Form 990-PF

EXTENDED TO NOVEMBER 15, 2018

Return of Private Foundation

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

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

Depart		ocial security numbers on s.gov/Form990PF for insti			2017
	alandar year 2017 or tax year beginning	s.gov/romiasorr for msu	, and ending	ormation.	Open to Public Inspection
Nam	e of foundation			A Employer identificatio	n number
TI	HE JAMAKEPE FOUNDATION			26-1605129	9
Num	per and street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number	
70	67 FIFTH AVENUE, 12TH FLO	OR		(212)256-8	3513
City	or town, state or province, country, and ZIP or foreign po	ostal code		C If exemption application is	pending, check here
N]	EW YORK, NY 10153				
G C	neck all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
	Final return	Amended return		2 Faraign arganizations m	nation when 0500 tent
	Address change	Name change		2. Foreign organizations m check here and attach c	omputation
H_CI	neck type of organization: X Section 501(c)(3) ex		3 V	E If private foundation sta	
<u></u>	Section 4947(a)(1) nonexempt charitable trust		ition	under section 507(b)(1)(A), check here
	r market value of all assets at end of year J Accounting	*	Accrual !	F If the foundation is in a	
(fro	· · · · · · · · · · · · · · · · · · ·	ner (specify)	<u>e \</u>	under section 507(b)(1)(B), check here
Pa	Analysis of Revenue and Expenses			(a) Admeted set	(d) Disbursements
ra	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1 Contributions, gifts, grants, etc., received	20,000.		N/A	(Sausi Gasis Orny)
1	2 Check If the foundation is not required to attach Sch. B			 -	
	3 Interest on savings and temporary cash investments	2.	2.		STATEMENT 1
Ì	4 Dividends and interest from securities	3,350.	3,350.		STATEMENT 2
]	5a Gross rents				
]	b Net rental income or (loss)				
اه	6a Net gain or (loss) from sale of assets not on line 10	-231,394.		Para PTC .	or Part I To the I Told
Revenue	b Gross sales price for all assets on line 6a 70,643.			N.L.	V Enter
ě	7 Capital gain net income (from Part IV, line 2)		0.	<u> </u>	2010
~	8 Net short-term capital gain			MUL B	1 9 2018
	9 Income modifications Gross sales less returns			Georgeone To re	
	10a and allowances			00	EN, UI
	D Less Cost of goods sold			 	
	c Gross profit or (loss) 11 Other income	-3,330.	-3,330.	 	STATEMENT 3
	12 Total. Add lines 1 through 11	-211,372	22.		
$\overline{}$	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
ses	16a Legal fees				
Expense	b Accounting fees				
EX	c Other professional fees				
ive	17 Interest				
trat	18 Taxes				
nis	19 Depreciation and depletion				
Ē	20 Occupancy				ļ
ΨÞ	21 Travel, conferences, and meetings				
a	22 Printing and publications 23 Other expenses STMT 4	889.	75.		695.
Operating and Administrative	23 Other expenses STMT 4 24 Total operating and administrative	003.	/3.		093.
era	expenses. Add lines 13 through 23	889.	75.		695.
o	25 Contributions, gifts, grants paid	119,285.		····	119,285.
	26 Total expenses and disbursements.				1 223,233
	Add lines 24 and 25	120,174.	75.		119,980.
	27 Subtract line 26 from line 12:				<u> </u>
	Excess of revenue over expenses and disbursements	-331,546.		<u></u>	<u></u>
	b Net investment income (if negative, enter -0-)		0.		
	c Adjusted net income (if negative, enter -0-)	-	· · · · · · · · · · · · · · · · · · ·	N/A	

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions.

