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NURRICANE IRMA RELIEF PURSUANT TO IR-2017-155 & IR-2017-156

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

2016

▶ Do not enter social security numbers on this form as it may be made public.

			1 001.6			Open to Public Inspection
_		dar year 2016 or tax year beginning MAY	1, 2016	, and ending	APR 30, 2017	
		foundation		_	A Employer identification	number
		TITUTE FOR MEDICAL & HU		S		_
		KAUFMAN, ROSSIN & CO.,			<u>59-1574136</u>	<u> </u>
		nd street (or PO box number if mail is not delivered to street	•	Room/suite	B Telephone number	
_2	<u>69</u>	<u>9 SOUTH BAYSHORE DRIVE,</u>	SUITE 500		<u>(954) 923-</u>	-0000
Cit	or to	own, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	pending, check here
M	IA	MI, FL 33133				_
G (heck	all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
		Final return	Amended return			
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, omputation
H (heck	type of organization: X Section 501(c)(3) ex	cempt private foundation		E If private foundation sta	itus was terminated
	_		Other taxable private founda	ation	under section 507(b)(1	
l Fa	ır ma	rket value of all assets at end of year J Accounti	ng method: Cash	X Accrual	F If the foundation is in a	
		1 —	ther (specify)		under section 507(b)(1	
	\$	153 , 246 . (Part I, colu		pasis.)	(-)(-)	, , , , , , , , , , , , , , , , , , ,
_	-		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received			N/A	1
	2	Check X If the foundation is not required to attach Sch B				
	3	Interest on savings and temporary				
	4	Cash investments Dividends and interest from securities	6,594.	6,594.		STATEMENT 1
	٠.	Gross rents	0,354.	0,354.		DIAILMINI I
						
		Net rental income or (loss)	-3,480.			
ë	ρa	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1,150,958.	-3,400.			
Revenue	, D	assets on line 6a		0	Britan	
É	7	Capital gain net income (from Part IV, line 2)		0.		VER
, –	8	Net short-term capital gain			18 Nov.	(1)
,	9	Income modifications Gross sales less returns		 	8 NOV 7 n	2012
,	10a				100	2017 /정/
) *	i i	Less Cost of goods sold			OGDEN	17 %
دع	C	Gross profit or (loss)				7 —
>	11	Other income	-4,390.	119.		STATEMENT 2
2	12	Total. Add lines 1 through 11	-1,276.	<u>6,713.</u>		
900	13	Compensation of officers, directors, trustees, etc	0.	<u> </u>		0.
รู้	14	Other employee salaries and wages				
`'	15	Pension plans, employee benefits				
ŝ	16a	Legal fees				
per		Accounting fees STMT 3	5,000.	<u>2,500.</u>		2,500.
Ä	C	Other professional fees				
š	17	Interest	2,880.	<u> </u>		0.
trat	18	Taxes				
Operating and Administrative Expenses	19	Depreciation and depletion				
Ē	20	Occupancy				
Ā	21	Travel, conferences, and meetings				<u> </u>
and	22	Printing and publications				<u> </u>
B	23	Other expenses STMT 4	160.	55.		0.
ati	24	Total operating and administrative				
ē		expenses. Add lines 13 through 23	8,040.	2,555.		2,500.
0	25	Contributions, gifts, grants paid	32,200.			32,200.
	26	Total expenses and disbursements.				
		Add lines 24 and 25	40,240.	2,555.		34,700.
	27	Subtract line 26 from line 12:	The sales of the s	१ । इंग्लून	<u> </u>	N 1000 V
	a	Excess of revenue over expenses and disbursements	-41,516.			
	b	Net investment income (if negative, enter -0-)		4,158.		
	C	Adjusted net income (if negative, enter -0-)			N/A	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2016)

