

Return of Private Foundation

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

OMB No 1545-0052

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.

		of the Treasury enue Service Go to www.irs.gov/Form990PF for instructions and the latest information. Open to Public Inspection										
			7 or tax year b	eginning					, and	ending		
N	ame of for	undation								A Employer	Identification number	,
			ION FKA ZEE									
		•	ox number if mail is	not delivered	to street address)			Room	/suite	D Tologhous	26-1083886 number (see instruction	
		NISH RIDGE		or foreign nos	tal code					B relephone	number (see instruction	15)
	City or town, state or province, country, and ZIP or foreign postal code LAS VEGAS NV					8914	IR.			702-734-370	n	
	Foreign country name Foreign province/state/county					n posta	al code	C If exempt	on application is pendin			
•	oreign cou	may mamo	·	o. o.g., p. o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, ,	.,	• il excilipt	on application is pendir	g, check here
G	Check	call that apply	/ Initial re	eturn	☐ Initial return	of a	former pu	blic c	harity	D 1. Foreig	n organizations, check h	ere ▶ 🗌
			Final re	turn	☐ Amended ref					2. Foreig	n organizations meeting	the 85% test,
Address change Name change				je			- 61	_	here and attach comput			
Н	Check	type of orga	nization 💢	Section 50	1(c)(3) exempt pr	vate	foundation	วก	$-i\lambda$		oundation status was te	erminated under
	Section	on 4947(a)(1)	nonexempt cha	aritable trus	st 🔲 Other tax	able	private fo	undat	tion	section 50	7(b)(1)(A), check here	-
1	Fair m	narket value o	f all assets at	JA	ccounting method] Cash	X A	ccrual	F If the four	dation is in a 60-month	termination
	end of	f year (from F	art II, col (c),		Other (specify)						tion 507(b)(1)(B), check	
_		6) 🕨 💲	812,4	52 (Part I	, column (d) must be	e on	cash basis	i)				
ر آ	Part I	-	Revenue and	-	•	(a	a) Revenue		(h) Na	investment	(c) Adjusted net	(d) Disbursements for chantable
-			olumns (b), (c), a		-		expenses pe	er		come	income	purposes
_		· · · · · · · · · · · · · · · · · · ·	ounts in column			\vdash	20042			-		(cash basis only)
	1		gifts, grants, etc,			 						
	2	Check ►	if the foundation	s not require	ed to attach/Schl B	H		220		220		
	3 4		_	1 F		別	22	329		22,903		
	5a	Gross rents	nd interest from		OV 2 0 2018	計		.,505		22,303		
	Ь	-	come or (loss)	100 NI	J V 2 U 2000							
4				of assets.	not-on-line 1017		1	,826				
Revenue	b	Gross sales p	nce for all assets of	n line 6a	1,826	F						
9	7	Capital gain	net income (fro	om Part IV,	line 2)					1,826		
ã	8	Net short-te	rm capital gain									
	9	Income mod	difications									
	10a		ss returns and allo	wances		<u> </u>						
	b		of goods sold		<u> </u>	├						
	11 C	•	or (loss) (attack		?)	_		-39		-39		
	12		ie (attach sched ines 1 through	-			25	,019		25,019	0	-
	1		on of officers, o		ustees etc	\vdash		,,010		20,010		<u> </u>
- a)		yee salaries ar						_			
2	15	•	ns, employee b	-			····			···		
X	16a	•	attach schedule									
e e	b	_	fees (attach scl									
2	_ C	-	ssional fees (at	tach sched	ule)	<u></u>						
2	17	Interest	da da A - A - A - A			<u> </u>						
2	18		ch schedule) (se			_				·····		
Ē	19 20	Occupancy	n (attach sched	uie) and di	shierion	<u> </u>		-				
Ad	21		erences, and m	 Jeetings		\vdash						
ב	22	•	publications	.cc.iiiga				\neg				
Operating and Administrative Expense	23	-	ises (attach sch	nedule)				50				50
2	24	•	ting and admir		expenses.							
7			through 23		•			50		0	. 0	50
ā	25		is, gifts, grants				34	,440				34,440
O	26	Total expense	es and disbursem	nents. Add lii	nes 24 and 25 .		34	,490		0	0	34,490
	27	Subtract line	26 from line 1	2								
	а		enue over expen			<u> </u>	9	,471				
	b		nent income (if			<u> </u>				25,019		
_	С	Adjusted n	et income (if ne	egative, en	ter -0-)	1					0	

