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.

For calendar year 2018 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
ZIEFF FAMILY FUND INC  Number and street (or P O box number if mail is not delivered to street	addrass	Room/suite	06-6050400	<u> </u>
1265 FAIRFIELD BEACH ROAD	address)	Hoom/saite	B Telephone number 203-366-58	176
City or town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	/
FAIRFIELD, CT 06824	ostar oodo		in exemption application is p	perioring, circux nors
G Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1 Foreign organization:	s, check here
Final return	Amended return			•
Address change	Name change		Foreign organizations me check here and attach co	seting the 85% test, omputation
	empt private foundation	M	E If private foundation sta	tus was terminated
Section 4947(a)(1) nonexempt charitable trust		tion UT	under section 507(b)(1	
I Fair market value of all assets at end of year J Accounting		Accrual	F If the foundation is in a	
(from Part II, col. (c), line 16)	ther (specify)		under section 507(b)(1	)(B), check here
\$ 238,688. (Part I, column	1			(d) Disbursements
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))	(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	50,741.	<del> </del>	N/A	
2 Check Interest on savings and temporary				ama manazara d
3 cash investments	4,463.	20. 4,463.		STATEMENT 1 STATEMENT 2
4 Dividends and interest from securities	4,463.	4,403.		STATEMENT Z
5a Gross rents b Net rental income or (loss)		<del></del>	<del> </del>	<del></del>
63. Not goin or floor) from only of secrets not on line 10.	50,698.	<del></del>		-
b Gross sales price for all assets on line 6a 72,000.	337,0300			· · · · · · · · · · · · · · · · · · ·
b Gross sales price for all assets not on time to asset not not on time to asset not not on time to asset not not on time to asset not not not on time to asset not not not not not not not not not no		50,698.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				<u> </u>
b Less Cost of goods sold				
c Gross profit or (loss)	<u> </u>		<u> </u>	<del></del>
11 Other income 12 Total, Add lines 1 through 11	105,922.	55,181.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits			DECENT	in 1
% 16a Legal fees			1 - 1 - 1 - 1	
b Accounting fees		<u> </u>	[ <u>[</u>	S
c Other professional fees			181 MAY 03 2	
9 17 Interest	205			
18 Taxes STMT 3	205.	150.	L_OGDEN,	<u>j</u> Ţ   0.
. ချို့ 19 Dépréciation and depletion E 20 Occupancy		<del>-</del>		
b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 3 19 Defectation and depletion 20 Occupancy 21 Tayel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 4 24 Total operating and administrative Expenses Add lines 13 through 23			<del></del>	<del>-</del>
22 Printing and publications				<del> </del>
23 Other expenses STMT 4	302.	152.		150.
24 Total operating and administrative				
Expenses Add lines 13 through 23	507.	302.		150. 9,575.
25—Contributions, gins, grants paid	9,575.	<del></del>		9,575.
26 Total expenses and disbursements	10 000	200		0.505
Add lines 24 and 25	10,082.	302.		9,725.
275 Subtract line 26 from line 12:	95,840.		·	
a Excess of revenue over expenses and disbursements     b Net investment income (if negative, enter -0-)	93,040.	54,879.		<del>                                     </del>
C Adjusted net income (if negative, enter -0-)		<u> </u>	N/A	
823501 12-11-18 LHA For Paperwork Reduction Act Notic	e, see instructions			Form <b>990-PF</b> (2018)