Form **990-PF**

Department of the Treasury

INSTITUTE FOR MEDICAL & HUMAN RESOURCES

		103PF (2016) C/O KAUFMAN, ROSSIN & C			5/4136 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	End of y (b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	10,415.	1,610.	1,610.
	I	Savings and temporary cash investments	203,339.	-55,824.	-55,824.
	1	Accounts receivable	203,333.	-33,024.	-JJ,02 1 •
	3	Less: allowance for doubtful accounts			
	4	Pledges receivable ► Less: allowance for doubtful accounts ►			
	_	Grants receivable			
	_	Receivables due from officers, directors, trustees, and other			
	0				
	_	disqualified persons			
	′	Other notes and loans receivable		*	
		Less: allowance for doubtful accounts			
ets	1	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
_	1	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
	C	Investments - corporate bonds		. 1	
	11	Investments - land, buildings, and equipment basis	1		
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	95.	226,547.	207,460.
	14	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe)		_	
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	213,849.	172,333.	<u> 153,246.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
ς,	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
abi	ı	Mortgages and other notes payable			
Ĩ		Other liabilities (describe)			
		· · · · · · · · · · · · · · · · · · ·			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			
	l	and complete lines 24 through 26 and lines 30 and 31.			
és	24	Unrestricted			
a	25	Temporarily restricted		**	
Ba	1	Permanently restricted			
Net Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
교		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds	0.	0.	
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	213,849.	172,333.	
ĕ	30	Total net assets or fund balances	213,849.	172,333.	
Z	00	Total not about of fame balaneous	223/0130	1,2,5551	
	31	Total liabilities and net assets/fund balances	213,849.	172,333.	
<u> </u>	ant			172,333.	·
_					
1		net assets or fund balances at beginning of year - Part II, column (a), line	30		04.0 04.0
	-	st agree with end-of-year figure reported on prior year's return)	1	213,849.	
		r amount from Part I, line 27a	2	-41,516.	
		r increases not included in line 2 (itemize)	3	0.	
		lines 1, 2, and 3		4	172,333.
		eases 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, co	olumn (b), line 30		172,333.
					Form 990-PF (2016)

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INSTITUTE FOR MEDICAL & HUMAN RESOURCES Form 990-PF (2016) C/O KAUFMAN, ROSSIN & CO., P.A 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 | 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 X and enter 1% 42. 1 of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). 0. 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 42. Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 42. 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-5 6 Credits/Payments: 995 a 2016 estimated tax payments and 2015 overpayment credited to 2016 6a b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6с d Backup withholding erroneously withheld 6d 995. 7 7 Total credits and payments. Add lines 6a through 6d Enter any **penalty** for underpayment of estimated tax. Check here _____ if Form 2220 is attached 8 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 Enter the amount of line 10 to be: Credited to 2017 estimated tax

Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	10-		
distributed by the foundation in connection with the activities	4.		х
c Did the foundation file Form 1120-POL for this year?	<u>1c</u>	 	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		:	
(1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
managers. ▶ \$		}	7,7
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	. 2	 	X
If "Yes," attach a detailed description of the activities.			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 <u>a</u>	 	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	A 4b	ļ	<u> </u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. 5		X
If "Yes," attach the statement required by General Instruction T.		'	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	ĺ		Ì
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 	1		1
remain in the governing instrument?	6_	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	. 7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)			
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)	1		
of each state as required by General Instruction G? If "No," attach explanation	8b	X_	<u> </u>
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV	9_		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	. 10		X

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b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

INSTITUTE FOR MEDICAL & HUMAN RESOURCES C/O KAUFMAN, ROSSIN & CO. 59-1574136 Form 990-PF (2016) Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? 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)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained N/A expenditure responsibility for the grant? 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 Yes X No a personal benefit contract? X 6b b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? N/A 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account, other (b) Title, and average hours per week devoted to position (If not paid, (a) Name and address allowances enter -0-) PRES/DIRECTOR JOSEPH DORSEY, M.D. 1161 SOUTH SOUTHLAKE DRIVE 0 0 0. 5.00 HOLLYWOOD, FL 33019 DIRECTOR MARILYN DORSEY 1161 SOUTH SOUTHLAKE DRIVE 5.00 0 0 0. HOLLYWOOD, FL 33019 GRANT PERKS DIRECTOR 1759 MAPLE RIDGE DRIVE 3.00 0 0 0. MISSISSAUGA, CANADA L4W2B-5 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (e) Expense account, other (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation allowances NONE