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\equiv		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	fyear
P	art	column should be for end of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
П	1,	Cash - non-interest-bearing	42,444.	10,211.	10,211.
- 1	2	Savings and temporary cash investments			
ł	3	Accounts receivable >			
1		Less' allowance for doubtful accounts			
- {	4	Pledges receivable ▶			
l		Less: allowance for doubtful accounts ▶			
- 1	5	Grants receivable			
- 1	6	Receivables due from officers, directors, trustees, and other			
}		disqualified persons			
j	7	Other notes and loans receivable			
]		Less; allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use			
Assets	-	Prepaid expenses and deferred charges			
₹	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock STMT 5	384,614.	136,509.	261,330.
	C	Investments - corporate bonds			
ı	11	Investments - land, buildings, and equipment: basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	70,117.	16,158.	21,745.
	14	Land, buildings, and equipment; basis			
		Less accumulated depreciation			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	405 455	160 050	222 224
		instructions. Also, see page 1, item I)	497,175.	162,878.	293,286.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe			
			0.	0.	
_	23				
	1	Foundations that follow SFAS 117, check here		ļ	
Ø	١	and complete lines 24 through 26, and lines 30 and 31.			
ances	24	Unrestricted			
	25	Temporarily restricted			
Net Assets or Fund Ba	26				
Ë	ł			}	
٥٠		and complete lines 27 through 31.	0.	0.	
sts	27	Capital stock, trust principal, or current funds	<u> </u>	 ;;	
SS	28	Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds	497,175.	162,878.	
et A	29	Total net assets or fund balances	497,175.	162,878.	
ž	30	I Otal liet assets of folio paralices	157,1750	102,0,0,	
	31	Total liabilities and net assets/fund balances	497,175.	162,878.	
		III Analysis of Changes in Net Assets or Fund B	alances		
	art				
1		il net assets or fund balances at beginning of year - Part II, column (a), line	30		497,175.
		st agree with end-of-year figure reported on prior year's return)			-331,546.
_		er amount from Part I, line 27a		2 3	-331,340.
3		er increases not included in line 2 (itemize)			165,629.
4		lines 1, 2, and 3 reases not included in line 2 (itemize) ► PRIOR PERIOD A	Datistand	5	2,751.
5		If net assets or fund balances at end of year (line 4 minus line 5) - Part II, co			162,878.
<u>b</u>	1012	il net assets ut fund parances at end of year (fine 4 things line 3) * Part II, U	John (U), into SU		Form 990-PF (2017)

	and Losses for Tax on In he kind(s) of property sold (for exar			(6) Ho	w acquired Purchase	(c) Date	acquired	(d) Date sold
2-story brick war	ehouse; or common stock, 200 shs	s. MLC Co.)		D -	Donation		day, yr.)	(mo., day, yr.)
1a CHARLES SCHWAB	- 4175 - STMT A	VAILAB	LE UPON					
b REQUEST				├ ─				
c CENTAR LTD - DI	SPOSITION			 	P			ļ
<u>d</u>				├				
<u>e</u>	(f) Depreciation allowed	(a) Cor	st or other basis	- Т		(b) (Gain or (loss	<u></u>
(e) Gross sales price	(or allowable)		xpense of sale				is (f) minus	
a 70,643.		 	52,03	17.				18,606.
c			250,00					-250,000.
d								
e								
	g gain in column (h) and owned by t	the foundation	on 12/31/69.			(I) Gains (I	Col. (h) gain	minus
41) FMV4 40/04/00	(j) Adjusted basis		cess of col. (1)		С	ol. (k), but	not less that	n -0-) or
(i) FMV as of 12/31/69	as of 12/31/69	over	col. (j), if any	_			s (from col. (.u))
a								
b								18,606.
С								-250,000.
d								
е		L						
2 Capital gain net income or (net cap	oital loss) { If gain, also enter If (loss), enter -0-	n Part I, line In Part I, line	7 7	}	2			-231,394.
3 Net short-term capital gain or (loss				ÍΓ				
If gain, also enter in Part I, line 8, c		iu (o).			l l			
If (loss), enter -0- in Part I, line 8	•				3		N/A	,
Part V Qualification Ur	nder Section 4940(e) for	Reduced	Tax on Net	Inve	stment Ir	come		
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on	net investment in	icome.)				
If section 4940(d)(2) applies, leave thi	is nart hlank							
ii Section 4940(d)(2) applies, leave the	is part blank.							
Was the foundation liable for the section				riod?				Yes X No
If "Yes," the foundation doesn't qualify				nteres				
1 Enter the appropriate amount in ea	ach column for each year; see the ir	istructions be	fore making any e					76)
Base period years	(b) Adjusted qualifying dis	tributions	Net value of no	(C)	ahle-use asse	ie l	Distrib	(d) oution ratio
Calendar year (or tax year beginnin	9 "//	3,433.	1401 44140 01 110		593,49		(col. (b) alv	nded by col. (c)) • 174277
2016		$\frac{3,433}{1,465}$			$\frac{393,49}{680,13}$.193292
2015								.184882
2014		4,973. 2,457.	<u> </u>		838,22 928,21			.175020
2012		$\frac{2}{6}, \frac{4}{755}$			$\frac{520,21}{971,41}$.161369
2012		0,133.			<i>J 1 1 1 4 1</i>		T	.101303
2 Total of line 1, column (d)						2		.888840
3 Average distribution ratio for the 5	-vear base period - divide the total i	on line 2 by 5 i	n or by the numb	er of ve	arc	<u>├</u> -	 	
the foundation has been in existen		on me z by o.	o, or by the manib	or or yo	a13	3]	.177768
the logitation has been in existen	do il logo tilan o youro					 	 	
4 Enter the net value of noncharitable	e-use assets for 2017 from Part X	line 5				4	İ	545,191.
4 Eliter the net value of neneral about						<u> </u>	 	
5 Multiply line 4 by line 3						5		96,918.
Wanterly and 1 sy and 2						[1	
6 Enter 1% of net investment incom-	e (1% of Part I, line 27b)					6	ł	0.
Cities the Grand and Comments and Comments								
7 Add lines 5 and 6						7		96,918.
-						<u> </u>	T	·
8 Enter qualifying distributions from						8		119,980.
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and comp	olete that part usin	ıg a 1%	tax rate.			