ZIEFF FAMILY FUND INC

06-6050400

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(a) List and describe	the kind(s) of property sold (for exaurehouse; or common stock, 200 sh	imple, real esta		(b) How acquired P - Purchase D - Donation	(c) Date acquire (mo., day, yr.)	
1a 3000 SHS ENDOC	YTE			P	08/28/1	4 12/21/18
b						
<u>d</u>		<del></del> -			-	
<u>e</u>		T		<del></del>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale	_	(h) Gain or ( ((e) plus (f) mi	nus (g))
<u>a</u> 72,000.			21,30	2.		50,698.
<u>b</u>				_	<del> </del>	
d d				-		
e						
<del></del>	ng gain in column (h) and owned by	the foundation	on 12/31/69.		(I) Gains (Col. (h)	dain minus
	(j) Adjusted basis	7	cess of col. (I)		còl. (k), but not less	s than -0-) or
(i) FMV as of 12/31/69	as of 12/31/69		col. (j), if any		Losses (from	col. (h))
a						50,698.
b						
С						···
d					_	
<u>e</u>		.].	· · · · · · · · · · · · · · · · · · ·			
2 Capital gain net income or (net ca	pital loss) { If gain, also ente	r in Part I, line )- in Part I, line	7	}   2		50,698.
3 Net short-term capital gain or (los	•		•			7
If gain, also enter in Part I, line 8,		110 (0).		]		
If (loss), enter -0- in Part I, line 8				<u>}</u> 3	N	/A
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Investment lı	ncome	
If section 4940(d)(2) applies, leave the Was the foundation liable for the sectif "Yes," the foundation doesn't qualif	tion 4942 tax on the distributable an y under section 4940(e). Do not coi	mplete this par	t			Yes X No
	each column for each year; see the i	instructions be	fore making any en	tries.		<del></del>
(a) Base period years Calendar year (or tax year beginnii	ng in) Adjusted qualifying dis	stributions	Net value of non	(c) charitable-use asse	ets Col. (b	(d) istribution ratio i) divided by col. (c))
2017	1	0,417.		122,61	4.	.084958
2016		5,030.		53,62	9.	.093793
2015		.0,000.		5,98		1.671123
2014		7,494.		17,78		.983472
2013	2	23,800.		37,86	0.	.628632
2 Total of line 1, column (d)					2	3.461978
3 Average distribution ratio for the state the foundation has been in exister		on line 2 by 5.0	0, or by the number	r of years	3	.692396
	·					
4 Enter the net value of noncharitab	le-use assets for 2018 from Part X,	line 5			4	166,270.
5 Multiply line 4 by line 3					5	115,125.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)				6	549.
7 Add lines 5 and 6					7	115,674.
8 Enter qualifying distributions from	n Part XII, line 4				_ 8	9,725.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	tb, and comp	lete that part using	a 1% tax rate.		

	1990-PF (2018) ZIEFF FAMILY FUND INC	Val 4040(E) 4040(-	\ 67.4		05040			age 4	<u>-</u>
	rt VI · Excise Tax Based on Investment Income (Section 4940		), or 4	948 - 9	see inst	ruc	tion	s)	-
1a	Exempt operating foundations described in section 4940(d)(2), check here   and en		)						
	Date of ruling or determination letter: (attach copy of letter if necessary)		Į.		-	٠,			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	<b>P</b>	1		_1	, 09	98.	_
	of Part I, line 27b					• •			•
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%		J	_					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; other	ners, enter -0-)		2				0.	_
3	Add lines 1 and 2			3		1	, 09	98.	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; of	hers, enter -0-)		4				0.	_
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5		1	, 09	98.	
6	Credits/Payments:								•
а	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	0.						
	Exempt foreign organizations - tax withheld at source	6b	0.						
	Tax paid with application for extension of time to file (Form 8868)	6c	0.						
	Backup withholding erroneously withheld	6d	0.						
	Total credits and payments. Add lines 6a through 6d			7		-		0.	
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attac	hed		8				2.	-
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	,,,,,,		9		1	,10	<u> </u>	-
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10			, _ (	<i>,</i>	-
	Enter the amount of line 10 to be: Credited to 2019 estimated tax	Refun	ded -	11					-
	rt VII-A Statements Regarding Activities	[Netuli	ueu 🚩	<u> </u>					-
	During the tax year, did the foundation attempt to influence any national, state, or local legisl	ation or did it participate or i	ntervene	ın		Y	'es	No	-
	any political campaign?	ation of did it participate of t	intor vonc		1:	-		X	-
ь	• • • • • • • • • • • • • • • • • • • •	es? See the instructions for	the defin	ition	11	$\neg$		X	-
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or						<b>'</b> —	·).		-
		any materials published of					٠.		
distributed by the foundation in connection with the activities.						.  -	<b>'-</b>	v	
c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:						;	<del>\</del>	X	-
	• • • • • • • • • • • • • • • • • • • •	•	0						
_	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$								
e	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. $\blacktriangleright$ \$ 0 •	ture tax imposed on foundati	оп						
•		200			-		-		
2	Has the foundation engaged in any activities that have not previously been reported to the IR	157			2	$\dashv$	-	X	-
•	If "Yes," attach a detailed description of the activities.						-	•	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	istrument, articles of incorpo	oration, c	)r	1 _	.		<u>'</u>	
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	•			3			<u>X</u>	-
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	7		/	_ 48			X	-
	b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A					_			-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?					+		X	-
	If "Yes," attach the statement required by General Instruction T						- 1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	her:							
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandatory	directions that conflict with	the state	law		-   .			
_	remain in the governing instrument?				6	_	X		-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	ete Part II, col. (c), and Part	ΧV		7	<u> </u>	<u> </u>	_	-
_									
Вa	Enter the states to which the foundation reports or with which it is registered. See instruction	ns			<u> </u>				
	CT				[				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or designate	)		.		_		
_	of each state as required by General Instruction G? If "No," attach explanation				<u>8t</u>	1	<u> </u>		. /
9	Is the foundation claiming status as a private operating foundation within the meaning of sec		) for cale	ndar					//
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," comp				9			X	.(^
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul	e listing their names and address	es		10			X	-
					Form 9	90-l	PF (2	2018)	j

