

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
 ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052
2019
Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation JJJ FAMILY FOUNDATION		A Employer identification number 13-6881122	
Number and street (or P.O. box number if mail is not delivered to street address) ANDERSEN 1700 E PUTNAM AVE NO		B Telephone number (see instructions) (203) 987-3660	
City or town, state or province, country, and ZIP or foreign postal code OLD GREENWICH, CT 06870		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ <u>1,049,839</u>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	4,500			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	19,128	19,128		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	58,381			
	b Gross sales price for all assets on line 6a <u>99,203</u>				
	7 Capital gain net income (from Part IV, line 2)		58,381		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	131	131			
12 Total. Add lines 1 through 11	82,140	77,640			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	4,500	2,250		2,250
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	1,007	7		0
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	5,161	5,146		0
	24 Total operating and administrative expenses. Add lines 13 through 23	10,668	7,403		2,250
	25 Contributions, gifts, grants paid	59,420			59,420
26 Total expenses and disbursements. Add lines 24 and 25	70,088	7,403		61,670	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	12,052				
b Net investment income (if negative, enter -0-)		70,237			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	41,544	68,126	68,126
	2 Savings and temporary cash investments			
	3 Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4 Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)	570,476	555,946	931,993
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	28,531	28,531	49,720
	14 Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	640,551	652,603	1,049,839	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	0	0	
	27 Paid-in or capital surplus, or land, bldg , and equipment fund	0	0	
	28 Retained earnings, accumulated income, endowment, or other funds	640,551	652,603	
29 Total net assets or fund balances (see instructions)	640,551	652,603		
30 Total liabilities and net assets/fund balances (see instructions) .	640,551	652,603		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	640,551
2 Enter amount from Part I, line 27a	2	12,052
3 Other increases not included in line 2 (itemize) ▶ _____	3	0
4 Add lines 1, 2, and 3	4	652,603
5 Decreases not included in line 2 (itemize) ▶ _____	5	0
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	652,603

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo, day, yr)	(d) Date sold (mo, day, yr)
1a See Additional Data Table			
b			
c			
d			
e			

(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 See Additional Data Table			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a See Additional Data Table			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	2	58,381
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount 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))
2018	58,180	1,059,433	0.054916
2017	69,946	1,014,327	0.068958
2016	57,474	917,286	0.062657
2015	56,220	1,003,423	0.056028
2014	50,350	1,051,752	0.047873

2 Total of line 1, column (d)	2	0.290432
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	0.058086
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5	4	1,012,444
5 Multiply line 4 by line 3	5	58,809
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	702
7 Add lines 5 and 6	7	59,511
8 Enter qualifying distributions from Part XII, line 4	8	61,670

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.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, subtitle A tax, and total tax due. Total tax due is 541.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, donor advised funds, public inspection requirements, and books in care.

Located at 1700 EAST PUTNAM AVE STE 408 OLD GREENWICH CT ZIP+4 06870

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year.

Table with 3 columns: Question, Yes, No. Row 16 regarding interest in foreign countries.

Part 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.

Main table with 3 columns: Question, Yes, No. Rows 1a-4b regarding Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b		
Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870</i>		6b		No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?		7b		
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(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	(e) Expense account, other allowances
JANE H JULIUS 63 LISMORE LANE GREENWICH, CT 06831	TRUSTEE 0 50	0	0	0
JAY A GALLUZZO 14 WOOSTER STREET NEW YORK, NY 10013	TRUSTEE 0 00	0	0	0
JULIE A GALLUZZO KARISH 41 HIDDEN BROOK ROAD RIVERSIDE, CT 06878	TRUSTEE 0 00	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(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	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000. **0**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (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

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	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1	
2	
All other program-related investments. See instructions	
3	
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	974,159
b	Average of monthly cash balances.	1b	53,703
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	1,027,862
e	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	1,027,862
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	15,418
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,012,444
6	Minimum investment return. Enter 5% of line 5.	6	50,622

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	50,622
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	702
b	Income tax for 2019 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	702
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	49,920
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	49,920
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	49,920

Part 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	61,670
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	61,670
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	702
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	60,968

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				49,920
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only.			0	
b Total for prior years 20___, 20___, 20___		0		
3 Excess distributions carryover, if any, to 2019				
a From 2014.				
b From 2015.				6,574
c From 2016.				12,082
d From 2017.				20,474
e From 2018.				5,965
f Total of lines 3a through e.	45,095			
4 Qualifying distributions for 2019 from Part XII, line 4 ▶ \$ 61,670				
a Applied to 2018, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see instructions).		0		
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				49,920
e Remaining amount distributed out of corpus	11,750			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	56,845			
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 2018 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f Undistributed income for 2019 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2020				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 2014 not applied on line 5 or line 7 (see instructions).	0			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	56,845			
10 Analysis of line 9				
a Excess from 2015.				6,574
b Excess from 2016.				12,082
c Excess from 2017.				20,474
d Excess from 2018.				5,965
e Excess from 2019.				11,750

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a 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) (See section 507(d)(2))
 JANE H JULIUS

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc to individuals or organizations under other conditions, complete items 2a, b, c, and d See instructions

a The name, address, and telephone number or email address of the person to whom applications should be addressed

b The form in which applications should be submitted and information and materials they should include

c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				59,420
b <i>Approved for future payment</i>				
Total ▶ 3b				0

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of
(1) Cash.
(2) Other assets.
b Other transactions
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule.