For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2017)

Cash—non-interest-bearing	P:	art.ll	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
2 Savings and temporary cash investments 2 Accounts receivable ► Less allowance for doubtful accounts ► 4 Piedges receivable ↑ Less allowance for doubtful accounts ► 5 Grants receivable 6 Receivable of Receivabl			should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
A Accounts recorable ► Less allowance for doubtful accounts ► Less allowance for doubtful accounts ► Fledges receivable ► Less allowance for doubtful accounts ► Grants receivable Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) ► Less allowance for doubtful accounts ► Other notes and bans receivable (laten schedule) ► Less allowance for doubtful accounts ► Investments—or sale or use Prograd expenses and deferred charges Investments—or sprate bonds (attach schedule) Investments—or protect b	i	1	Cash—non-interest-bearing	735,435	812,452	812,452
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Total liabilities (add lines 17 through 22) Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. Unrestricted Temporarily restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Pard-in or capital surplus, or land, bldg , and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see instructions) 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) Enter amount from Part I, line 27a Total net assets or included in line 2 (itemize) Decrease in FMV Decrease in FMV Decrease in FMV Total liabilities (add lines 17 through 22) O	ap	21		• .		
Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 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 (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 40 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) 41 Total net assets or fund balances at beginning of year—Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 5 Enter amount from Part I, line 27a 6 Changes in Net Assets or FMM 7 St.435 7 St.435 8 St.452 8 St.45	_	22 ·				All Sandards
Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31. Unrestricted Temporarily restricted Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances (see instructions) Total liabilities and net assets/fund balances (see instructions) 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) Enter amount from Part I, line 27a Other increases not included in line 2 (itemize) Increase in FMV Decreases not included in line 2 (itemize) Decrease in FMV Selection Decrease in FMV Decrease in FMV Decrease in FMV		23 '		0	0	
and complete lines 24 through 26, and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 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 (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 31 Total net assets or fund balances of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 3 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 Decreases in FMV 5 Decreases in FMV 5 Increase in FMV 5 Decrease in FMV 5 Decrease in FMV 5 Increase in FMV						
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ Decrease in FMV 5 ■	ĕ			٠,	•	
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ Decrease in FMV 5 ■	Ē	24	Unrestricted		•	and the second
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ Decrease in FMV 5 ■	ā	25	Temporarily restricted			nedu central control de la con
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ Decrease in FMV 5 ■	뜅	26	Permanently restricted .	1		
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ Decrease in FMV 5 ■	Š		Foundations that do not follow SFAS 117, check here			
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ Decrease in FMV 5 ■	Ē					
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ Decrease in FMV 5 ■	ō	27	Capital stock, trust principal, or current funds		,	ALC: COLUMN
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ Decrease in FMV 5 ■	\$	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ Decrease in FMV 5 ■	SS	29	Retained earnings, accumulated income, endowment, or other funds	735,435	812,452	
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ Decrease in FMV 5 ■	X	30	Total net assets or fund balances (see instructions)	735,435	812,452	
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ Decrease in FMV 5 ■	힐	31	Total liabilities and net assets/fund balances (see	, .		
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ► Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► Decrease in FMV 5			instructions)	735,435	812,452	
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) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) Increase in FMV 4 812,452 5 Decreases not included in line 2 (itemize) Decrease in FMV 5	Рa	rt III	Analysis of Changes in Net Assets or Fund Balances		4	· · · · · · · · · · · · · · · · · · ·
end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) Decrease in FMV 5 Decreases not included in line 2 (itemize) Decrease in FMV 5	1	Total r		, line 30 (must agree	with	
2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) Decrease in FMV 5 Decrease in FMV 5 Decrease in FMV			· · · · · · · · · · · · · · · · ·	•	l l	735,435
3 Other increases not included in line 2 (itemize) ► Increase in FMV 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► Decrease in FMV 5 Decrease in FMV 5	2				2	
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) Decrease in FMV 5					—	
5 Decreases not included in line 2 (itemize) ► Decrease in FMV 5				,		
	_					
012.402				II, column (b), line 3		812,452

