

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2017

Open to Public Inspection

Form 990-PF

Department of the Treasury
Internal Revenue Service

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 2017 or tax year beginning NOV 1, 2017, and ending OCT 31, 2018

Name of foundation: THE JOUKOWSKY FAMILY FOUNDATION
 A Employer identification number: 13-3242753
 Number and street (or P.O. box number if mail is not delivered to street address): 620 PARK AVENUE, 5TH FLOOR
 Room/suite: _____
 B Telephone number: (212) 355-3151
 City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10065
 C If exemption application is pending, check here
 D 1. Foreign organizations, check here
 2. Foreign organizations meeting the 85% test, check here and attach computation
 E If private foundation status was terminated under section 507(b)(1)(A), check here
 F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here
 G Check all that apply: Initial return Initial return of a former public charity
 Final return Amended return
 Address change Name change
 H Check type of organization: Section 501(c)(3) exempt private foundation
 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation
 I Fair market value of all assets at end of year (from Part II, col. (c), line 16): \$ 20,986,256.
 J Accounting method: Cash Accrual
 Other (specify) MODIFIED CASH (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).)		(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			N/A	
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	5,569.	5,569.		
	4 Dividends and interest from securities	407,240.	364,571.		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	575,311.			
	b Gross sales price for all assets on line 6a	1,068,682.			
	7 Capital gain net income (from Part IV, line 2)		562,241.		
	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)					
11 Other income	-5,623.	5,636.		STATEMENT 1	
12 Total. Add lines 1 through 11	982,497.	938,017.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	182,292.	9,115.		173,177.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	68,643.	3,432.		65,211.
	16a Legal fees STMT 2	15,187.	1,519.		13,668.
	b Accounting fees STMT 3	13,469.	1,347.		12,122.
	c Other professional fees STMT 4	40,853.	0.		40,853.
	17 Interest				
	18 Taxes STMT 5	40,409.	0.		0.
	19 Depreciation and depletion	695.	0.		
	20 Occupancy	19,500.	1,950.		17,550.
	21 Travel, conferences, and meetings	59.	6.		53.
	22 Printing and publications				
	23 Other expenses STMT 6	68,214.	1,924.		66,290.
	24 Total operating and administrative expenses. Add lines 13 through 23	449,321.	19,293.		388,924.
	25 Contributions, gifts, grants paid	747,410.			747,410.
26 Total expenses and disbursements. Add lines 24 and 25	1,196,731.	19,293.		1,136,334.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-214,234.				
b Net investment income (if negative, enter -0-)		918,724.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	2,609,930.	2,200,997.	2,200,997.
	3 Accounts receivable	2,470.		
	Less: allowance for doubtful accounts	2,470.	2,470.	2,470.
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable			
	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			
	b Investments - corporate stock	STMT 7 13,955,448.	15,408,288.	15,408,288.
	c Investments - corporate bonds	40,179.	0.	0.
	11 Investments - land, buildings, and equipment: basis			
Less: accumulated depreciation				
12 Investments - mortgage loans				
13 Investments - other	STMT 8 3,434,938.	3,374,348.	3,374,348.	
14 Land, buildings, and equipment: basis	25,432.			
Less: accumulated depreciation	25,279.	849.	153.	
15 Other assets (describe)				
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)	20,043,814.	20,986,256.	20,986,256.	
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			
	22 Other liabilities (describe)			
23 Total liabilities (add lines 17 through 22)	0.	0.		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted	20,043,814.	20,986,256.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	20,043,814.	20,986,256.		
31 Total liabilities and net assets/fund balances	20,043,814.	20,986,256.		

