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2019

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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

or	caler	ndar year 2019, or tax year beginning 07-01-20)19 , aı	nd ending 06-30	-2020	
		Indation		A Employer ic	dentification numbe	r
AL	ICE ANI	D GEORGE FAMILY FOUNDATION		81-4258711		
		I street (or P.O. box number if mail is not delivered to street address) 「64TH STREET	Room/suite	B Telephone nu	umber (see instruction	ns)
_				(917) 609-017	3	
		n, state or province, country, and ZIP or foreign postal code NY 10065	•	C If exemption	application is pendin	g, check here
G Ch	neck al	I that apply: Initial return Initial return of a	former public charity	D 1. Foreign or	rganizations, check he	ere
		Final return Amended return	remar pasme emants,		rganizations meeting	▶ ∟
		☐ Address change ☐ Name change			ck here and attach co	
1 Ch	neck tv	pe of organization: Section 501(c)(3) exempt private	foundation		undation status was t	
		· · · · · · · · · · · · · · · · · · ·	e private foundation	under section	on 507(b)(1)(A), chec	ck nere
			☑ Cash ☐ Accru	F If the found	ation is in a 60-mont	h termination $\qquad \Box$
of '	year (f	from Part II, col. (c), ▶\$ 609,915 CPart I, column (d) must			on 507(b)(1)(B), chec	
Da	et T	Analysis of Poyonus and Evnoncos (The total	I	T I	T	(4) Dishumanasah
Γa	rt 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)
	1	Contributions, gifts, grants, etc., received (attach schedule)	100,000			
	2	Check ▶ ☐ if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	54	54	ļ	
	4	Dividends and interest from securities	2,950	1,964	ļ	
	5a	Gross rents				
	b	Net rental income or (loss)				
K	6a	Net gain or (loss) from sale of assets not on line 10	6,471			
Revenue	_b	Gross sales price for all assets on line 6a 50,378		6.474		
ă	7	Capital gain net income (from Part IV, line 2)		6,471	<u> </u>	
	8	Net short-term capital gain			 	
	9 10a	Í			 	
	b	Gross sales less returns and allowances Less: Cost of goods sold			+	
	c	Gross profit or (loss) (attach schedule)			<u> </u>	
	11	Other income (attach schedule)			1	
	12	Total. Add lines 1 through 11	109,475	8,489	,	
	13	Compensation of officers, directors, trustees, etc.	0	,		
	14	Other employee salaries and wages				
S	15	Pension plans, employee benefits			<u> </u>	
Se	16a	Legal fees (attach schedule)			_	
<u> </u>	b	Accounting fees (attach schedule)				
Operating and Administrative Expenses	c	Other professional fees (attach schedule)	1,207	1,207	,	
Хe		Interest	229 1,207	1,207	 	`
<u>ت</u> و	17 18				 	
<u> </u>		Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion			 	
Ē	19				 	
Ą	20 21	Occupancy			 	
2	22	Printing and publications			 	
ල ව	23	Other expenses (attach schedule)	100	C	,	1
Ē,	24	Total operating and administrative expenses.	100		 	
era	24	Add lines 13 through 23	1,307	1,207	,	,
o O	25	Contributions, gifts, grants paid	18,000	·	 	18,000
			10,000		 	18,000
	26	Total expenses and disbursements. Add lines 24 and 25	19,307	1,207	,	18,000
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	90,168			
	ь	Net investment income (if negative, enter -0-)	,200	7,282	2	
	С	Adjusted net income (if negative, enter -0-)		,		
_			1	1		

Beginning of year

Page 2

609.915

End of year

539,173

539,173

539,173

539,173

1

2

3 4

5

6

449,005

90,168

539,173

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0

0

449,005

449,005

449,005

	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 ▶		·	
ا ي	8	Inventories for sale or use			
sel	8 9 10a	Prepaid expenses and deferred charges			
¥	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	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)	0	9 400,978	471,720

investments—rand, buildings, and equipment. basis		
Less: accumulated depreciation (attach schedule) ▶		
Investments—mortgage loans		
Investments—other (attach schedule)	0	ارو
Land, buildings, and equipment: basis ▶		
Less: accumulated depreciation (attach schedule) ▶		
Other assets (describe		
Total assets (to be completed by all filers—see the		
instructions. Also, see page 1, item I)	449,005	

Attached schedules and amounts in the description column

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Accounts receivable

Less: allowance for doubtful accounts

Accounts payable and accrued expenses .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

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

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

Other liabilities (describe -_

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 FASB ASC 958, check here ▶

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) .