Part	V Capital Gains an	d Losses for Tax on Investm	ent Income			
		ind(s) of property sold (for example, real esta use, or common stock, 200 shs MLC Co)	ite,	(b) How acquired P—Purchase D—Donation	(c) Date acquir (mo , day, yr	
1a	Capital gain from Oaktree			P		
b						
<u>c</u>	\\\					
d e	Capital Gains Distributions					
	Capital Gains Distributions	(f) Depreciation allowed	(a) Cost or	other besis		h) Coup or (loss)
	(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale					h) Gain or (loss) plus (f) minus (g))
а	1,201					1,201
b						
<u> </u>						
<u>d</u>						
<u>e</u>	Complete only for assets of	howing gain in column (h) and owned	by the foundation	on 12/21/60		625
	Complete only for assets si					is (Col. (h) gain minus out not less than -0-) or
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (1) (j), if any		ses (from col (h))
а						1,201
b						
С						
d						·
ее		f If going	las anter in Dar	41 lmo 7		625
2	Capital gain net income or	r (net canital loss)	also enter in Par enter -0- in Par	·	2	1,826
3	Net short-term capital gair	or (loss) as defined in sections 12		· · · · · · · · · · · · · · · · · · ·		1,020
		, line 8, column (c) See instruction		r-0- in)		
	Part I, line 8		, ,,	}	3	0
Part	V Qualification Und	der Section 4940(e) for Redu	ced Tax on N	et Investment	ncome	-
Was t		re this part blank section 4942 tax on the distributab ualify under section 4940(e) Do no			period?	☐ Yes ☒ No
1		ount in each column for each year,	see the instructi	ons before makin	g any entries	
Cal	(a) Base period years* endar year (or tax year beginning in	(b) Adjusted qualifying distributions	Net value o	(c) f noncharitable-use ass	ets (co	(d) Distribution ratio (b) divided by col (c))
	2016	 	,425		,464	0 049858
	2015		,335		,978	0 051687
	2014		,849		402	0 045346
	2013 2012		,915 ,863		,448 ,873	0 047461 0 053298
	2012		,003]	012	,073	0 033230
2	Total of line 1, column (d)				2	0 247650
3		for the 5-year base period—divide	the total on line	2 by 5 0, or by		
		oundation has been in existence if I			3	0 049530
4	Enter the net value of none	charitable-use assets for 2017 fron	n Part X, line 5		4	771,273
5	Multiply line 4 by line 3				5	38,201
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6	250
7	Add lines 5 and 6				7	38,451
8	Enter qualifying distribution If line 8 is equal to or great	ns from Part XII, line 4 ter than line 7, check the box in Pa	irt VI, line 1b. an	nd complete that n	8 art using a 1%	34,490 6 tax rate See the
	Part VI instructions		,			

Form 99	0-PF (2017) ZEE FOUNDATION	26-1083	3886	Р	age 4
Part,	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruc	ctions)			
1a 、	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				Ī
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	_			
b		1		500	 ;
	here ▶ ☐ and enter 1% of Part I, line 27b				- [
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	—			لــــا
	Part I, line 12, col (b)	2		0	
2					
3	7 dd iiriob 1 drid 2	3	-	500	
4	, , , , , , , , , , , , , , , , , , , ,				
5		5		500	
6	Credits/Payments	- 1			
a	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 3				6 - 5
b	Exempt foreign organizations—tax withheld at source The part of t	- 1		Ş	2.7
C	Tax paid with application for extension of time to file (Form 8868) 6c 750				i
_d	Backup withholding erroneously withheld Total gradite and payments Add lines for through fid.	7		752	
7				753	
8 9		8 9		0	
		10		253	
10 11		11		233	
Part \	200				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
··u	participate or intervene in any political campaign?	ŀ	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	Ì			
-	Instructions for the definition	1	1b		х
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials	Ī			
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?	ľ	1c		$\overline{\mathbf{x}}$
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	Ī		·	· 1
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	<u> </u>			. 1
	on foundation managers > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	ľ	2		X
	If "Yes," attach a detailed description of the activities	Ī			
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?	[4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	[4b	N/A	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	ļ	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				, 1
	By language in the governing instrument, or				۱ ،
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that].			لـــــا
	conflict with the state law remain in the governing instrument?	ļ	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	ļ	7	X	 3
8a	Enter the states to which the foundation reports or with which it is registered. See instructions				. 1
	NV				, 1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	i ļ			لــــا
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х	 ;
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	ļ			
	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	,	9	Х	<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the	ır	, .		
	names and addresses	1	10		_ X