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 30 (must agree with end-of-year figure reported on prior year's return)	1	20,043,814.
2 Enter amount from Part I, line 27a	2	-214,234.
3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS	3	1,156,676.
4 Add lines 1, 2, and 3	4	20,986,256.
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 30	6	20,986,256.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, 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 PUBLICLY TRADED SECURITIES				
b THE BLACKSTONE GROUP L.P.				
c THE BLACKSTONE GROUP L.P. - GAIN FROM UNRELATED BUSINESS				
d ACTIVITIES				
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 1,068,682.		543,052.	525,630.	
b			49,681.	
c				
d			-13,070.	
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) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a			525,630.	
b			49,681.	
c				
d			-13,070.	
e				
2 Capital gain net income or (net capital loss)		{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2 562,241.
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). If (loss), enter -0- in Part I, line 8 }		3 N/A

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 doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the 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))
2016	977,271.	18,529,255.	.052742
2015	1,010,723.	16,474,540.	.061351
2014	928,480.	17,601,795.	.052749
2013	797,460.	17,672,215.	.045125
2012	741,135.	17,406,952.	.042577
2 Total of line 1, column (d)			2 .254544
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 .050909
4 Enter the net value of noncharitable-use assets for 2017 from Part X, line 5			4 19,475,058.
5 Multiply line 4 by line 3			5 991,456.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 9,187.
7 Add lines 5 and 6			7 1,000,643.
8 Enter qualifying distributions from Part XII, line 4			8 1,136,334.

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)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	9,187.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	9,187.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	9,187.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017	6a	22,000.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	0.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	22,000.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	12,813.	
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax 12,813. Refunded	11	0.	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		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 distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • 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?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> <u>NY</u>		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 containing questions about controlled entities, distributions, public inspection requirements, website address, books in care, and nonexempt charitable trusts.

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.

Table with 3 columns: Question, Yes, No. Rows 1a-4b containing questions about disqualifying acts, taxes on failure to distribute income, and business enterprise interest.

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

		Yes	No
5a During the year, did the foundation pay or incur any amount to:			
(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	X
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? N/A	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<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?		6b	X
If "Yes" to 6b, file Form 8870.			
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? N/A		7b	

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

SEE STATEMENT 10

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

(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
SEE STATEMENT 9		182,292.	49,902.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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. 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 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 on lines 1 and 2.	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

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	17,439,693.
b	Average of monthly cash balances	1b	2,331,939.
c	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	19,771,632.
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	19,771,632.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	296,574.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	19,475,058.
6	Minimum investment return. Enter 5% of line 5	6	973,753.

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	973,753.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	9,187.
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b	285.
c	Add lines 2a and 2b	2c	9,472.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	964,281.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	964,281.
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	964,281.

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	1,136,334.
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	1,136,334.
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	9,187.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,127,147.

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 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				964,281.
2 Undistributed income, if any, as of the end of 2017:				
a Enter amount for 2016 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012				
b From 2013				
c From 2014		62,202.		
d From 2015		197,470.		
e From 2016		76,381.		
f Total of lines 3a through e	336,053.			
4 Qualifying distributions for 2017 from Part XII, line 4: ▶ \$ 1,136,334.				
a Applied to 2016, 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 2017 distributable amount				964,281.
e Remaining amount distributed out of corpus	172,053.			
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	508,106.			
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 2016. Subtract line 4a from line 2a. Taxable amount - see instr. ...			0.	
f Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018				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 2012 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	508,106.			
10 Analysis of line 9:				
a Excess from 2013 ...				
b Excess from 2014 ...		62,202.		
c Excess from 2015 ...		197,470.		
d Excess from 2016 ...		76,381.		
e Excess from 2017 ...		172,053.		

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2017, enter the date of the ruling ▶

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

	Tax year				(e) Total
	(a) 2017	(b) 2016	(c) 2015	(d) 2014	
2 a 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).)

NONE

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.

NONE

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.