Pa	art VII-A   Statements Regarding Activities (continued)	,		
	·		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		<u>X</u> _
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	١		
	If "Yes," attach statement. See instructions	12	<u> </u>	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
44	Website address N/A  The backs are as a fine DAVID M ZIEFF	266	E O	76
14	The books are in care of ► DAVID M. ZIEFF  Located at ► 855 MAIN STREET, BRIDGEPORT, CT  Telephone no. ► (203)  ZIP+4 ► 06	366	-56	/ 0
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	004		$\overline{}$
10	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	ш
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	-1		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		٠.	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		<b>*</b>	i
	for the benefit or use of a disqualified person)?		4	
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after	ŀ	•	
_	termination of government service, if terminating within 90 days.)  Yes X No			
D	of the any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-		
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A  Organizations relying on a current notice regarding disaster assistance, check here	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
٠	before the first day of the tax year beginning in 2018?	1c		х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	10		
_	defined in section 4942(j)(3) or 4942(j)(5)):	,		
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018? Yes X No			
	If "Yes," list the years $\blacktriangleright$ ,,,			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b	_	
C	: If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
b	of f"Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
4	Form 4720, to determine if the foundation had excess business holdings in 2018.)  N/A	3b		7.7
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?  Did the foundation make any investment in a prior year (but after December 21, 1960) that could report to the charitable our occurrence that	4a		<u> </u>
0	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	-	-	- <b>-</b> -
	nad not been territorie from jeopardy before the mat day of the tax year beginning in 2010.	4b		<u> </u>

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Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be F	Required (continu	ued)		
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			s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				
any voter registration drive?			es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No		'
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				· .
4945(d)(4)(A)? See instructions		Ye	s X No		. ;
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t				
the prevention of cruelty to children or animals?	•	Ye	s X No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und	der the exceptions described i	n Regulations			'
section 53.4945 or in a current notice regarding disaster assistance? See instri	uctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check l	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi	rom the tax because it mainta	ined			,
expenditure responsibility for the grant?	I.	[/A	s No		•
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No	_	
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					1
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	s X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	31,000,000 in remuneration o				
excess parachute payment(s) during the year?			s X No		<u> </u>
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	nagers, Highly	/		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t		(-) Componention	(d) Contributions to		
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex accoun	pense t, other
	to position	enter -0-)	compensation	allow	ances
	PRES/TREAS				
1265 FAIRFIELD BEACH ROAD		1			
FAIRFIELD, CT 06824	1.00	0.	0.		<u>      0                              </u>
	SECRETARY				
1265 FAIRFIELD BEACH ROAD					
FAIRFIELD, CT 06824	1.00	0.	0.		<u>0.</u>
				i	
		`			
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contributions to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit plans and deferred	<b>(e)</b> EX   accoun	pense t. other
	devoted to position	(e) componium	compensation	allow	
NONE		1			
		]			
		<u> </u>		!	
		<u> </u>			
Total number of other employees paid over \$50,000			<b>&gt;</b>		0