Form 99	90-PF (2017) ZEE FOUNDATION	26-1083886	F	age 5
Part	VII-A Statements Regarding Activities (continued)			
11 (At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ▶ Benlor Rivera Telephone no ▶	702-734-3700	- -	
	Located at ▶ 8960 Spanish Ridge Ave Las Vegas NV ZIP+4 ▶	89148		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year	15		▶ [
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authori	ty	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the			3.0
	name of the foreign country	350		
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Process. T		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	. 💇	Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
		X No S		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes	No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	X No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	X No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	X No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)	X No ↓		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in	-		
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
2	were not corrected before the first day of the tax year beginning in 2017?	1c	narata.	X vans
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
		X No X		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	to 🙀		100
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
3a	▶ 20, 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Ja	at any time during the year?	X No		
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017)	3b	N/A	27.AS
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			N.F.A
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		X
		Form 990	-PF	(2017)

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720 N	∕lay Be Re	quire	d (contin	ued)			
5a `		e year, did the foundation pay or incur any on propaganda, or otherwise attempt to it			section	4945(e))?		Yes	XN	0		
		nce the outcome of any specific public ele y or indirectly, any voter registration drive		see section 4	955), oı	to carry on	,	Yes	X N	о 🎏		
	(3) Provid	de a grant to an individual for travel, study	, or oth	er sımılar pur	poses?			Yes	X N	0		
		le a grant to an organization other than a n 4945(d)(4)(A)? See instructions	charita	ble, etc , orga	anızatıo	n described	ın	☐ Yes	XN	o .		
	(5) Provid	de for any purpose other than religious, ch ses, or for the prevention of cruelty to chil			terary, o	or education	nal	─ ☐ Yes	— X N	0		
b	If any ans	wer is "Yes" to 5a(1)–(5), did any of the tins section 53 4945 or in a current notice	ransact	tions fail to qu					nı b	51	o N/A	
С	Organizat	tions relying on a current notice regarding wer is "Yes" to question 5a(4), does the fo t maintained expenditure responsibility fo	disast	er assistance on claim exer	, check	here		☐ Yes	► [•		
6a	Did the fo	ttach the statement required by Regulation undation, during the year, receive any fur onal benefit contract?	nds, dire	ectly or indire	ctly, to			☐ Yes	XN	3232		
b		undation, during the year, pay premiums, 6b, file Form 8870	directly	y or indirectly,	on a p	ersonal ben	efit cor	ntract?		61)	<u>x</u>
7a b	If "Yes," d	e during the tax year, was the foundation a paid the foundation receive any proceeds or	r have	any net incom	ne attrib	utable to th			X N	7₹		
Part	_	nformation About Officers, Directond Contractors	ors, Tr	ustees; Fo	undati	ion Manag	gers, F	lighly P	aid E	mploy	/ees,	
1	List all of	ficers, directors, trustees, and foundat	ion ma	nagers and	their co	mpensatio	n. See	instruction	ons.			
		(a) Name and address	hou	e, and average irs per week led to position	` (If ı	mpensation not paid, nter -0-)	emple	Contribution byee benefit erred compe	plans		cpense acc er allowand	
Stella 3960 S		dge Las Vegas, NV 89148	Presid	ent/Treasurer 5 00		0						
3960		dge Ave Las Vegas, NV 89148	Secret	ary/Director 1 00		0.						
	Rivera		Ass S	ecretary								
3960 5	Spanish Ri	dge Las Vegas, NV 89148		1 00		0						
2		sation of five highest-paid employees (other ti	han those in	cluded	on line 1—	see ins	structions). If n	one, e	nter	
	"NONE "											
	(a) Name an	d address of each employee paid more than \$50,000		(b) Title, and a hours per w devoted to po	reek	(c) Compen	sation	(d) Contribution (d) Co	benefit Ieferred	(e) E>	opense acci er allowanc	
NONE											\$ 1	
							-				i .	
Total r	number of	other employees paid over \$50,000		J		<u> </u>	<u>. </u>	<u> </u>	—	1		

Form 990-PF (2017)

Form	rm 990-PF (2017) ZEE FOUNDATION	200	26-1083886 Page 7
Pa	art VIII Information About Officers, Directors, Trus	stees, Foundation Managers, Highly	
	, and Contractors (continued)		
3	3 Five highest-paid independent contractors for profession	nal services. See instructions. If none, e	nter "NONE."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NO	DNE		
-	450,000 (
100	tal number of others receiving over \$50,000 for professional serv	rices	•
Pa	Part IX-A Summary of Direct Charitable Activities		
Li	List the foundation's four largest direct charitable activities during the tax year. Includ	le relevant statistical information such as the number of	_1
	organizations and other beneficianes served, conferences convened, research pape		Expenses
1	1 None		
_			
2	<i></i>		
3	3		
4			
		-	
Đ:	Part IX-B Summary of Program-Related Investmen	ite (coo instructions)	
	Describe the two largest program-related investments made by the foundation during		Amount
1			
2	<u></u>		
—Al	All other program-related investments. See instructions		
3			
Ť	•		
Tota	tal. Add lines 1 through 3		▶ 0