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 Paid during the year				
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	NONE	PC	1/3 PMTS ON \$255,000-3 YR PLEDGE-AJ3 BEHEST	85,000.
HAMPSHIRE COLLEGE 893 WEST STREET AMHERST, MA 01002	NONE	PC	5/7 PMTS ON PLEDGE-AJ3 BEHEST	25,000.
SC MEDICAL SCHOOL 268 CALHOUN STREET CHARLESTON, SC 29425	NONE	PC	1/5 PLEDGE \$500,000 -\$100,000 ANNUAL-MWJ BEHALF	100,000.
ST. JUDE P2P 101 E. VALENCIA MESA DR. FULLERTON, CA 92835	NONE	PC	RIDE FOR LIFE ST. JUDE'S HOSPITAL-AAWJ APPROVED	250.
BROWN ATHLETIC DEPARTMENT BOX 1925 PROVIDENCE, RI 02912	NONE	PC	DEDICATED JOUKOWSKY FAMILY ROOM/PIZZITOLA	100,000.
Total	SEE CONTINUATION SHEET(S) ▶ 3a			747,410.
b Approved for future payment				
RHODE ISLAND CENTER FOR PROGRESSIVE EDUCATION 21 LINCOLN AVE CENTRAL FALLS, RI 02863	NONE	PC	3 JOUKOWSKYFELLOWS	235,000.
SC MEDICAL SCHOOL 268 CALHOUN STREET CHARLESTON, SC 29425	NONE	PC	2/5 PLEDGE \$500,000 -\$100,000 ANNUAL-MWJ BEHALF	100,000.
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET BOSTON, MA 02114	NONE	PC	2/3 PMTS ON \$255,000-3 YR PLEDGE-AJ3 BEHEST	85,000.
Total	SEE CONTINUATION SHEET(S) ▶ 3b			599,500.

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
BROWN UNIVERSITY 350 EDDY ST. PROVIDENCE, RI 02912	NONE	PC	3/3 PLEDGE SCHOLARLY CONCENTRATION/ALHEIMER'S RESEARCH	175,000.
THE AMERICAN TURKISH SOCIETY 54 W. 40TH STREET NEW YORK, NY 10018	NONE	PC	ENKA SCHOOL-SCHOLARSHIP-SERBEST CHILDREN-NJK BEHEST	22,660.
CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610	NONE	PC	SCHOLARSHIP FOR DYLAN TOVEY	20,000.
RHODE ISLAND FOUNDATION ONE UNION SQUARE PROVIDENCE, RI 02903	NONE	PC	FROM MARTHA-MWJ BEHEST	55,000.
NO LIMITS MEDIA 1967 LAKE STREET SHERBORN, MA 01770	NONE	PC	GENERAL SUPPORT	20,000.
SHARED HUMANITY 4 WENSLEY DRIVE GREAT NECK, NY 11021	NONE	PC	IN SUPPORT OF GENERAL FUND	10,000.
JEWISH FAMILY SERVICES METROWEST BOSTON 475 FRANKLIN STREET FRAMINGTON, MA 01702	NONE	PC	IN SUPPORT OF THE GENERAL FUND	12,000.
Total from continuation sheets				437,160.

Part XV Supplementary Information (continued)

3a Grants and Contributions Paid During the Year

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
CREATIVE VISIONS 18820 PACIFIC COAST HWY MALIBU, CA 90265	NONE	PC	\$5K CRIES FROM SYRIA	10,000.
CAMPAIGN FOR CATHOLIC SCHOOLS 66 BROOKS DRIVE BRAintree, MA 02814	NONE	PC	IN SUPPORT OF THE HONOR ROLL 3/5	2,500.
RHODE ISLAND FOUNDATION ONE UNION SQUARE PROVIDENCE, RI 02903	NONE	PC	FROM MISHA	55,000.
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL ROAD MILLBROOK, NY 12545	NONE	PC	IN SUPPORT OF GENERAL FUND	10,000.
NIGHTINGALE-BAMFORD SCHOOL 20 EAST 92ND STREET NEW YORK, NY 10128	NONE	PC	IN SUPPORT OF THE ANNUAL FUND	10,000.
ROBERT COLLEGE OF ISTANBUL 520 8TH AVE., N. TOWER, 20TH FL NEW YORK, NY 10018	NONE	PC	IN SUPPORT OF THE ANNUAL FUND	1,000.
AMERICAN COMMUNITY SCHOOL AT BEIRUT 3 DAG HAMMARSKJOLD PLAZA, 8TH FL. NEW YORK, NY 10017	NONE	PC	IN SUPPORT OF THE ANNUAL FUND	12,000.