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ıctio	ns)
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 🕨 🛣 and enter 1%			0.
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).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3 Add lines 1 and 2			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
6 Credits/Payments:			
a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 741.			
b Exempt foreign organizations - tax withheld at source			
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld 6d 0.			
7 Total credits and payments. Add lines 6a through 6d		7	<u>41.</u>
8 Enter any penalty for underpayment of estimated tax. Check here 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			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		7	41.
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax > 741 . Refunded > 11			0.
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	L	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 the 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			1
distributed by the foundation in connection with the activities.	1		l
c Did the foundation file Form 1120-POL for this year?	1c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	1		1
(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •	ł	}	1
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			l
managers. ► \$0 .			l
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.	1		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	1		i
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		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	<u> </u>	X
If "Yes," attach the statement required by General Instruction T	ļ		j
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1		l
By language in the governing instrument, or	ł		l
 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 			
remain in the governing instrument?	6		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
_	•	}	İ
8a Enter the states to which the foundation reports or with which it is registered. See instructions.	1		1
NY	1		
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	86	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	1		,,
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9	<u> </u>	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	1	X

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Pa	art VII-A Statements Regarding Activities (continued)				
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of				
	section 512(b)(13)? If "Yes," attach schedule. See instructions		11		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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	X	
	Web site address ► N/A				
14		. ▶ (212)2	56-	851	3
	Located at ▶ 767 FIFTH AVENUE, NEW YORK, NY	ZIP+4 ▶10			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here				ТТ
	and enter the amount of tax-exempt interest received or accrued during the year	▶ 15	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,			Yes	No
	securities, or other financial account in a foreign country?		16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		 		 -
	fore ign country		ŀ		
D:	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1	ل	
<u>ٺ</u>			Τ	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			165	140
11	a During the year, did the foundation (either directly or indirectly):	Yes X No	1		
		TES LAL NO			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	Yes X No		١.	ı
]		
		Yes X No]		
	() = (Yes 🗶 No		1	
	(5) Transfer any income or assets to a disqualified person (or make any of either available	557	[]		
	,	Yes 🗶 No			
	(6) Agree to pay money or property to a government official? (Exception, Check "No"		1		
	if the foundation agreed to make a grant to or to employ the official for a period after				
		Yes 🗶 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	N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here		· '	1	
	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected				
	before the first day of the tax year beginning in 2017?		1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	า			
	defined in section 4942(j)(3) or 4942(j)(5)):				
	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginn	ıng]		
	before 2017?	Yes 🗓 No			
	If "Yes," list the years ▶ , , , , ,				l
	b Ar e there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorre	ect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and atta	ch			
	statement - see instructions.)	N/A	2b		l
	c if the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	•			
				Į	
9	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time				
·		Yes X No	'	1	
	b if "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons a			Í	
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to				
	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				
		N/A	3ь		
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	14/11			X
	ta Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	oo that	4a		
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpo	Se mai	ا ۱٫		v
	had not been removed from jeopardy before the first day of the tax year beginning in 2017?		46		<u> </u>