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29

Foundations that follow FASB ASC 958, check here ▶

Capital stock, trust principal, or current funds . . .

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

Grants payable

3

14

15 16

17 18

19

20

21

22 23

24

25

26

27 28

29

30

Part III

Liabilities

Assets or Fund Balances

Net

2

3

4

5

Page **3**

(a) List and describe	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs	real estate,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a J.P.MORGAN					
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)		(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a 50),378		43,907		6,471
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(T)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		(k) s of col. (i) l. (j), if any	Gains (Col. (col. (k), but not	h) gain minus less than -0-) or om col.(h))
a					6,471
b					
c					
d					
e					
• -	ain or (loss) as defined in sections : t I, line 8, column (c) (see instructi)- }	3	
Part V Qualification U	nder Section 4940(e) for Re	educed Tax on Net	Investment In	come	
(For optional use by domestic pr	ivate foundations subject to the sec	ction 4940(a) tax on n	et investment incom	ie.)	
If section 4940(d)(2) applies, lea	ave this part blank.				
Was the foundation liable for the If "Yes," the foundation does no	e section 4942 tax on the distributal t qualify under section 4940(e). Do	not complete this part			es 🗸 No
	ount in each column for each year;	see instructions before	e making any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharital	ole-use assets	(d) Distribution rat (col. (b) divided by c	
2018	26,050		418,666		0.062221
2017	1,750		248,576		0.007040
2016	0		18,079		0.000000
2015					
2014				1	
2 Total of line 1, column (d	•		2		0.069261
number of years the found	for the 5-year base period—divide to dation has been in existence if less acharitable-use assets for 2019 from	than 5 years	3.0, or by the 3		0.023087 715,640
5 Multiply line 4 by line 3			5		16,522
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		73
7 Add lines 5 and 6			7		16,595
8 Enter qualifying distribution	ons from Part XII, line 4 ,		8		18,000
If line 8 is equal to or gre- instructions.	ater than line 7, check the box in Pa	art VI, line 1b, and con	nplete that part usin		e the Part VI orm 990-PF (2019)

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Pa	rt VII-B Statements F	Regarding	Activities for Which	Form 4720 May Be	Required (continued	d)			
5a	During the year did the foun	dation pay o	r incur any amount to:					Yes	No
	(1) Carry on propaganda, or	otherwise a	e attempt to influence legislation (section 4945(e))?						
	(2) Influence the outcome o	f any specific	public election (see sect	4	NO				
	on, directly or indirectly,	any voter re	registration drive? Yes				No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?								
	(4) Provide a grant to an orgin section 4945(d)(4)(A)								
	(5) Provide for any purpose	other than r		tific, literary, or	□ Yes		No		
b	If any answer is "Yes" to 5a(1)-(5), did a	any of the transactions fa	ceptions described in	✓				
	Regulations section 53.4945				_		5b	+	
	Organizations relying on a cu		-						
С	If the answer is "Yes" to que			•	_	_			
	tax because it maintained ex If "Yes," attach the statemer	•	·		· · · Yes		No		
6a	Did the foundation, during th	ne year, rece	ive any funds, directly or	indirectly, to pay premiu	ims on				
	a personal benefit contract?.				· Yes	✓	No.		
b	Did the foundation, during the If "Yes" to 6b, file Form 8870		premiums, directly or ind	irectly, on a personal be	nefit contract?		6b	+	No
7a	At any time during the tax y	ear, was the	foundation a party to a p	rohibited tax shelter trar	nsaction?		N		
b	If "Yes", did the foundation r	eceive any p	roceeds or have any net	income attributable to th	e transaction?		NO 7b		
8	Is the foundation subject to								
	excess parachute payment d	uring the ye	ar?		· · 🔲 Yes				
			ers, Directors, Trust					s.	
Pa	and Contracto	rs					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1	List all officers, directors,								
	(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 deferred compensation	and	(e) Expe	ense acc allowan	
ERIN	NALBANDIAN		IDENT	0		0			0
	64TH STREET	1.00							
	YORK, NY 10065			_					
	OUT NALBANDIAN	VICE 1.00	PRESIDENT	0		이			0
	54TH STREET YORK, NY 10065								
	CK NALBANDIAN	TREA	SURER	0		0			0
113 6	64TH STREET	1.00							
	YORK, NY 10065								
	NALBANDIAN	SECR 1.00	ETARY	0		이			0
	54TH STREET YORK, NY 10065	1.00							
2	Compensation of five high	est-paid en	nployees (other than th	nose included on line 1	.—see instructions). I	f non	e, enter	"NONE	."
(a)	Name and address of each em more than \$50,000	ployee paid	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation		(e) Expe	nse acco	
NON									
T - *	I number of the second second	maid #F	0.000						
ıota	I number of other employees	paid over \$5	0,000		· · · · · · · · · · · · · · · · · · ·				0
							Form 99	90-PF	(2019)