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, ent	er "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		<b>D</b> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pr	istical information such as the oduced, etc.	Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year of	n lines 1 and 2	Amount
1 N/A		Amount
2		
All other program-related investments. See instructions.	-	
3		1
Total. Add lines 1 through 3		0.

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes;		
·	Average monthly fair market value of securities	1a	150,136.
	Average of monthly cash balances	1b	18,666.
	Fair market value of all other assets	1c	
-	Total (add lines 1a, b, and c)	1d	168,802.
	Reduction claimed for blockage or other factors reported on lines 1a and	<u> </u>	
-	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	168,802.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,532.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	166,270.
6	Minimum investment return. Enter 5% of line 5	6	8,314.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations at	nd certain	
	foreign organizations, check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	8,314.
2a	Tax on investment income for 2018 from Part VI, line 5		
b	Income tax for 2018. (This does not include the tax from Part VI.)	]	
C	Add lines 2a and 2b	2c	1,098.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	7,216.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	7,216.
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	7,216.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	9,725.
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	9,725.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	9,725.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for t	he section

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,				
line 7				7,216.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only			0.	
<b>b</b> Total for prior years:		•		
3 Excess distributions carryover, if any, to 2018:		0.		
a From 2013 21,907.				
b From 2014 16,617.				
c From 2015 9,849.				•
d From 2016 2,379.				
e From 2017 4, 343.				
f Total of lines 3a through e	55,095.			
4 Qualifying distributions for 2018 from	33,033.		<u> </u>	
Part XII, line 4: ▶ \$ 9,725.				
a Applied to 2017, but not more than line 2a			0.	
<b>b</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 2018 distributable amount	•			7,216.
e Remaining amount distributed out of corpus	2,509.	,	<u> </u>	1,210.
5 Excess distributions carryover applied to 2018	2,303.		· · · · · · · · · · · · · · · · · · ·	0.
(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	57,604.			
<b>b</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		0.		<u>.</u> .
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.1		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract			-	
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				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 2013				
not applied on line 5 or line 7	21,907.	, 1	· ***	en e un un h
9 Excess distributions carryover to 2019.				
Subtract lines 7 and 8 from line 6a	35,697.			
O Analysis of line 9:	-			-
a Excess from 2014 16,617.				- 1
<b>b</b> Excess from 2015 9,849.				
c Excess from 2016 2,379.			ار	4
d Excess from 2017 4,343.			<b>,</b>	1
e Excess from 2018 2,509.			<u> </u>	t e e e,

Form 990-PF (2018) <b>ZIEFF FAM</b>				06-60	50400 Page 10
Part XIV Private Operating Four	ndations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling or det	ermination letter that	t it is a private operating			
foundation, and the ruling is effective for 20		-	▶ ∟		
<b>b</b> Check box to indicate whether the foundation		ng foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	Y	
income from Part I or the minimum	(a) 2018	<b>(b)</b> 2017	(c) 2016	(d) 2015	(e) Total
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	<del> </del>				·
3 Complete 3a, b, or c for the alternative test relied upon:		Ì			
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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,				Ì	
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public	<del></del>				$\overline{}$
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)			1		`
(3) Largest amount of support from	- <del></del> -			-	
an exempt organization					
(4) Gross investment income					
Part XV   Supplementary Information	ation (Comple	te this part only	if the foundation	had \$5.000 or mo	re in assets
at any time during the	year-see instr	uctions.)		,	
1 Information Regarding Foundation M	anagers:				·
a List any managers of the foundation who have	ve contributed more	than 2% of the total contr	ributions received by the	e foundation before the clos	e of any tax
year (but only if they have contributed more	than \$5,000). (See s	ection 507(d)(2).)	•		,
NONE					
b List any managers of the foundation who ow	n 10% or more of th	e stock of a corporation (	or an equally large porti	on of the ownership of a pa	rtnership or
other entity) of which the foundation has a 1	0% or greater interes	st.			
NONE					
2 Information Regarding Contribution,					
Check here 🕨 🗶 if the foundation only n	nakes contributions t	o preselected charitable o	organizations and does	not accept unsolicited requi	ests for funds. If
the foundation makes gifts, grants, etc., to in	dividuals or organiza	itions under other conditi	ons, complete items 2a,	b, c, and d.	
a The name, address, and telephone number of	r email address of th	e person to whom applic	ations should be addres	ssed:	
					<del></del>
<b>b</b> The form in which applications should be sul	bmitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines:					
d Any restrictions or limitations on awards, suc	ch as by geographica	l areas, charitable fields,	kınds of institutions, or	other factors:	
				,	