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Form **990-PF** (2016)

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

INSTITUTE FOR MEDICAL & HUMAN RESOURCES

Form 990-PF (2016) C/O KAUFMAN, ROSSIN & CO., P.A.		L 574136 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	n Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	ONE."	
(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 Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce	information such as the d, etc.	Expenses
1 N/A		
2		
3		
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	s 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		

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Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations	, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	241,961.
	Average of monthly cash balances	1b	-44,172.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	197,789.
	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	<u> </u>	0.
3	Subtract line 2 from line 1d	3	197,789.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,967.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	194,822.
6	Minimum investment return. Enter 5% of line 5	6	9,741.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	9,741.
2a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	42.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,699.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	9,699.
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	9,699.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:]	
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	34,700.
þ	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:		
а	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	34,700.
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	42.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	34,658.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies f	or the section
	4940(e) reduction of tax in those years.		

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				0.600
line 7				9,699.
2 Undistributed income, if any, as of the end of 2016			•	
a Enter amount for 2015 only			0.	
h Total for prior years:		0		
3 Excess distributions carryover, if any, to 2016:	·	0.		
, , , , , , , , , , , , , , , , , , , ,				
a From 2011 19,733.				
b From 2012 4,717.				
e From 2013 14,576.	1	1		
d From 2014 19,365.				
e From 2015	76 206			
f Total of lines 3a through e	76,336.			
4 Qualifying distributions for 2016 from				
Part XII, line 4: ►\$ 34,700.	j			
a Applied to 2015, but not more than line 2a			0.	<u> </u>
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 2016 distributable amount				9,699.
e Remaining amount distributed out of corpus	25,001.			
5 Excess distributions carryover applied to 2018 (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:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	101,337.			
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 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2017				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by			İ	
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.		{	
8 Excess distributions carryover from 2011				
not applied on line 5 or line 7	19,733.			
9 Excess distributions carryover to 2017.	15,755.			 _
Subtract lines 7 and 8 from line 6a	81,604.			
10 Analysis of line 9:	01,001.			
a Excess from 2012 4,717.				
b Excess from 2013 14,576.	j			
		}		
e Excess from 2016 25,001.				

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Form 990-PF (2016) C/O KAUFMAN, ROSSIN & CO., P.A.

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Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year PUBLIC CHARITY GENERAL OPERATIONS HOLLYWOOD FLORIDA SCHOALRSHIP N/A FOUNDATION PO BOX 817616 HOLLYWOOD FL 33081 1,000. JASON TAYLOR FOUNDATION N/A PUBLIC CHARITY GENERAL OPERATIONS 1575 NORTHPARK DRIVE, SUITE 99 600. WESTON, FL 33326 JESSICA JUNE CHILDRENS CANCER PUBLIC CHARITY GENERAL OPERATIONS N/A FOUNDATION BHMC 1600 SOUTH ANDREWS AVENUE FORT LAUDERDALE, FL 33316 100. PUBLIC CHARITY GENERAL OPERATIONS JOE DIMAGGIO CHILDREN'S HOSPITAL N/A FOUNDATION 3711 GARFIELD STREET 250. HOLLYWOOD, FL 33021 PROJECT CHANGE N/A PUBLIC CHARITY GENERAL OPERATIONS 7900 NOVA DRIVE, SUITE 205 DAVIE FL 33324 250. SEE CONTINUATION SHEET(S) **▶** 3a Total 32,200. b Approved for future payment NONE **≥** 3b Total

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INSTITUTE FOR MEDICAL & HUMAN RESOURCES

