10038		PC	General Use	5,000
Consortium for Independent Journalism		PC	General Use	1,000

recipient

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				
Falconwood Foundation 20 Gramercy Park South		PC	General Use	12,500

New York, NY 10003			
Helping Hands for the Homeless and Hungry Inc PO Box 982 Rye, NY 10580	PC	General Use	500

Hungry Inc PO Box 982 Rye, NY 10580	PC	Gerierai Ose	500
In These Times 2040 North Milwaukee Avenue	PC	General Use	250

492,876

PO Box 982 Rye, NY 10580			
In These Times 2040 North Milwaukee Avenue Chicago, IL 66047	PC	General Use	250

Total .

Recipient Purpose of grant or If recipient is an individual, Foundation 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			
Innocence Project 40 Worth Street Suite 701	PC	General Use	10,000
New York NV 10013	I		

New York, NY 10013			
Iona College715 North Avenue New Rochelle, NY 10801	PC	General Use	20,000

Iona College715 North Avenue New Rochelle, NY 10801	PC	General Use	20,000
Lifting Up Westchester35 Orchard Street	PC	General Use	10,000

New Rochelle, NY 10801	PC	General Use	20,000
Lifting Up Westchester35 Orchard Street	PC	General Use	10,000

New Rochelle, NY 10801			
Lifting Up Westchester35 Orchard Street White Plains, NY 10603	PC	General Use	10,000

Lifting Up Westchester35 Orchard Street	PC	General Use	10,000
White Plains, NY 10603			

Tabel 976			403.976
Total		N 2-	403.876

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Meals-on-Wheels of White Plains 12 Ridgeview Avenue White Plains, NY 10606		PC	General Use	5,000
Memorial Sloan-Kettering Cancer Center 1275 York Avenue New York, NY 10065		PC	General Use	25,000
Nantucket Cottage Hospital 5 S Prospect St Nantucket, MA 02554		PC	General Use	5,000

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

Newtonic Programming Treet	a Paid during the year			
Nantucket Preservation Trust 11 Centre Street Nantucket, MA 02554		PC	General Use	250

Nantucket, MA 02554			
New York Women's Foundation 39 Broadway Suite 2300 New York, NY 10006	PC	General Use	1,00

ork, NY 10006			
rk Women's Foundation Padway Suite 2300	PC	General Use	1,000

New York, NY 10006			
Pelham Picture House201 Wolfs Lane	PC	General Use	30,000

Pelham Picture House201 Wolfs Lane Pelham, NY 10803	PC	General Use	30,00

Total .

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient		
a Paid during the year				
Planned Parenthood Federation of America 434 West 33rd Street New York, NY 10001		PC	General Use	10,000
Public Citizen Foundation 1600 20th Street NW Washington, DC 20009		PC	General Use	2,000
Public Theater425 Lafayette Street New York, NY 10003		PC	General Use	15,000

Total . .

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

Name and address (home or business)	any foundation manager or substantial contributor	recipient	Contribution	
a Paid during the year				
Remote Area Medical Foundation 2200 Stock Creek Blvd Rockford, TN 37853		PC	General Use	5,000
Rock the Vote 925 N LaBrea Ave 4th Floor Los Angeles, CA 90038		PC	General Use	15,000
Rutgers University Foundation 7 College Avenue New Brunswick, NJ 08901		PC	General Use	5,000

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			
Schwab Charitable Donor Advised Fund for Jarecki Family Philanthropic Fund	PC	General Use	185,000
PO Box 628298			
Orlando El 32862			

PO Box 628298 Orlando, FL 32862			
Smiletrain41 Madison Avenue 28 Floor New York, NY 10010	PC	General Use	1,000

Smiletrain41 Madison Avenue 28 Floor New York, NY 10010	PC	General Use	1,000
TruthoutPO Box 276414	PC	General Use	2.032

New York, NY 10010		-	General ose	1,000
TruthoutPO Box 276414		PC	General Use	2,032
C	l I			i

1017 1011, 111 10010			
FruthoutPO Box 276414	PC	General Use	2,03
Sacramento, CA 95827			

uthoutPO Box 276414	PC	General Use	2,03
acramento, CA 95827			

Total .

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

a Paid during the year			
UVM411 Main Street Burlington, VT 05401	PC	General Use	5,000

Vota Latina DO Bay 25609 100 Conoral Hea

or substantial contributor

Total .