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Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be	Hequired (contin	ued)		 -
5a During the year, did the foundation pay or incur any amount to:		·		Yes	s No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section of the control o	` ''		es 🗓 No 🗍	ł	
(2) Influence the outcome of any specific public election (see section 4955);	; or to carry on, directly or indir				
any voter registration drive?			88 X No	ĺ	1
(3) Provide a grant to an individual for travel, study, or other similar purposi		Y	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organizat	ion described in section	<u> </u>	[1 27]	1	
4945(d)(4)(A)? See instructions	. I		es X No	- (ı
(5) Provide for any purpose other than religious, charitable, scientific, literar	ry, or educational purposes, or				1
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u		in Regulations	37/3	_	İ
section 53.4945 or in a current notice regarding disaster assistance? See ins			N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption				ì	
expenditure responsibility for the grant?	ī	1/A Y	es L No	- }	1
If "Y es," attach the statement required by Regulations section 53.4945-5(d).				İ	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	o pay premiums on			ļ	
a personal benefit contract?		Y	es X No		1
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?			6b	<u> </u>
If "Yes" to 6b, file Form 8870.				- }	1
7a At a ny time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attri			N/A	7b	<u> </u>
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors		anagers, Highl	y 		
1 List all officers, directors, trustees, and foundation managers and	-,				
(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 deterred compensation	accoun	kpense it, other rances
MATTHEW J. EDMONDS	TRUSTEE			l — —	
C/O JAMAKEPE ADVISORS, LP - 767 FIFT	Ħ	1	}	}	
NEW YORK, NY 10153	1.00	0.	0.		0.
JULIE ANNE QUAY	TRUSTEE				
C/O JAMAKEPE ADVISORS, LP - 767 FIFT	ਜ਼੍		}		
NEW YORK, NY 10153	1.00	0.	0.		0.
	7	ļ]	}	
	7		l		
	7]	
	7	<u> </u>	l		
2 Compensation of five highest-paid employees (other than those in		, 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	l accour	kpense nt, other vances
NONE					
	7			Ì	
	 				
	7	1	}	1	
	 				
	7	1	Í	[
	 	 			
	┪		1	 	
	+	 			
			ı		
	-	ļ			

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	indation Managers, Highly	
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	(2) 13 15 15 15 15 15 15 15 15 15 15 15 15 15	
		
		
		
	 	
		
		
		
		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
	and the second s	
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the sproduced, etc.	Expenses
1 N/A		
		†
		†
2		
<u></u>		1
		-
3		
·		†
		1
4		
<u> </u>	·	†
		1
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax ye	ear on lines 1 and 2.	Amount
1 N/A		
		†
	· · · · · · · · · · · · · · · · · · ·	†
2		
•	 	†
		1
All other program-related investments. See instructions.		
3		
* 		1
		⊣

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Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e 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	536,933.
	Average of monthly cash balances	1b	11,094.
	Fair market value of all other assets	1c	5,466.
ď	Total (add lines 1a, b, and c)	1d	553,493.
е	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	553,493.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4.	8,302.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	545,191.
6	Minimum investment return. Enter 5% of line 5	6	27,260.
P	art XI 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	27,260.
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.)]	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	27,260.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	27,260.
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	27,260.
P	art 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	119,980.
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	119,980.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions, Subtract line 5 from line 4	6	119,980.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for th	ne section
	4940(a) reduction of tay 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,				27,260.
2 Undistributed income, if any, as of the end of 2017				27,2000
a Enter amount for 2016 only			0.	
b Total for prior years;				
3 Excess distributions carryover, if any, to 2017:		0.		
a From 2012 108, 368.	;			
bFrom 2013 162,457.	ł			
c From 2014 115, 117.				
dFrom 2015 98,162.				
eFrom 2016 74,034.				
f Total of lines 3a through e	558,138.			
4 Qualifying distributions for 2017 from				
Part XII, line 4: ►\$ 119,980.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	1	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	_		1
d Applied to 2017 distributable amount				27,260.
e Remaining amount distributed out of corpus	92,720.			
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 in dicated below;				
a Corpus Add lines 31, 4c, and 4e Subtract line 5	650,858.			
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	j			
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)				
8 Excess distributions carryover from 2012 not applied on line 5 or line 7	108,368.			
	100,300.			
9 Excess distributions carryover to 2018. Subtract lines 7 and 8 from line 6a	542,490.			
10 Analysis of line 9:	342,4300			
a Excess from 2013 162,457.	Ì	Ì		
b Excess from 2014 115,117.				
c Excess from 2015 98,162.		l		
d Excess from 2016 74,034.		1	1	
e Excess from 2017 92,720.)			
المستقد والمساف والمستقد المستقدة والمستقدة والمستقدة والمستقد وال				Form QQD_PF (2017)