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid 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		
List the foundation's four largest direct charitable activities during the tax year. Include rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	<u> </u>	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Mico Landagn 5		Form 990-PF (2019)

2a |

2b

35,782

35,709

35.709

35.709

18,000

18,000

17.927

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73

73

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

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

income. Enter 1% of Part I, line 27b. See instructions.

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

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Tax on investment income for 2019 from Part VI, line 5.

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

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1

2a

3

4 5

6

1

2

3

4

5

b

Part XII

35,709

11,534

24,175

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1 990-PF (20	019)	
art XIII	Undistributed Income (see instruc	tions)

a From 2014.

Form

Pa

1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only.

(a)

Corpus

0

(b)

Years prior to 2018

(c)

2018

6.466

6,466

b From 2015. c From 2016. . .

Excess distributions carryover, if any, to 2019:

d From 2017. e From 2018. f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

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 —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

6 Enter the net total of each column as

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 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9: a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

indicated below:

NONE

	Private Operating Found	ations (see mstr	uctions and Part \	711-A, question 9)		
La	If the foundation has received a ruling or del foundation, and the ruling is effective for 20			erating		
b	Check box to indicate whether the organizati	on is a private oper	ating foundation des	scribed in section \Box	4942(j)(3) or] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) rotar
	year listed					
b	85% of line 2a					
С	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					
е	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:					
а	"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					
Pa	rt XV Supplementary Information assets at any time during th			foundation had s	\$5,000 or more i	in
1	Information Regarding Foundation Mana		i decions.			
а	List any managers of the foundation who hav before the close of any tax year (but only if	e contributed more				n
b	List any managers of the foundation who own ownership of a partnership or other entity) of	of which the foundat	tion has a 10% or gr	reater interest.	arge portion of the	
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Sc	holarship, etc., Pro	ograms:		
	Check here ▶ ☐ if the foundation only mak unsolicited requests for funds. If the founda other conditions, complete items 2a, b, c, at	tion makes gifts, gra	ants, etc. to individu			
а	The name, address, and telephone number of	or e-mail address of	the person to whom	n applications should	be addressed:	
	ALICE AND GEORGE FAMILY FOUNDATION					
	113 EAST 64TH STREET NEW YORK, NY 10065					
	(917) 609-0173					
b	The form in which applications should be sub	mitted and informa	tion and materials t	hey should include:		
	BY LETTER ONLY					
C	Any submission deadlines:					
	NONE			<u> </u>		
d	Any restrictions or limitations on awards, sur factors:	ch as by geographic	al areas, charitable	fields, kinds of institu	itions, or other	

a Paid during the year CENTRAL PARK CONSERVANCY

14 EAST 60TH STREET

NEW YORK, NY 10003

52 EAST 62ND STREET

NEW YORK, NY 10065

THE CHAPIN SCHOOL 100 EAST END AVENUE

NEW YORK, NY 10028

Total .

b Approved for future payment

Total

THE BROWNING SCHOOL

NONE

NONE

NONE

Recipient	show any relationship to	
Name and address (home or business)	any foundation manager or substantial contributor	
Paid during the year		

contribution GENERAL CONTRIBUTION

3b

GENERAL CONTRIBUTION

GENERAL CONTRIBUTION

Purpose of grant or

status of

recipient

PUBLIC.

PUBLIC.