Table with 3 columns: Question/Item, Yes, No. Rows include 1a(1), 1a(2), 1b(1) through 1b(6), and 1c.

Table with 4 columns: (a) Line No, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? [] Yes [x] No

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature line with asterisks, Date (2020-03-09), and Title line with asterisks.

May the IRS discuss this return with the preparer shown below (see instr) [x] Yes [] No

Paid Preparer Use Only

Table with 5 columns: Print/Type preparer's name, Preparer's Signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d

List and describe the kind(s) of property sold (e.g., real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
0.38 SHS OCCIDENTAL PETE CORP COM	P	2019-08-12	2019-08-12
FOX CORP CL A COM	P	2019-03-26	2019-03-26
0.372 SHS DELL TECHNOLOGIES INC	P	2013-12-24	2019-01-03
1250 SHS TWENTY-FIRST CENTURY FOX	P	2015-06-18	2019-03-19
325 SHS UNITED AIRLINES HLDGS INC	P	2014-08-04	2019-07-30
700 SHS ANADARKO PETROLEUM CORP	P	2003-09-02	2019-08-09
FROM K-1 - BROOKFIELD PROPERTY PARTNERS, LP	P		
CAPITAL GAINS DIVIDENDS	P		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h

(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)
17		17	0
25			25
17		10	7
16,808		10,837	5,971
30,303		14,765	15,538
50,811		15,193	35,618
2			2
1,220			1,220

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - l

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
			0
			25
			7
			5,971
			15,538
			35,618
			2
			1,220

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
B CUREDPO BOX 1071 GREENWICH, CT 06836	NONE	PC	FOR MISSION SUPPORT	1,000
BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH, CT 06830	NONE	PC	FOR MISSION SUPPORT	1,000
CHILDREN OF FALLEN PATRIOTS 44900 PRENTICE DRIVE DULLES, VA 20166	NONE	PC	FOR MISSION SUPPORT	1,000
Total ▶ 3a				59,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHILDREN'S RIGHTS 88 PINE STREET SUITE 800 NEW YORK, NY 10005	NONE	PC	FOR MISSION SUPPORT	1,000
FARE - FOOD ALLERGY RESEARCH & EDUCATION 7901 JONES BRANCH DRIVE SUITE 240 MCLEAN, VA 22102	NONE	PC	FOR MISSION SUPPORT	6,000
GILDA'S CLUB OF WESTCHESTER 80 MAPLE AVENUE WHITE PLAINS, NY 10601	NONE	PC	FOR MISSION SUPPORT	1,000
Total ▶ 3a				59,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
GREENWICH COUNTRY DAY SCHOOL PO BOX 623 GREENWICH, CT 06836	NONE	PC	FOR MISSION SUPPORT	5,000
GREENWICH LIBRARY 101 WEST PUTNAM AVENUE GREENWICH, CT 06830	NONE	PC	FOR MISSION SUPPORT	250
GREENWICH UNITED WAY 1 LAFAYETTE CT GREENWICH, CT 06830	NONE	PC	FOR MISSION SUPPORT	1,000
Total				59,420



3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JDRF26 BROADWAY 14TH FLOOR NEW YORK, NY 10004	NONE	PC	FOR MISSION SUPPORT	1,000
MARCH OF DIMESPO BOX 18819 ATLANTA, GA 31126	NONE	PC	FOR MISSION SUPPORT	100
MARIA FARERI CHILDREN'S HOSPITAL 100 WOODS ROAD VALHALLA, NY 10595	NONE	PC	FOR MISSION SUPPORT	250
Total ▶ 3a				59,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MOUNT SINAI HEALTH SYSTEM 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	NONE	PC	FOR MISSION SUPPORT	25,000
NATIONAL PEDIACRIC CANCER FOUNDATION 5550 WEST EXECUTIVE DRIVE SUITE 300 TAMPA, FL 33609	NONE	PC	FOR MISSION SUPPORT	250
PLAY FOR PINK28 WEST 44TH STREET NEW YORK, NY 10036	NONE	PC	FOR MISSION SUPPORT	1,000
Total ▶ 3a				59,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ROUND HILL ASSOCIATION PO BOX 7424 GREENWICH, CT 06830	NONE	PC	FOR MISSION SUPPORT	500
MACCABI USA1511 WALNUT ST 401 PHILADELPHIA, PA 19102	NONE	PC	FOR MISSION SUPPORT	100
THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR 200 RYE BROOK, NY 10573	NONE	PC	FOR MISSION SUPPORT	100
Total ▶ 3a				59,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
THE LUSTGARTEN FOUNDATION 415 CROSSWAYS PARK DR D WOODBURY, NY 11797	NONE	PC	FOR MISSION SUPPORT	100
THIRTEEN825 EIGHTH AVENUE NEW YORK, NY 10019	NONE	PC	FOR MISSION SUPPORT	250
UJA FEDERATION OF NEW YORK 130 E 59TH STREET NEW YORK, NY 10022	NONE	PC	FOR MISSION SUPPORT	5,000
Total				59,420