C/O KAUFMAN, ROSSIN & CO., P.A. 59-1574136

Part XV Supplementary Information				
3 Grants and Contributions Paid During the \			 .	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	0011213011011	
T THOMAS AQUINAS HIGH SCHOOL	N/A	PUBLIC CHARITY	GENERAL OPERATIONS	
801 SW 12TH STREET				
T LAUDERDALE, FL 33312				20,000
ATCH AND LEARN FOUNDATION	N/A	DIENT C CHARTEY	GENERAL OPERATIONS	
00 N. RONALD REAGAN BLVD., STE 203	N/A	CHARTIT	SEMBIGED OF BROATTONS	
ONGWOOD, FL 32750				10,000
·				
	-			
	 			
				<u> </u>
Total from continuation sheets		1		30,00

Part XVI-A	Analysis of In-	come-Producing	Activities
------------	-----------------	----------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclu	ded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
-	Code		1000		
å					
b					
C				ļ	
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	6,594.	
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			14	119.	
8 Gain or (loss) from sales of assets other			1 2		
than inventory			18	-3,480.	
- i			10	3,400.	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory					_
• • •			<u> </u>		
11 Other revenue:	l	4 462	ł	10	
a SEE STATEMENT 7	<u> </u>	-4,463.		-46.	
b	l				
c					
d			<u> </u>		
e	_	4 462	_	2 105	
12 Subtotal. Add columns (b), (d), and (e)	L	-4,463.		3,187.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	-1,276.
(See worksheet in line 13 instructions to verify calculations.)			_		
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
					
Line No. Explain below how each activity for which incom			contrit	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than b	y providing tu	inds for such purposes).			
		<u></u>			
		<u></u>			
					

Form 990-PF (2016) C/O KAUFMAN, ROSSIN & CO., P.A. 59-1574136

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

1	Did the	organization directly or indir	rectly engage in any	of the followin	ig with any other organization	on described in secti	on 501(c) of		Yes	No
	the Coo	ie (other than section 501(c))(3) organizations) o	r in section 52	27, relating to political organ	nzations?				
a		ers from the reporting founda	ation to a noncharita	ble exempt or	ganızatıon of:			,	Ì	
	(1) Ca	sh						1a(1)		_X_
	(2) Otl	ner assets						1a(2)		X
b	Other to	ansactions:							,	ŀ
		les of assets to a noncharital						16(1)	ļ	X
	(2) Pu	rchases of assets from a noi	ncharitable exempt o	organization				1b(2)		X X X X
	(3) Re	ntal of facilities, equipment,	or other assets					1b(3)		<u> </u>
		imbursement arrangements						1b(4)		<u>X</u>
		ans or loan guarantees						1b(5)		<u>X</u>
		rformance of services or me	•	•				1b(6)		X
		of facilities, equipment, ma						1c		<u> </u>
d		nswer to any of the above is		_	• •		-		ets,	
		ices given by the reporting fo			ed less than fair market valu	e in any transaction	or sharing arrangement, s	how in		
-1.		(d) the value of the goods,				1 (4)				
a)L	ine no	(b) Amount involved	(c) Name of		exempt organization	(0) Description	of transfers, transactions, and	sharing an	rangeme	nts
				<u> </u>						
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	\perp						<u> </u>			
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22	le the fo	oundation directly or indirect	tly affiliated with or i	related to one	or more tay-eyemnt organi	zations described				
		on 501(c) of the Code (other	-			zations described	Г	Yes	Γ Υ	No
h		complete the following sche		/(0// 01 III 3001	1011 327		_			_ 110
	11 103,	(a) Name of org			(b) Type of organization		c) Description of relations	hin		
_		N/A	dilization		(b) Type of organization	<u> </u>	e poddon paem er reliadene	<u></u>		
_		N/A	 _		<u> </u>					
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_		_ .				 				
	116	der nanattion of account 1 deal 1	that I have averaged "	0 rodus	a accompanion a calculululululululululululululululululul	etatamento and the till	neet of my knowled			
o:	iano	der penatties of perjury, I declare to I belief, it is true, correct, and con	that I have examined thi nplete Declaration of pr	s return, includin eparer (other thai	ig accompanying schedules and n taxpayer) is based on all inform	statements, and to the i nation of <u>which preparer</u>	has any knowledge Ma	y the IRS o		
OI!	gn and re	م أ	7 0					wn below		
пе		senha	wol	eey .	NO Ires	TOR	[X ∐ Yes	· L_	. No .
	S	ignature of officer or trustee	·		Date 14	7 Title				
		Print/Type preparer's na	ıme	Preparer's s	ignature	Date	Check if PTIN			
_]]]	self- employed			
Pa -		JANET FIFE	R	JANET	FIFER	11/08/17		<u> 1225</u>		
	epare		FMAN, ROS	SIN &	CO., P.A.		Firm's EIN ► 59-1	8183	53	
Us	e Ont		•		-					
		Firm's address ▶ 26	99 S. BAY	SHORE	DRIVE					
				3133			Phone no. (305)	858	-56	00
_			_		- ,			orm 99 0		