Voto LatinoPO Box 35608 Washington, DC 20033	PC	General Use	12,500
Weill Cornell Medical College 1300 York Ave Box 123	PC	General Use	50,000

Washington, DC 20033			
Weill Cornell Medical College	PC	General Use	50,
1300 York Ave Box 123			

Weill Cornell Medical College	PC	General Use	50,000
1300 York Ave Box 123			
New York, NY 10065			

	l .	· •		
1300 York Ave Box 123				
New York, NY 10065				

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

Name and dadress (nome or business)	or substantial contributor			
a Paid during the year				
WNET - Channel 13825 Eighth Avenue		PC	General Use	20,000

WNET - Channel 13825 Eighth Avenue New York, NY 100197435	PC	General Use	20,

Name and address (home or business)

efile GRAPHIC print - DO NOT F	ROCESS As	Filed Data -		D	LN: 93491318041299
TY 2018 Accounting Fo	ees Schedu	le			
	Name: The	e Brightwat	er Fund		
		-1041109			
					1
Category	Amount	t Net	Investment Income	Adjusted Net Income	Disbursements for Charitable
			Tilcome	Income	Purposes

Accounting Fees

20,597

As Filed Data -	DLN	: 93491318041299
Schedule		
The Brightwater Fund		
27-1041109		
	As Filed Data - Schedule The Brightwater Fund 27-1041109	Schedule The Brightwater Fund

Investments Other Schedule 2			
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
Gresham RDP Partners Fund LLC	FMV	2,810,451	2,810,451

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491318041299	
TY 2018 Other Expenses Schedule					
	The Brightwater	r Fund			
Other Expenses Schedule					
Description	Revenue and Expenses per	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	

Otner Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Excise Taxes	14,582	0		0

6,808

Gresham RDP Partners Fund LLC

Name: The Brightwater Fund

As Filed Data -

ETN: 27 10/1100

Section 988 Gain

efile GRAPHIC print - DO NOT PROCESS

	LIN. 27 1041	105	
Other Income Schedule			

Net Investment **Expenses Per Books** Income

68

Adjusted Net Income

DLN: 93491318041299

Description Revenue And

68

68

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491318041299
TY 2018 Other Increases Sched	lule	
Name:	The Brightwater Fund	
EIN: 2	27-1041109	
Des	cription	Amount
Fair Market Value Adjustment to Securities	5	278,152

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		D	LN: 93491318041299		
TY 2018 Other Liabilities Schedule						
Name:	The Brightwat	er Fund				
EIN:	27-1041109					
Description	n		Beginning of Year - Book Value	End of Year - Book Value		
Payroll Tax Liabilities			939	960		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN	N: 93491318041299		
TY 2018 Taxes Schedule						
Name:	The Brightwa	ter Fund				
EIN: 27-1041109						
Category Am	nount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable		
				Purposes		

State Taxes

efile GRAPHIC print - DO	NOT PROCESS As Filed Data -		DLN: 93491318041299
Schedule B	Schedule of Contri	ibutors	OMB No 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Attach to Form 990, 990-EZ ► Go to <u>www irs gov/Form990</u> for the	•	2018
Name of the organizatio	1	Employe	r identification number
Organization type (chec	(one)	27-10411	09
	·		
Filers of:	Section:		
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization		
	4947(a)(1) nonexempt charitable trust not tre	eated as a private foundation	
	☐ 527 political organization		
Form 990-PF	☑ 501(c)(3) exempt private foundation		
	4947(a)(1) nonexempt charitable trust treated	d as a private foundation	
	501(c)(3) taxable private foundation		
	on filing Form 990, 990-EZ, or 990-PF that received, or operty) from any one contributor. Complete Parts I a		
Special Rules			
under sections 50 received from any	n described in section 501(c)(3) filing Form 990 or 990 (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A one contributor, during the year, total contributions of 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and I	. (Form 990 or 990-EZ), Part II, line 1 f the greater of (1) \$5,000 or (2) 2% (13, 16a, or 16b, and that
during the year, to	n described in section 501(c)(7), (8), or (10) filing Forrital contributions of more than \$1,000 exclusively for ree prevention of cruelty to children or animals. Comple	eligious, charitable, scientific, literary	
during the year, c If this box is chec purpose Don't co	n described in section 501(c)(7), (8), or (10) filing Form ontributions exclusively for religious, charitable, etc., ped, enter here the total contributions that were receive implete any of the parts unless the General Rule applies, etc., contributions totaling \$5,000 or more during the	ourposes, but no such contributions t led during the year for an exclusively les to this organization because it re	otaled more than \$1,000 religious, charitable, etc, ceived <i>nonexclusively</i>
990-EZ, or 990-PF), but i	that isn't covered by the General Rule and/or the Spe must answer "No" on Part IV, line 2, of its Form 990, m 990PF, Part I, line 2, to certify that it doesn't meet t	or check the box on line H of its	
For Paperwork Reduction Action Form 990, 990-EZ, or 990-	t Notice, see the Instructions Cat No 306	Schedule B (Form 9	990, 990-EZ, or 990-PF) (2018)

Name of organiz The Brightwater F		Employer identification 27-1041109	number
Part I	Contributors (See instructions) Use duplicate copies of Part I if add	litional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	The Falconwood Foundation 20 Gramercy Park South New York, NY 10003	\$ 362,122	Person Payroll Noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(Complete Part II for noncash contributions) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions) (d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)