Total from continuation sheets

Part XV Supplementary Information (continued)

3b Grants and Contributions 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
CLARK UNIVERSITY 950 MAIN STREET WORCESTER, MA 01610	NONE	PC	SCHOLARSHIP FOR DYLAN TOVEY	20,000.
SHARED HUMANITY 4 WENSLEY DRIVE GREAT NECK, NY 11021	NONE	PC	GENERAL SUPPORT	10,000.
NO LIMITS MEDIA 1967 LAKE STREET SHERBORN, MA 01770	NONE	PC	GENERAL SUPPORT	12,000.
CAMPAIGN FOR CATHOLIC SCHOOLS 66 BROOKS DRIVE BRAintree, MA 02814	NONE	PC	IN SUPPORT OF THE HONOR ROLL 4/5	2,500.
RHODE ISLAND FOUNDATION ONE UNION SQUARE PROVIDENCE, RI 02903	NONE	PC	GENERAL SUPPORT	110,000.
ROBERT COLLEGE OF ISTANBUL 520 8TH AVE., N. TOWER, 20TH FL NEW YORK, NY 10018	NONE	PC	GENERAL SUPPORT	5,000.
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL ROAD MILLBROOK, NY 12545	NONE	PC	GENERAL SUPPORT	10,000.
Total from continuation sheets				179,500.

FORM 990-PF

OTHER INCOME

STATEMENT 1

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
NET INCOME (LOSS) FROM INVESTMENT IN LIMITED PARTNERSHIP	-5,623.	5,636.	
TOTAL TO FORM 990-PF, PART I, LINE 11	-5,623.	5,636.	

FORM 990-PF

LEGAL FEES

STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MCDERMOTT WILL & EMORY FRANK J. GODDEL	7,237. 7,950.	724. 795.		6,513. 7,155.
TO FM 990-PF, PG 1, LN 16A	15,187.	1,519.		13,668.

FORM 990-PF

ACCOUNTING FEES

STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONDON O'MEARA MCGINTY & DONNELLY LLP	13,469.	1,347.		12,122.
TO FORM 990-PF, PG 1, LN 16B	13,469.	1,347.		12,122.

FORM 990-PF

OTHER PROFESSIONAL FEES

STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
CONSULTANT - ARTEMIS JOUKOWSKY	40,853.	0.		40,853.
TO FORM 990-PF, PG 1, LN 16C	40,853.	0.		40,853.

FORM 990-PF

TAXES

STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL EXCISE TAX	38,515.	0.		0.
NEW YORK STATE CORPORATE TAX	1,894.	0.		0.
TO FORM 990-PF, PG 1, LN 18	40,409.	0.		0.

FORM 990-PF

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PROGRAM	37,747.	0.		37,747.
SPECIAL PROJECT	11,229.	0.		11,229.
INSURANCE	1,500.	150.		1,350.
SUPPLIES	388.	39.		349.
TELEPHONE	11,623.	1,162.		10,461.
REPAIRS AND MAINTENANCE	1,145.	115.		1,030.
MISCELLANEOUS	297.	30.		267.
ONLINE SERVICE	3,822.	382.		3,440.
POSTAGE	463.	46.		417.
TO FORM 990-PF, PG 1, LN 23	68,214.	1,924.		66,290.