Form **990-PF** (2017)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foundat	ions,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	34, 3, 2, 3	
	purposes		
а	Average monthly fair market value of securities	1a	783,018
b	Average of monthly cash balances	1b	0
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	783,018
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	***	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	783,018
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	11,745
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	771,273
6	Minimum investment return. Enter 5% of line 5	6	38,564
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation and certain foreign organizations, check here and do not complete this part)	ns	
1	Minimum investment return from Part X, line 6	1	38,564
2a	Tax on investment income for 2017 from Part VI, line 5	·	
b	Income tax for 2017 (This does not include the tax from Part VI)	<u> </u>	
С	Add lines 2a and 2b	2c	500
3	Distributable amount before adjustments Subtract line 2c from line 1	3	38,064
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	38,064
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	38,064
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	34,490
b	Program-related investments—total from Part IX-B	1b	
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	
ь	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	34,490
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
_	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	34,490
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	ner the fou	indation
	qualifies for the section 4940(e) reduction of tax in those years		

Part	XIII ' Undistributed Income	(see instruction:	s)			1
			(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from	Part XI.	Corpus	Years prior to 2016	2016	2017
	line 7			CAN CHARLES OF THE		38,064
2	Undistributed income, if any, as of the	end of 2017				
а	Enter amount for 2016 only			100 mg 200	33,036	Contraction of
b	Total for prior years 20 ,	20 , 20		40000 CONTRACTOR OF THE CONTRA		
3	Excess distributions carryover, if air				200000000000000000000000000000000000000	
a	From 2012	,,				
b	From 2013					
c	From 2014					
d	From 2015					
e	From 2016					
f	Total of lines 3a through e		0			
4	Qualifying distributions for 2017 fro	m Part XII.	***			114000000000000000000000000000000000000
	line 4 ► \$ 34,490	•				
а	Applied to 2016, but not more than	line 2a			33,036	
b	Applied to undistributed income of					
	(Election required—see instruction	•				
С	Treated as distributions out of corp	•		***********		
	required—see instructions)					
d	Applied to 2017 distributable amou	ınt				1,454
е	Remaining amount distributed out				77 27 37 27 4 34	
5	Excess distributions carryover appl	lied to 2017		and the second		
	(If an amount appears in column (column (colum	l), the same	And the second	22.00	process and the state	
	amount must be shown in column ((a))				
6	Enter the net total of each colum	n as				
	indicated below:		2.20			
а	Corpus Add lines 3f, 4c, and 4e S	ubtract line 5	0			
b	Prior years' undistributed income 5	Subtract		-		
	line 4b from line 2b			0		
С	Enter the amount of prior years' un		Special Control			
	income for which a notice of deficie	-				
	been issued, or on which the section	on 4942(a)			transfer participation	
	tax has been previously assessed					
d	Subtract line 6c from line 6b Taxab	ole				and the second
_	amount—see instructions					
е	Undistributed income for 2016 Sub					
	4a from line 2a Taxable amount—s	see _.	Reflect Bit of the		0	
f	Instructions Undistributed income for 2017 Sub	-44 l				
'	4d and 5 from line 1. This amount r					
	distributed in 2018	nust be	4.7			26.610
7	Amounts treated as distributions or	it of cornin		1 w 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		36,610
•	to satisfy requirements imposed by					
	170(b)(1)(F) or 4942(g)(3) (Election					
	required—see instructions)	i may be				
8	Excess distributions carryover from	2012 not				*17.0412 A.
J	applied on line 5 or line 7 (see instr					
9	Excess distributions carryover to	•				
J	Subtract lines 7 and 8 from line 6a					
10	Analysis of line 9					
а	Excess from 2013					
h	Excess from 2014					
C	Excess from 2015					
d	Excess from 2016					
	Excess from 2017			10.00		
			Transport to the second	THE PERSON AND PROPERTY OF STREET SECTION.	CHAIN CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR	RANGE CHESTON PROPERTY OF CHESTON AND THE SECTION