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
FOOD RESCUE US27 ANN STREET NORWALK, CT 06854	NONE	PC	FOR MISSION SUPPORT	250
JEWISH FAMILY SERVICES 1 HOLLY HILL LANE GREENWICH, CT 06830	NONE	PC	FOR MISSION SUPPORT	720
HOLOCAUST MUSEUM OF NAPLES 975 IMPERIAL GOLF COURSE BLVD NAPLES, FL 34110	NONE	PC	FOR MISSION SUPPORT	500
Total ▶ 3a				59,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEREDITARY NEUROPATHY FOUNDATION 401 PARK AVENUE SOUTH 10TH FLOOR NEW YORK, NY 10016	NONE	PC	FOR MISSION SUPPORT	100
HYDROCEPHALUS ASSOCIATION 4340 EAST WEST HIGHWAY SUITE 905 BETHESDA, MD 20814	NONE	PC	FOR MISSION SUPPORT	100
PARTNERS IN HEARING 363 7TH AVENUE NEW YORK, NY 10001	NONE	PC	FOR MISSION SUPPORT	250
Total ▶ 3a				59,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
EMELIN THEATREPO BOX 735 MAMARONECK, NY 10543	NONE	PC	FOR MISSION SUPPORT	300
ISRAEL CANCER RESEARCH FUND 52 VANDERBILT AVENUE SUITE 1510 NEW YORK, NY 10017	NONE	PC	FOR MISSION SUPPORT`	1,250
THE SAMFUND89 SOUTH STREET BOSTON, MA 02111	NONE	PC	FOR MISSION SUPPORT	200
Total ▶ 3a				59,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830	NONE	PC	FOR MISSION SUPPORT	1,000
SUSAN G KOMEN 5005 LBJ FREEWAY SUITE 526 DALLAS, TX 75244	NONE	PC	FOR MISSION SUPPORT	100
STAMFORD CENTER FOR THE ARTS 61 ATLANTIC STREET STAMFORD, CT 06901	NONE	PC	FOR MISSION SUPPORT	250
Total ▶ 3a				59,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GREENWICH HIGH SCHOOL STUDENT LOAN FUND PO BOX 646 OLD GREENWICH, CT 06870	NONE	PC	FOR MISSION SUPPORT	250
CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVENUE SUITE 1100 N BETHESDA, MD 20814	NONE	PC	FOR MISSION SUPPORT	500
GREENWICH EMERGENCY MEDICAL SERVICES 1111 EAST PUTNAM AVENUE RIVERSIDE, CT 06878	NONE	PC	FOR MISSION SUPPORT	250
Total ▶ 3a				59,420

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
GLENVILLE VOLUNTEER FIRE COMPANY 266 GLENVILLE ROAD GREENWICH, CT 06830	NONE	PC	FOR MISSION SUPPORT	250
TRANSPORTATION ASSOCIATION OF GREENWICH 13 RIVERSIDE AVENUE SOUTH RIVERSIDE, CT 06878	NONE	PC	FOR MISSION SUPPORT	250
KIDS IN CRISIS ¹ SALEM STREET COS COB, CT 06807	NONE	PC	FOR MISSION SUPPORT	2,000
Total ▶ 3a				59,420

TY 2019 Accounting Fees Schedule**Name:** JJJ FAMILY FOUNDATION**EIN:** 13-6881122

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ANDERSEN TAX LLC	4,500	2,250		2,250

TY 2019 Investments Corporate Stock Schedule**Name:** JJJ FAMILY FOUNDATION**EIN:** 13-6881122

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
EQUITIES	555,946	931,993

TY 2019 Investments - Other Schedule**Name:** JJJ FAMILY FOUNDATION**EIN:** 13-6881122**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
REAL ESTATE INVESTMENT TRUST	AT COST	28,531	49,720

TY 2019 Other Expenses Schedule**Name:** JJJ FAMILY FOUNDATION**EIN:** 13-6881122**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK FEE	15	0		0
PORTFOLIO DEDUCTIONS FROM K-1 - BROOKFIELD PROPERTY PARTNERS, L P	236	236		0
FIDELITY FEES	4,910	4,910		0

TY 2019 Other Income Schedule**Name:** JJJ FAMILY FOUNDATION**EIN:** 13-6881122**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
FROM K-1 - BROOKFIELD PROPERTY PARTNERS, LP	131	131	131

TY 2019 Taxes Schedule**Name:** JJJ FAMILY FOUNDATION**EIN:** 13-6881122

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1ST QUARTER FEDERAL ESTIMATED TAX PAYMENT	1,000	0		0
FOREIGN TAXES	7	7		0