FORM 990-PF

CORPORATE STOCK

STATEMENT 7

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
AIG INC.	636,196.	636,196.
AIG WARRANT EXP 1/19/2021	21,352.	21,352.
AMAZON	583,274.	583,274.
APPLE INC.	666,210.	666,210.
AT&T INC.	1,252,787.	1,252,787.
BERKSHIRE HATHAWAY INC.	862,997.	862,997.
BOEING CORP	1,103,260.	1,103,260.
CME GROUP INC.	1,988,337.	1,988,337.
COCA COLA	233,128.	233,128.
COPART, INC.	513,555.	513,555.
DOW DUPOINT INC.	239,405.	239,405.
HONEYWELL INTL. INC.	292,674.	292,674.
IAC INTERACTIVE CORP.	1,614,004.	1,614,004.
MANITOWOC FOOD SERVICE	308,880.	308,880.
MICROSOFT CORP.	1,082,519.	1,082,519.
PRO SHARES TR	399,540.	399,540.
RESTAURANT BRANDS INTL INC.	551,041.	551,041.
ROSETTA STONE	415,800.	415,800.
SELECT SECTOR SPDR	334,865.	334,865.
SPARKS NETWORK	33,082.	33,082.
SPDR SERIES TRUST	161,970.	161,970.
TUCOWS INC.	687,466.	687,466.
UNITED TECHNOLOGIES	370,146.	370,146.
VISA	510,045.	510,045.
ANHEUSER BUSCH	36,990.	36,990.
CHUBB	62,455.	62,455.
GASLOG PARTNERS	248,500.	248,500.
ESTEE LAUDER	137,440.	137,440.
RESIDEO TECHNOLOGIES	7,010.	7,010.
CALLS	53,360.	53,360.
TOTAL TO FORM 990-PF, PART II, LINE 10B	15,408,288.	15,408,288.

FORM 990-PF

OTHER INVESTMENTS

STATEMENT 8

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
BLACKSTONE GROUP LP	FMV	1,513,089.	1,513,089.
GREENLIGHT	FMV	616,062.	616,062.
OSMIUM CAPITAL	FMV	442,657.	442,657.
THIRD POINT OFFSHORE FUND LTD	FMV	802,540.	802,540.
TOTAL TO FORM 990-PF, PART II, LINE 13		3,374,348.	3,374,348.

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
NINA JOUKOWSKY KOPRULU 620 PARK AVENUE, 5TH FLOOR NEW YORK, NY 10065	PRES. & DIRECTOR 40.00	125,000.	22,689.	0.
VIVIEN BAILEY-BARNUM 620 PARK AVENUE, 5TH FLOOR NEW YORK, NY 10065	COO & SECRETARY 40.00	57,292.	27,213.	0.
MICHAEL W. JOUKOWSKY 620 PARK AVENUE, 5TH FLOOR NEW YORK, NY 10065	INVESTMENT COMM. CHAIR & DIRECTOR 3.00	0.	0.	0.
MARTHA S. JOUKOWSKY 620 PARK AVENUE, 5TH FLOOR NEW YORK, NY 10065	DIRECTOR 3.00	0.	0.	0.
TONI ANN KRUSE, ESQ. 620 PARK AVENUE, 5TH FLOOR NEW YORK, NY 10065	DIRECTOR 3.00	0.	0.	0.
HENRY CHRISTENSEN, III 620 PARK AVENUE, 5TH FLOOR NEW YORK, NY 10065	DIRECTOR (DEC. 11/3/17) 3.00	0.	0.	0.
ARTEMIS A. W. JOUKOWSKY 620 PARK AVENUE, 5TH FLOOR NEW YORK, NY 10065	DIRECTOR 3.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		182,292.	49,902.	0.

FORM 990-PF

OFFICERS, DIRECTORS, TRUSTEES AND
FOUNDATION MANAGERS COMPENSATION EXPLANATION
PART VIII, LINE 1

STATEMENT 10

PERSON'S NAME

ARTEMIS A. W. JOUKOWSKY

COMPENSATION EXPLANATION

THE FOUNDATION PAYS ARTEMIS A.W. JOUKOWSKY FOR CONSULTING SERVICES (SEE STATEMENT 4).