PUBLIC

CHARITY

CHARITY

CHARITY

8,500

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Amount

Page **11**

1,000

8,500

18,000

Part XVI-A Analysis of Income-Producing		usiness income	Excluded by section	512 513 or 514	(e)
nter gross amounts unless otherwise indicated.					Related or exempt function income
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(See instructions.)
a b					
c					
d e					
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments3 Interest on savings and temporary cash					
investments			14	54	
4 Dividends and interest from securities			14	2,950	
5 Net rental income or (loss) from real estate: a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income 8 Gain or (loss) from sales of assets other than					
inventory			18	6,471	
9 Net income or (loss) from special events: 0 Gross profit or (loss) from sales of inventory					
1 Other revenue: a					
b					
c					
٨					
d e					
e		0		9,475	(
e	lations.)	0		9,475 3	
e 2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the columns of the columns and the columns to the colu	lations.) ne Accomplis	hment of Exemp	ot Purposes	3	
e	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second light part of the foundation's expenses.	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
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2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
2 Subtotal. Add columns (b), (d), and (e). 3 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calcular to the second seco	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
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e	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
e	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	
e	lations.) ne Accomplis income is report	hment of Exempled in column (e) of	ot Purposes Part XVI-A contribu	3ited importantly to	9,475

Form 990-PF (2019)		Pa	ge 13
Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations	table		
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?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:			
(1) Cash	1a(1)		No
(2) Other assets	1a(2)		No
b Other transactions:			
(1) Sales of assets to a noncharitable exempt organization	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization	1b(2)		No
(3) Rental of facilities, equipment, or other assets	1b(3)		No
(4) Reimhursement arrangements	1h(4)		No

(3) Rer	ntal of facilities, equipmen	nt, or other assets.					1b(3)	No
(4) Rei	mbursement arrangemer	nts				[1b(4)	No
(5) Loa	ns or loan guarantees.					[1b(5)	No
(6) Perf	ormance of services or m	nembership or fundr	aising solicitations			[1b(6)	No
c Sharing	of facilities, equipment, r	mailing lists, other a	assets, or paid employees.			[1c	No
of the go	oods, other assets, or ser	rvices given by the mangement, show in a	the following schedule. Coreporting foundation. If the column (d) the value of the column the column (d) the value of the column the	e foundatior ne goods, ot	n received less than fair m	narket value ceived.	e	omante
(a) Line No.	(b) Amount involved	(c) Name of noncha	intable exempt organization	(a) Desc	ription of transfers, transaction	nis, and snar	ing arrang	ements
-								
		+						
		 						
		 						
describe	,	r than section 501(or related to, one or morc)(3)) or in section 527? .		_] _{Yes} 🔽	No	
	(a) Name of organization	on	(b) Type of organiza	tion	(c) Descript	ion of relatio	nship	
			e examined this return, ir and complete. Declaration					

which preparer has any knowledge. Sign May the IRS discuss this 2020-11-11 Here return with the preparer shown Signature of officer or trustee Date Title (see instr.) 🗹 Yes 🗆 No

Paid	I
Prep Use	
USE	OII

er ROGOFF & COMPANY PC Firm's name ▶ ıly 355 LEXINGTON AVENUE 6TH FLOOR Firm's address 🕨

NEW YORK, NY 100176603

Print/Type preparer's name

IRA STRASSBERG

Preparer's Signature

Date Check if selfemployed ightharpoonup

PTIN

P01229970

Firm's EIN ►13-2688836

Phone no. (212) 557-5666

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TY 2019 Investments - Other Schedule

Name: ALICE AND GEORGE FAMILY FOUNDATION

EIN: 81-4258711

Investments Other Schedule 2				
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value	
SELECT SECTOR SPDR TRUST - FINANCIAL	AT COST	12,476	13,213	
VANGUARD SECTOR INDEX FDS	AT COST	21,325	27,314	
FIDELITY SALEM STR TR - FIDELITY 500 INDEX FUND	AT COST	116,121	155,850	
VANGUARD WORLD FUNDS	AT COST	11,743	14,048	
SELECT SECTOR SPDR TRUST - INDUSTRIAL	AT COST	12,542	14,358	
SECTOR SPDR TRUST SBI	AT COST	4,023	4,515	
SELECT SECTOR SPDR TRUST - HEALTH	AT COST	16,310	18,113	
SELECT SECTOR SPDR FUND	AT COST	4,010	5,619	
BLACKROCK FDS V - HIGH YLD BND	AT COST	17,731	19,177	
BLACKROCK MUN BD FD - NATIONAL MUNICIPAL FD	AT COST	12,059	13,304	
DOUBLELINE FDS TR - TOTAL RETURN BD FD	AT COST	4,753	4,931	
ISHARES TRUST - ISHARES SHORT TREASURY BOND	AT COST	3,996	3,987	
ISHARES TRUST - ISHARES US TREASURY BOND	AT COST	4,003	4,059	
JPMORGAN TR I - INTERMEDIATE TAX FREE BD FD	AT COST	87,490	95,461	
JPMORGAN TR II - HIGH YIELD FD	AT COST	9,272	9,544	
NUVEEN FLAGSHIP LIMITED - TERM MUNICIPAL BOND	AT COST	22,097	23,914	
PIMCO INCOME FD	AT COST	4,049	4,431	
PIMCO SHORT TERM FUND	AT COST	8,816	9,199	
TAX EXEMPT BD FD AMER	AT COST	28,162	30,683	