	AKEPE FOUND				05129 Page 10
Part XIV Private Operating F			i-A, question 9)	N/A	· · · · · · · · · · · · · · · · · · ·
1 a If the foundation has received a ruling o		•			
foundation, and the ruling is effective fo		•	▶ [T :	
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 49	942(<u>J)(5)</u>
2 a Enter the lesser of the adjusted net	Tax year	// 2040	Prior 3 years	T (0.0014	1,,_,,
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for			Í		1
each year listed					<u> </u>
b 85% of line 2a					
c Qualifying distributions from Part XII,			1		(
line 4 for each year listed					
d Amounts included in line 2c not			į		
used directly for active conduct of					
exempt activities			<u> </u>	· 	
e Qualifying distributions made directly	İ		,		
for active conduct of exempt activities.			/	Ì	
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	ļ		<u> </u>	 	
3 Complete 3a, b, or c for the alternative test relied upon:	1	2	ľ	Ì	
a "Assets" alternative test - enter;	}	/		{	
(1) Value of all assets	ļ	·	<u> </u>		
(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:		7			
(1) Total support other than gross	,	Y		}	
investment income (interest, dividends, rents, payments on	/				
securities loans (section	J.		ļ		
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in			}	ļ	
section 4942(j)(3)(B)(iii)					<u></u>
(3) Largest amount of support from	1		}	ļ	
an exempt organization	<u></u>				
(4) Gross investment income		L	ļ		
Part XV Supplementary Info			if the foundation	n had \$5,000 or m	ore in assets
at any time during t	ne year-see insti	ructions.)			
1 Information Regarding Foundation	-				
a List any managers of the foundation where year (but only if they have contributed in the contributed in			ributions received by th	e foundation before the clo	se of any tax
SEE STATEMENT 7	110.0 than \$0,000). (000 0	00.101.100.101/12/1/			
b List any managers of the foundation wh	o own 10% or more of th	e stock of a cornoration	or an equally large port	ion of the ownership of a n	artnership or
other entity) of which the foundation ha	s a 10% or greater interes	st.	to, an equally large port	ion of the emicromp of a p	arthoromp or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation of				not accept unsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone num	ber or email address of th	e person to whom applic	ations should be addre	ssed:	
b The form in which applications should t	be submitted and information	tion and materials they st	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	S. Such as by gengraphic	al areas, charitable fields	kinds of institutions or	other factors:	
o Any room on one management on award	o, ocom as by goograpino	a. a. oud, onantuolo noido,		Sales radio es	

Part XV Supplementary Information (continued) 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 Name and address (home or business) recipient or substantial contributor a Paid during the year DUBIN BREAST CENTER GALA HELPING TO ADVANCE THE RESEARCH AND CLINICAL ONE GUSTAVE L. LEVY PL BOX 1049 NEW YORK, NY 10029 EXCELLENCE FOR BREAST CANCER PATIENTS. 22,250. NORTH SALEM BRIDLE NORTH SALEM BRIDLE TRAILS ASSOCIATION TRAILS ASSOC. PO BOX 585 NORTH SALEM, NY 10560 MAINTAINS AND DEVELOPS THE HISTORIC SYSTEM OF TRAILS WHICH EXTENDS 500. ROBIN HOOD FOUNDATION ROBIN HOOD TARGETS 826 BROADWAY, 9TH FLOOR POVERTY IN NYC BY FINDING AND FUNDING NEW YORK, NY 10003 THE BEST AND MOST EFFECTIVE PROGRAMS AND 10,000. SUPPORT OF ALMA MATER ST. PATRICK'S COLLEGE 1431 STURT STREET 19,418. BALLARAT, VICTORIA, AUSTRALIA 3350 SUPPORT THEATRE GROUP HASTY PUDDING THEATRICALS AT HARVARD UNIVERSITY. PO BOX 381940 5,000. CAMBRIDGE, MA 02238 SEE CONTINUATION SHEET(S) 119,285, Total **b** Approved for future payment NONE Total