FORM 990-PF	DIVIDENDS	AND INTER	REST FROM	SECUR	ITIES S	TATEMENT	1
GROSS SOURCE AMOUNT		CAPITAI GAINS DIVIDENI	REV	A) ENUE BOOKS	(B) NET INVEST- MENT INCOME	•	
PUBLICLY TRADED PARTNERSHIPS - SCHEDULES K-1 WELLS FARGO SECURITIES WELLS FARGO SECURITIES	36. 3. 6,555.		0. 0.	36. 3. 6,555.	36. 3. 6,555.		
FO PART I, LINE 4	6,594.		0.	6,594.	6,594.	: =====	
FORM 990-PF		OTHER I	NCOME		S	TATEMENT	2
DESCRIPTION			(A) REVENUE PER BOOK		(B) ET INVEST- ENT INCOME	(C) ADJUSTED NET INCOM	
OTHER INCOME - FROM PARTNERSHIPS SCHEDULES K-1 PUBLICLY TRADED PARTERNSHIP LOSSES - UBI PUBLICLY TRADED PARTNERSHIP LOSSES - NON UBI TOTAL TO FORM 990-PF, PART I, LINE 11				119. 463. -46. 390.	119. 0. 0. 119.		
FORM 990-PF		ACCOUNTI	NG FEES		S	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
PROFESSIONAL FEES		5,000.		,500.		2,50	10.
TO FORM 990-PF, PG 1	., LN 16B	5,000.		2,500.		2,50	0.

FORM 990-PF	OTHER E	XPENSES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LICENSES & FEES FROM SCHEDULES K-1	105. 55.	0. 55.		0.	
TO FORM 990-PF, PG 1, LN 23	160.	55.		0.	
	FOOTN	OTES	S'	PATEMENT 5	

THIS TAX RETURN HAS BEEN FILED PURSUANT TO IRS NEWS RELEASE IR-2017-155 THAT PROVIDES TAX RELIEF FOR VICTIMS OF HURRICANE IRMA. ACCORDINGLY, THE TAXPAYER IS NOT SUBJECT TO LATE FILING PENALTIES PURSUANT TO INTERNAL REVENUE CODE SECTION 7508 AND TREAS. REG. SECTION 301.7508A-1.

THE TAXPAYER AND ITS TAX RETURN PREPARER ARE LOCATED WITHIN THE FEDERALLY DECLARED DISASTER AREA DESIGNATED IN IRS NEWS RELEASES IR-2017-155 & IR-2017-156.

FORM 990-PF	OTHE	R INVESTMENTS			STATEMENT 6
DESCRIPTION		VALUATION METHOD	BOO	K VALUE	FAIR MARKET VALUE
PJT PARTNERS, INC ARES CAPITAL FIRST TRUST VANECK CNX COAL		COST COST COST COST COST		0. 28,590. 27,169. 109,640. 61,148.	0. 35,200. 27,420. 96,690. 48,150.
TOTAL TO FORM 990-PF, PART	II, LINE	13		226,547.	207,460.
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FORM 990-PF	OT:	HER REVENUE			STATEMENT 7
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
PUBLICLY TRADED PARTERNSHIP LOSSES - UBI PUBLICLY TRADED PARTNERSHIP LOSSES - NON	900099	-4,463.			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
IBU			01	-46.	