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TY 2019 Other Expenses Schedule					
Name:	ALICE AND GEO	ORGE FAMILY FOL	JNDATION		
EIN:	81-4258711				
Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
STATE FILING FEE	100	0		0	

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TY 2019 Other Professional Fees Schedule					
Name: ALICE AND GEORGE FAMILY FOUNDATION					
EIN: 81-4258711					
Cotonomia Not Torrestorat Adirected Not Disharence					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable	

1,207

1,207

Purposes

INVESTMENT ADVISORY FEES

efile GRAPHIC print - DC	NOT PROCESS As Filed Data -			DLN: 93491316017900
Schedule B	Scriedule of Contributors		OMB No. 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service			2019	
Name of the organization ALICE AND GEORGE FAMIL	Y FOUNDATION		Employer i	identification number
Organization type (chec			81-4258711	<u>L</u>
organization type (once	Conoj.			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) o	organization		
	4947(a)(1) nonexempt char	ritable trust not treated as a pr	ivate foundation	
	☐ 527 political organization			
Form 990-PF	501(c)(3) exempt private for	oundation		
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	ion filing Form 990, 990-EZ, or 990-F property) from any one contributor. C			
Special Rules				
under sections 50 received from any	n described in section 501(c)(3) filing 9(a)(1) and 170(b)(1)(A)(vi), that che one contributor, during the year, tota 1h, or (ii) Form 990-EZ, line 1. Com	ecked Schedule A (Form 990 o al contributions of the greater o	r 990-EZ), Part II, line 13	, 16a, or 16b, and that
during the year, to	n described in section 501(c)(7), (8), tal contributions of more than \$1,000 e prevention of cruelty to children or	0 <i>exclusively</i> for religious, char	ritable, scientific, literary,	
during the year, co If this box is check purpose. Don't co	n described in section 501(c)(7), (8), ontributions <i>exclusively</i> for religious, led, enter here the total contributions inplete any of the parts unless the Ge e, etc., contributions totaling \$5,000	charitable, etc., purposes, but s that were received during the eneral Rule applies to this org	no such contributions tot year for an <i>exclusively</i> repairs an including the control of the cont	taled more than \$1,000. religious, charitable, etc., eived <i>nonexclusively</i>
990-EZ, or 990-PF), but it	that isn't covered by the General Ru must answer "No" on Part IV, line 2 t I, line 2, to certify that it doesn't me	2, of its Form 990; or check the	box on line H of its Form	ırm 990, ı 990-EZ
For Paperwork Reduction Actor Form 990, 990-EZ, or 990-	t Notice, see the Instructions PF.	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)

Name of organization ALICE AND GEORGE FAMILY FOUNDATION

Employer identification number 81-4258711

LICE THIS GEORG	ETATILET TOORDATION	01 1230711	
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ERIN AND HAROUT NALBANDIAN 113 EAST 64TH STREET NEW YORK, NY 10065	\$ 100,000	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
-		\$	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.)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization O GEORGE FAMILY FOUNDATION			Employer identification number 81-4258711
Part III	than \$1,000 for the year from any one conti	ributor. Comple total of exclusi instructions.) ▶	te columns <mark>(a)</mark> thr vely religious, cha	ed in section 501(c)(7), (8), or (10) that total more ough (e) and the following line entry. For ritable, etc., contributions of \$1,000 or less for
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIP 4		e) Transfer of gift 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
	Transferee's name, address, and Z	lationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIP 4 (e) Transfer of gift Rel		lationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(0) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and z		Transfer of gift Re	lationship of transferor to transferee
				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)