Form 9	90-PF (2017) ZEE FOUNDATION	•			26-108	33886 Page 10
Part	XIV Private Operating Foundati	i ons (see instruc	tions and Part V	II-A, question 9)		/
1a	. If the foundation has received a ruling or		•	e operating		
	foundation, and the ruling is effective for		•	•	[2)
b 2a	Check box to indicate whether the foundation		ng foundation descri		4942(J)(3) or 4942(j)(5)
Zd	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	#N 2042	Prior 3 years	(4) 2044	(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	/
h	each year listed				/	, 0
	85% of line 2a				/	,
С	Qualifying distributions from Part XII, line 4 for each year listed	34,490	34,642	36,550	33,071	138,753
d	Amounts included in line 2c not used directly	34,490	34,042	30,330	/ 33,071	130,733
u	for active conduct of exempt activities					0
е	Qualifying distributions made directly					
·	for active conduct of exempt activities				/	
	Subtract line 2d from line 2c	34,490	34,642	36,550	33,071	138,753
3	Complete 3a, b, or c for the	,				
	alternative test relied upon					
а	"Assets" alternative test—enter		P3\			
	(1) Value of all assets		-			0
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					0
b	"Endowment" alternætive test—enter 2/3 of minimum investment return shown in		/	,		
	Part X, line 6 for each year listed	25,709	23,0,1/5	23,433	24,147	96,304
С	"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					0
	and 5 or more exempt					
	organizations as provided in		/			
	section 4942(j)(3)(B)(III) (3) Largest amount of support from	/				0
	an exempt organization	/				0
	(4) Gross investment income	····			!	0
Part		(Complete this	part only if the	foundation ha	d \$5.000 or moi	<u>`</u>
	any time during the year—s	•	•			
1	Information Regarding Foundation Ma					
а	List any managers of the foundation who	•	more than 2% of th	he total contribution	ns received by the	foundation
	before the close of any tax year (but only	y if they have contr	buted more than \$	\$5,000) (See secti	on 507(d)(2))	
Stella	Liang					
b	List any managers of the foundation who	own 10% or more	of the stock of a	corporation (or an e	equally large portio	n of the
	ownership of a partnership or other entity	y) of which the four	ndation has a 10%	or greater interest		
None						
2	Information Regarding Contribution, C		• • • •	•		
	Check here ► X if the foundation onl					
	unsolicited requests for funds. If the four conditions, complete items 2a, b, c, and			dividuals or organi	zations under othe	ſ
						
а	The name, address, and telephone num	ber or email addres	ss of the person to	whom applications	s should be addres	sed
Challa	Ligary 0000 Caracab Diday A. a. Lay Van	10/00/40 700	704 0700			
	Liang 8960 Spanish Ridge Ave Las Vega			mala thau abaulat ::		
b	The form in which applications should be	e submitted and inf	ormation and mate	eriais they should if	nciuae	
NI/A						
N/A	Any submission deadlines	 				
C	Any submission deadlines					
None	Any restrictions or limitations on avanda	such as by assert	anhinal arosa sha	utable fields leads	of inclitutions of a	thor
d	Any restrictions or limitations on awards, factors	, such as by geogra	apriicai areas, char	ntable lielus, kinus	or institutions, or o	ulei
N/A						
1 1/ / 7						

Total

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 show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor Paid during the year Christ the King Catholic Community General fund 500 LUNHS Alumni USA Inc High school general fund 1,000 Northwestern University Scholarship fund 2,500 Support poor and disenfranchise Sisters of the Holy Names 700 Holy Names University Annual fund 1,000 The Meadows School Scholarship fund · 1,000 University of Chicago China Center 2,500 Benedictine College Scholarship fund 25,000 **KNPR** General fund 240 3a 34,440 Approved for future payment