3 `Grants and Contributions Paid During the		Pavment	<del></del>	
Recipient	If recipient is an individual,		Durana of seast or	
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 Paid during the year			-	<u> </u>
SEE STATEMENT ATTACHED	NONE		UNRESTRICTED	•
_				9,575,
		!		
Total			<b>▶</b> 3a	9,575.
b Approved for future payment				
NONE				
NOME				
Total				
ividi			<b>▶</b> 3b	0.

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

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	( <b>b)</b> Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income	
	0000					
a						
b	<u> </u>					
c			ļ			
d			ļ			
e			ļ			
f						
g Fees and contracts from government agencies			<u> </u>			
2 Membership dues and assessments						
3 Interest on savings and temporary cash						
investments			14	20.		
4 Dividends and interest from securities			14		· · · · · · · · · · · · · · · · · · ·	
5 Net rental income or (loss) from real estate:				<u> </u>		
a Debt-financed property			1			
<b>b</b> Not debt-financed property			<del> </del>			
6 Net rental income or (loss) from personal						
property						
7 Other investment income			ļ			
8 Gain or (loss) from sales of assets other						
than inventory			18	50,698.		
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						
11 Other revenue:					-	
·						
			<del>                                     </del>			
<u> </u>						
d						
e			-	55 404		
12 Subtotal. Add columns (b), (d), and (e)		0.		55,181.		
13 Total. Add line 12, columns (b), (d), and (e)				13	55,181.	
(See worksheet in line 13 instructions to verify calculations.)						
Part XVI-B Relationship of Activities to	o the Acco	omplishment of Ex	emp	t Purposes		
Line No. Explain below how each activity for which incor			contril	outed importantly to the accom	plishment of	
the foundation's exempt purposes (other than t	by providing fu	nds for such purposes).				
		=:				
					<del></del>	
-				<del>.</del>	<del></del>	
	<del> </del>	<del></del>				
		<del></del> -				
		<del></del> =				
<del></del>				<del></del>		

Firm's address ▶ 855 MAIN STREET, 6TH FLR BRIDGEPORT, CT 06604

ZIEFF FAMILY FUND INC 06-6050400 Page 13 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations** Yes No 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: 1a(1) X (1) Cash X (2) Other assets 1a(2) Other transactions: X 1b(1) (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization 1b(2) 1b(3) Х (3) Rental of facilities, equipment, or other assets 1b(4) (4) Reimbursement arrangements X (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) 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. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (b) Amount involved (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 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 If "Yes," complete the following schedule. (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 May the IRS discuss this return with the preparer shown below? See iristr Sign Here PRESIDENT X Yes Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check if self- employed **Paid** DAVID ZIEFF DAVID ZIEFF 04/24/19 P01236646 Preparer Firm's name ► CIRONEFRIEDBERG, LLP

Form 990-PF (2018)

Firm's EIN  $\triangleright 06-1533315$ 

Phone no. 203-366-5876

**Use Only** 

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Employer identification number