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2017

For calendar year 2017 or other tax year beginning NOV 1, 2017, and ending OCT 31, 2018

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE JOUKOWSKY FAMILY FOUNDATION</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 620 PARK AVENUE, 5TH FLOOR</p> <p>City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10065</p>	<p>D Employer identification number (Employees' trust, see instructions.) 13-3242753</p> <p>E Unrelated business activity codes (See instructions.) 900001</p>
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<p>C Book value of all assets at end of year 20,986,256.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
---	--

H Describe the organization's primary unrelated business activity. ▶ **INVESTMENT IN LMT. PARTNERSHIP**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **THE FOUNDATION** Telephone number ▶ **(212) 355-3151**

		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Schedule D)		4a 13,070.		13,070.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnerships and S corporations (attach statement)		5 -10,485.	STMT 11	-10,485.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F) ...		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13 2,585.		2,585.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14		
15 Salaries and wages		15		
16 Repairs and maintenance		16		
17 Bad debts		17		
18 Interest (attach schedule)		18		
19 Taxes and licenses		19		
20 Charitable contributions (See instructions for limitation rules) STATEMENT 13 SEE STATEMENT 12		20		159.
21 Depreciation (attach Form 4562)		21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23 Depletion		23		
24 Contributions to deferred compensation plans		24		
25 Employee benefit programs		25		
26 Excess exempt expenses (Schedule I)		26		
27 Excess readership costs (Schedule J)		27		
28 Other deductions (attach schedule)		28		
29 Total deductions. Add lines 14 through 28		29		159.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30		2,426.
31 Net operating loss deduction (limited to the amount on line 30)		31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32		2,426.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34		1,426.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:			
a	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c	Income tax on the amount on line 34 SEE STATEMENT 14	35c	285.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36	
37 Proxy tax. See instructions		37	
38 Alternative minimum tax		38	
39 Tax on Non-Compliant Facility Income. See instructions		39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies		40	285.

Part IV Tax and Payments

41a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b	Other credits (see instructions)	41b	
c	General business credit. Attach Form 3800	41c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e	Total credits. Add lines 41a through 41d	41e	
42	Subtract line 41e from line 40	42	285.
43	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44	Total tax. Add lines 42 and 43	44	285.
45a	Payments: A 2016 overpayment credited to 2017	45a	458.
b	2017 estimated tax payments	45b	2,000.
c	Tax deposited with Form 8868	45c	750.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e	Backup withholding (see instructions)	45e	
f	Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g	Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	45g	
46	Total payments. Add lines 45a through 45g	46	3,208.
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	2,923.
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax 2,923. Refunded	50	0.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here 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.

Signature of officer _____ Date _____ OTHER AUTHORIZED OFFICER Title _____
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only

Print/Type preparer's name: JAMES J. REILLY
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: P00183769
 Firm's name: CONDON O' MEARA MCGINTY & DONNELLY LLP Firm's EIN: 13-3628255
 ONE BATTERY PARK PLAZA, 7TH FL.
 Firm's address: NEW YORK, NY 10004 Phone no. 212-661-7777

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/A

1 Inventory at beginning of year	1		6 Inventory at end of year	6			
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3 Cost of labor	3					Yes	No
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?				
b Other costs (attach schedule)	4b						
5 Total. Add lines 1 through 4b	5						

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4) SEE STATEMENT 15		%	
Total. Enter here and on page 1, Part II, line 14			0.