0

Рa	πχν	Analysis of Income-Producing Ac	tivities				
Ente	er,gro	ss amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by secti	on 512, 513, or 514	(0)
							(e) Related or exempt
		ĝ,	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income
1	Prog	gram service revenue	Busiliess code	Amount	LXCIUSION COde	Amount	(See instructions)
	a						-
	ь ⁻						
	c -						
	d -						
					<u> </u>		
		· · · · · · · · · · · · · · · · · · ·			 		
	'		ļ				
_		Fees and contracts from government agencies					
2		nbership dues and assessments					
3		est on savings and temporary cash investments			14	329	
4	Divid	dends and interest from securities			14	22,903	
5	Net	rental income or (loss) from real estate					,
	a (Debt-financed property					
	b 1	Not debt-financed property					-
6		rental income or (loss) from personal property			1		
7		er investment income					
8		or (loss) from sales of assets other than inventory			18	625	
9		income or (loss) from special events		 	10	023	
10					 		
		ss profit or (loss) from sales of inventory			-		
11		er revenue a					
	b _				ļ		
	c _						
	d _						
	е _						
40	Subt	otal Add columns (b), (d), and (e)				22.057	0
				0		23,857	
						23,637	23,857
13	Tota	I. Add line 12, columns (b), (d), and (e))				
13 See	Tota work	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations)				
13 See Par	Tota work	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A) ccomplishm	ent of Exempt	Purposes	13	
13 See Pal Lin	Tota work t XV	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations) ccomplishme	ent of Exempt	Purposes	13	23,857
13 See Pal Lin	Tota work t XV e No	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which income) ccomplishme	ent of Exempt	Purposes	13	23,857
13 See Pal Lin	Tota work t XV e No	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which income) ccomplishme	ent of Exempt	Purposes	13	23,857
13 See Pal Lin	Tota work t XV e No	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which income) ccomplishme	ent of Exempt	Purposes	13	23,857
13 See Pal Lin	Tota work t XV e No	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which income) ccomplishme	ent of Exempt	Purposes	13	23,857
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13 See Pal Lin	Tota work t XV e No	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which income) ccomplishme	ent of Exempt	Purposes	13	23,857
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13 See Pal Lin	Tota work t XV e No	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which income) ccomplishme	ent of Exempt	Purposes	13	23,857
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13 See Pal Lin	Tota work t XV e No	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which income) ccomplishme	ent of Exempt	Purposes	13	23,857
13 See Pal Lin	Tota work t XV e No	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which income) ccomplishme	ent of Exempt	Purposes	13	23,857
13 See Pal Lin	Tota work t XV e No	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which income) ccomplishme	ent of Exempt	Purposes	13	23,857
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13 See Pal Lin	Tota work t XV e No	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculations Relationship of Activities to the A Explain below how each activity for which income) ccomplishme	ent of Exempt	Purposes	13	23,857

Firm's name

Firm's address ▶

Use Only

ZEE FOUNDATION Form 990-PF (2017) 26-1083886 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described No in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets 1a(2) Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☐ No b If "Yes," complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return with the preparer shown below? Here Assistant Secretary See instructions Yes No Signature of officer or trustee Date Print/Type preparer's name Preparer's signature Check I if **Paid** self-employed Preparer

Firm's EIN ▶

Phone no

Schedule-B

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

Department of the Treasury Internal Revenue Service

ZEE FOUNDATION

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF

► Go to www irs.gov/Form990 for the latest information

OMB No 1545-0047

2017

Employer identification number 26-1083886

Organization type (check one)					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
Ola III					
	vered by the General Rule or a Special Rule . (8), or (10) organization can check boxes for both the General Rule and a Special Rule See				
General Rule					
	g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 operty) from any one contributor. Complete Parts I and II. See instructions for determining a outions.				
Special Rules	•				
regulations under section 13, 16a, or 16b, and that	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ins 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line it received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II				
contributor, during the ye	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, surposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III				
contributor, during the ye contributions totaled mo during the year for an ex	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such the ten \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the of this organization because it received nonexclusively religious, charitable, etc., contributions during the year.				
Caution. An organization that is:	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,				

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization Employer identification number ZEE FOUNDATION 26-1083886 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (b) (a) (d) (c) No. [∜] Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash Foreign State or Province

	Foreign Country		noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a)	(b)	. (c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash Complete Part II for noncash contributions)