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

2018

	ZIEFF FAMILY FUND INC	06-6050400
Organization type (che	eck one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a priva	te foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	pundation
	X 501(c)(3) taxable private foundation	
, -	ntion is covered by the <b>General Rule</b> or a <b>Special Rule</b> . 501(c)(7), (8), or (10) organization can check boxes for both the General Ru	ule and a Special Rule See instructions
General Rule		
	ization filing Form 990, 990·EZ, or 990·PF that received, during the year, on any one contributor. Complete Parts I and II. See instructions for determ	
Special Rules		
sections 509(any one contr	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), ributor, during the year, total contributions of the greater of (1) \$5,000; or 90-EZ, line 1 Complete Parts I and II	Part II, line 13, 16a, or 16b, and that received from
year, total con	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ ntributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient f cruelty to children or animals. Complete Parts I (entering "N/A" in column	tific, literary, or educational purposes, or for the
year, contribu is checked, er purpose Don'	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ ations exclusively for religious, charitable, etc., purposes, but no such continter here the total contributions that were received during the year for an o't complete any of the parts unless the <b>General Rule</b> applies to this organizable, etc., contributions totaling \$5,000 or more during the year	exclusively religious, charitable, etc.,
but it must answer "No	ion that isn't covered by the General Rule and/or the Special Rules doesr o" on Part IV, line 2, of its Form 990, or check the box on line H of its Forr neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

	•	•				
Schedule	В	(Form	990,	990-EZ,	or 990-PF)	(2018)

Page 2

Name of organization

**Employer identification number** 

ZIEFF	<b>FAMILY</b>	FUND	INC
		- 0112	

06-6050400

<u> </u>	FAMILI FUND INC		-6030400
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DAVID ZIEFF  1265 FAIRFIELD BEACH ROAD  FAIRFIELD, CT 06824	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DAVID ZIEFF  1265 FAIRFIELD BEACH ROAD  FAIRFIELD, CT 06824	\$\$21,302.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	DAVID ZIEFF  1265 FAIRFIELD BEACH ROAD  FAIRFIELD, CT 06824	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	,	- \$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-   -   \$	Person Payroll Oncash (Complete Part II for noncash contributions.)

Name of organization

**Employer identification number** 

## ZIEFF FAMILY FUND INC

06-6050400

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	984 SHS ENBRIDGE INC.		
$-\frac{1}{ }$		   \$35,257.	07/12/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	3,000 SHS ENDOCYTE INC.		
2		\$ 70,980.	11/08/18
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b>\$</b>	<del></del>
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<sub>\$</sub>	

Pa	α	e	4

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) **Employer identification number** Name of organization 06-6050400 ZIEFF FAMILY FUND INC Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of aift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT	1
SOURCE		REVE	(A) REVENUE NET PER BOOKS		(B) VESTMENT COME	(C) ADJUSTED NET INCOME	
MERRILL LYNCH			20.		20.		
TOTAL TO PART I, LI	NE 3		20.		20.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI	(A) EVENUE R BOOKS	(B) NET INVES MENT INCO	(C) ST- ADJUST OME NET INC	
MERRILL LYNCH	4,463	•	0.	4,463.	4,46	53.	
TO PART I, LINE 4	4,463	•	0.	4,463.	4,46	i3.	
FORM 990-PF		TAX	ES			STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	3) NVEST- INCOME	(C) ADJUSTED NET INCOM		
EXCISE TAX FOREIGN TAX WITHHEL	 D	55. 150.		0. 150.			0.
TO FORM 990-PF, PG	1, LN 18 =	205.		150.			0.
FORM 990-PF	· · · · · · · · · · · · · · · · · · ·	OTHER E	XPENSES	5		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET IN	3) VEST- INCOME	(C) ADJUSTED NET INCOM		
INVESTMENT FEES FILING FEES		152. 150.		152.		1	0. 50.
TO FORM 990-PF, PG	1, LN 23	302.	·	152.		1:	50.

FORM 990-PF	CORPORATE STOCK		STATEMENT 5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
EQUITIES		65,902.	141,012.
TOTAL TO FORM 990-PF, PART	II, LINE 10B	65,902.	141,012.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS	COST	14,955.	14,677.
TOTAL TO FORM 990-PF, PART	II, LINE 13	14,955.	14,677.