Form 990-T (2017)

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 13

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2012
 FOR TAX YEAR 2013
 FOR TAX YEAR 2014
 FOR TAX YEAR 2015
 FOR TAX YEAR 2016

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

747,410

TOTAL CONTRIBUTIONS AVAILABLE

747,410

TAXABLE INCOME LIMITATION AS ADJUSTED

159

EXCESS 10% CONTRIBUTIONS

747,251

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

747,251

ALLOWABLE CONTRIBUTIONS DEDUCTION

159

TOTAL CONTRIBUTION DEDUCTION

159

FORM 990-T

LINE 35C TAX COMPUTATION

STATEMENT 14

1.	TAXABLE INCOME		1,426
2.	LESSER OF LINE 1 OR FIRST BRACKET AMOUNT . .		1,426
3.	LINE 1 LESS LINE 2		0
4.	LESSER OF LINE 3 OR SECOND BRACKET AMOUNT . .		0
5.	LINE 3 LESS LINE 4		0
6.	INCOME SUBJECT TO 34% TAX RATE		0
7.	INCOME SUBJECT TO 35% TAX RATE		0
8.	15 PERCENT OF LINE 2		214
9.	25 PERCENT OF LINE 4		0
10.	34 PERCENT OF LINE 6		0
11.	35 PERCENT OF LINE 7		0
12.	ADDITIONAL 5% SURTAX		0
13.	ADDITIONAL 3% SURTAX		0
14.	TOTAL INCOME TAX		<u>214</u>
15.	TAX AT 21% RATE EFFECTIVE AFTER 12/31/2017		<u>299</u>
		DAYS	
16.	TAX PRORATED FOR NUMBER OF DAYS IN 2017	61	36
17.	TAX PRORATED FOR NUMBER OF DAYS IN 2018	304	249
18.	TOTAL TAX PRORATED	<u>365</u>	<u>285</u>

FORM 990-T

SCHEDULE K - COMPENSATION OF OFFICERS,
DIRECTORS AND TRUSTEES

STATEMENT 15

NAME	TITLE	PERCENT	COMPENSATION
NINA JOUKOWSKY KOPRULU	PRESIDENT & DIRECTOR	.00%	0.
VIVIEN BAILEY-BARNUM	COO & SECRETARY	.00%	0.
MARTHA S. JOUKOWSKY	DIRECTOR	.00%	0.
TONI ANN KRUSE, ESQ.	DIRECTOR	.00%	0.
MICHAEL W. JOUKOWSKY	INVESTMENT COMM. CHAIR & DIRECTOR	.00%	0.
HENRY CHRISTENSEN, III	DIRECTOR (DEC. 11/3/17)	.00%	0.
ARTEMIS A. W. JOUKOWSKY	DIRECTOR	.00%	0.
TOTAL TO FORM 990-T, SCHEDULE K			

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2017
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 11/01/2017 and Ending (mm/dd/yyyy) 10/31/2018		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: THE JOUKOWSKY FAMILY FOUNDATION	Employer Identification Number (EIN): 13-3242753
	Mailing Address: 620 PARK AVENUE, 5TH FLOOR	NY Registration Number: 03-18-04
	City / State / ZIP: NEW YORK, NY 10065	Telephone: 212 355-3151
	Website: WWW.JOUKOWSKY.ORG	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input checked="" type="checkbox"/> EPTL only <input type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	MICHAEL W. JOUKOWSKY	OTHER AUTHORIZED OFF	
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:			
	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ _____	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>750.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 28 Liberty Street
 New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
 Call: (212) 416-8401
 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).



CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

All filers enter tax period:

beginning **11-01-17**

ending **10-31-18**

Amended return

Tax Law - Article 13

Employer identification number (EIN)

13-3242753

File number

MM5

Business telephone number

212-355-3151

If you claim an overpayment, mark an X in the box

Legal name of corporation

THE JOUKOWSKY FAMILY FOUNDATION

Trade name/DBA

Mailing name (if different from legal name above)

c/o

Number and street or PO box

620 PARK AVENUE, 5TH FLOOR

City

NEW YORK, NY 10065

State

ZIP code

State or country of incorporation

NY

Date received (for Tax Department use only)

Date of incorporation

Foreign corporations: date began business in NYS

NAICS business code number (from federal return)

900001

If address/phone above is new, mark an X in the box

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See *Business information* in Form CT-1.