(Complete Part II for

Name of organization

ZEE FOUNDATION

Employer identification number 26-1083886

Part II	Noncash Property (see instructions) Use duplicate of	opies of Part II if additional spa	ice is needed
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) - Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of or ZEE FOUN	_		26-1083886	
Part III	Exclusively religious, charitable, etc., contr (10) that total more than \$1,000 for the year the following line entry. For organizations comp contributions of \$1,000 or less for the year (E)	from any one contributor. Co pleting Part III, enter the total of	cribed in section 501(c)(7), (8), or mplete columns (a) through (e) and exclusively religious, charitable, etc.	_
	Use duplicate copies of Part III if additional spa			0
(a) No		ace is needed		_
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Faiti				
				_
		(e) Transfer of gift		
	Transferee's name, address, and ZIP	+ 4 Relati	onship of transferor to transferee	
	•		••••	
			,	
	For Prov Country			
(a) No from		(a) 11-a-6 -: #4	(4) 6	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
			····	
		(e) Transfer of gift		
		(e) Transfer of gift		
	Transferee's name, address, and ZIP	+ 4 Relati	onship of transferor to transferee	
	Transfer of Hame, dadreso, and En	T. Class	one in the contract of the contract of	_
		r.		
(a) No	For Prov Country			
from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Part I	1		,,,,,	
		(e) Transfer of gift		
	Transferee's name, address, and ZIP	4 Relati	onship of transferor to transferee	
	For Prov Country			
(a) No	Torriov	_		_
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
Faiti				
į		••		
		(e) Transfer of gift		
	Transferee's name, address, and ZIP +	- 4 Relati	onship of transferor to transferee	_
	For Prov. Country			

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

ZEE FOUNDATION

_	6	10	_		_		<u> </u>
OSS	1,82	3			Net Gain	or Loss	1.201
) JO						Adjustments	
io Acjustments	0	0				Depreciation	
Depreciation al				Expense of Sale	and Cost of	Improvements	
les	1,826	0			Valuation	Method	
Sal					Cost or	Other Basis	
	apital Gains/Losses	Other sales			Gross Sales	Pnœ	1,201
	0				Date	Sold	
					Date	Acquired	
					Acquisition	Method	d
			Check X f	Purchaser	ısa	Business	
						Purchaser	
				Check "X"	to include	in Part IV	×
AIIOOIII	625	0				CUSIP#	
	Long Term CG Distributions	Short Term CG Distributions				Description	1 Capital gain from Oaktree
	Sales Depredation and Adjustments Of Loss	Capital Gains/Losses 1,826 Uepreciation and Adjustiments 0	6255 Capital Gams/Losses 1,826 Uspreciation and Aglusiments of Loss 0 Other sales 0 0 0	Capital Gains/Losses Capital Gains/Losses Capital Gains/Losses 1,826	Check "X" Purchaser Capital Gams/Losses Capital Gams/Losses Capital Gams/Losses Capital Gams/Losses Capital Gams/Losses 1,826	Capital Gamsif osses Capital Gamsif osses	Check "X" Chec

Part I, Line 11 (990-PF) - Other Income

•-		-39	-39	0
•		Revenue	- :	
		and Expenses	Net Investment	Adjusted
	Description	per Books	Income	Net Income
1	Other income from Oaktree Capital	-39	-39	

Part I, Line 18 (990-PF) - Taxes

		0	0	0	0
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20	0			
2	Tax on investment income	0			
3	Income tax	0			
4	Foreign tax paid	0			

Part I, Line 23 (990-PF) - Other Expenses

		st.	50	0	0	50
			Revenue and			Disbursements
			Expenses	Net Investment	Adjusted Net	for Charitable
٠.		Description	per Books	Income	Income	Purposes
	1	Annual list	50	0		50
2	2	Las Vegas Review Journal	0	Ö		

Part IV (990-PF) - Capital Gains and Losses for Tax on investment Income

						_
	•	1,201	Gains Minus	Excess FMV Over	Adj Basis or Losses	1,201
		0	Excess of FMV	Over	Adjusted Basis	0
		0	Adjusted Basis	as of	12/31/69	0
		0	FMV	as of	12/31/69	0
		1,201			Gain or Loss	1,201
		0	Cost or Other	Basis Plus	Expense of Sale	0
		0			Adjustments	
		0		Depreciation	Allowed	
		1,201		Gross	Sales Pnce	1,201
				Date	Sold	
				Date	Acquired	
				Acquisition	Method	۵.
Amount	629	0			CUSIP#	
	Long Term CG Distributions	Short Term CG Distributions			Description of Property Sold	1 Capital gain from Oaktree

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Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

									0	0	0
Name	Check X	Street	Cıty	State	Zp Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
Stella Liang		8960 Spanish Ridge		2	NV 89148		President/Tre asurer	2 00	0		
Patnck Liang		8960 Spanish Ridge Ave	Las Vegas	R	89148		Secretary/Dir ector	100	0	τ	
Benlor Rivera		8960 Spanish Ridge	Las Vegas	2	89148		Ass Secretary	1 00	0		