Audit (for Tax Department use only)

Principal unrelated business activity (see instructions)

INVESTMENT IN LMT. PARTNERSHIP

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

Organization - Have you filed this New York State application for exemption? (see instructions) Yes No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

A. Pay amount shown on line 22. Make payable to: <i>New York State Corporation Tax</i> ◀ Attach your payment here. Detach all check stubs. (See instructions for details.)	A	Payment enclosed
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Computation of income and tax

1	Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	1,426.
2	New York State Article 13 and Article 23 tax deducted on federal return	2	
3	Additions required for shareholders of federal S corporations (see instructions)	3	
4	Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5	Other additions (see instructions) • IRC section 199 deduction:	5	
6	Add lines 1 through 5	6	1,426.
7	Other income (see instructions)	7	
8	Federal S corporation shareholder subtractions (see instructions)	8	
9	Other subtractions (see instructions)	9	
10	Total subtractions (add lines 7, 8, and 9)	10	
11	Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	1,426.
12	New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13	Taxable income (subtract line 12 from line 11)	13	1,426.
14	Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed) •	14	1,426.
15	Tax based on income (multiply line 14 by 9% (.09))	15	128.
16	Minimum tax	16	250.00
17	Tax (line 15 or line 16, whichever is larger)	17	250.
18	Total prepayments from line 46 •	18	344.
19	Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20	Interest on late payment (see instructions) •	20	
21	Late filing and late payment penalties (see instructions) •	21	
22	Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	
23	Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	94.
24	Amount of overpayment on line 23 to be credited to next year	24	94.
25	Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

400001171019



Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T Other: Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions)	26		
27 Gross rents (attach list; see instructions)	27		
28 Inventories owned	28		
29 Other tangible personal property owned (see instructions)	29		
30 Total (add lines 26 through 29)	30		
31 Percentage in New York State (divide line 30, column A, by line 30, column B)	31		%

Receipts in the regular course of business from:

32 Sales of tangible personal property shipped to points within New York State	32		
33 All sales of tangible personal property	33		
34 Services performed	34		
35 Rentals of property	35		
36 Other business receipts	36		
37 Total (add lines 32 through 36)	37		
38 Percentage in New York State (divide line 37, column A, by line 37, column B)	38		%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39		
40 Percentage in New York State (divide line 39, column A, by line 39, column B)	40		%
41 Total of New York State percentages (add lines 31, 38, and 40)	41		%
42 Business allocation percentage (divide line 41 by three or by the number of percentages)	42		%

Composition of prepayments claimed on line 18*

		Date paid	Amount
43 Payment with extension request, Form CT-5, line 5	43	03-15-19	200.
44a Second installment from Form CT-400	44a		
44b Third installment from Form CT-400	44b		
44c Fourth installment from Form CT-400	44c		
45 Amount of overpayment credited from prior years	45		144.
46 Total prepayments (add lines 43 through 45; enter here and on line 18)	46		344.

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination If marked, enter date of determination: • _____

Net operating loss (NOL) carryback Capital loss carryback

Federal return filed Form 1139 • Amended Form 990-T

400002171019



Third-party designee (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) JAMES J. REILLY	Designee's phone number 212-661-7777
	Designee's e-mail address JREILLY@COMDCPA.COM		PIN 07777

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person MICHAEL W. JOUKOWSKY	Signature of authorized person	Official title OTHER AUTHORIZED OFFICER	
	E-mail address of authorized person		Telephone number	Date

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) CONDON O'MEARA MCGINTY & DONNELLY LLP		Firm's EIN 13-3628255	Preparer's PTIN or SSN P00183769
	Signature of individual preparing this return	Address City State ZIP code ONE BATTERY PARK PLAZA, 7TH FL. NEW YORK, NY 10004		
	E-mail address of individual preparing this return JREILLY@COMDCPA.COM		Preparer's NYTPRIN or Excl. code 03	Date

See instructions for where to file.

400003171019