Part XVI-A	Analysis of In	come-Producing	Activities
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inter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided 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
•		·	1		
å	 		├	 	
b			├	 	
·			├		
d		 	├		
e			├—	ļ.—	
f		<u></u>	<u> </u>	<u></u>	
g Fees and contracts from government agencies			ļ		
2 Membership dues and assessments			<u> </u>		
3 Interest on savings and temporary cash	1	}		,	
investments			14		
4 Divide rids and interest from securities			14	3,350.	
5 Net reintal income or (loss) from real estate:					
a De bt-financed property		[
b No t debt-financed property					
6 Net reintal income or (loss) from personal			<u> </u>		
property	1	1	1	•	
7 Other investment income	-		01	-3,330.	
8 Gain or (loss) from sales of assets other		 		3,000	
than inventory	i .	l	18	-231,394.	
		 -	1-0	231,354.	
9 Net in come or (loss) from special events	}	 	 -		
10 Gross profit or (loss) from sales of inventory		 		 	
11 Other revenue:	[{	1	[
a	<u> </u>		├		
b	 		├	ļ	
	1		•	Į i	
C			 		
c					
c d 					
e 12 Subtotal, Add columns (b), (d), and (e)		0.		-231,372.	0.
de		0.		-231,372. 13_	0. -231,372.
d e 12 Subtotal. Add columns (b), (d), and (e)		0.			0. -231,372.
d e 12 Subtotal, Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	o the Acc			13	0. -231,372.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to		omplishment of Ex	cemp	ot Purposes	-231,372.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incore	me is reported	omplishment of Ex	cemp	ot Purposes	-231,372.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than line in the foundation's exempt purposes)	me is reported	omplishment of Ex	cemp	ot Purposes	-231,372.
d e 12 SubtOtal. Add columns (b), (d), and (e) 13 Total . Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which incompared to the standard of th	me is reported	omplishment of Ex	cemp	ot Purposes	-231,372.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than line in the foundation's exempt purposes)	me is reported	omplishment of Ex	cemp	ot Purposes	-231,372.
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d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than line in the foundation's exempt purposes)	me is reported	omplishment of Ex	cemp	ot Purposes	-231,372.
d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than line in the foundation's exempt purposes)	me is reported	omplishment of Ex	cemp	ot Purposes	-231,372.
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d e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than line in the foundation's exempt purposes)	me is reported	omplishment of Ex	cemp	ot Purposes	-231,372.

17) THE JAMAKEPE FOUNDATION 26-1605129 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Form 990-PF (2017) Part XVII In

	brancation directly of mor					.ion 50 f(c)		res	140
	han section 501(c)(3) organ	•	-	· ·	,		1 1		
	rs from the reporting found	ation to a noncharitat	ole exempt org	anization of:					
(1) Ca							1a(1)		X
• -	ner assets						1a(2)		X
-	ansactions:								
(1) Sa	les of assets to a noncharita	ible exempt organizati	ion				16(1)		X
(2) Pu	rchases of assets from a no	incharitable exempt o	rganization				16(2)		X
(3) Re	ntal of facilities, equipment,	or other assets					15(3)		X
(4) Re	imbursement arrangements	;					1b(4)		X
(5) Lo	ans or loan guarantees						1b(5)		X
(6) Pe	rformance of services or me	embership or fundrais	ing solicitation	ns			1b(6)		X
c Sharing	of facilities, equipment, ma	uling lists, other asset	ts, or paid emp	loyees			1c		X
d If the ar	nswer to any of the above is	"Yes," complete the f	ollowing sched	lule. Column (b) should al	ways show the fair r	market value of the goods, of	her ass	ets,	
	•		_			n or sharing arrangement, sh		•	
	(d) the value of the goods,				•				
a)Line no	(b) Amount involved			exempt organization	(d) Description	n of transfers, transactions, and sh	naring arr	angeme	nts
		 	N/A						
	 -	 							
		 							
									
		 							
		 							
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		<u> </u>							
		1							
									
2a Is the fo	oundation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organ	izations described				
	on 501(c) (other than sectio	-					Yes	X	No
	complete the following sch	, , , , , ,	0.1011 021 1						
U 11 103,	(a) Name of org			(b) Type of organization	Τ	(c) Description of relationshi	D		
	N/A		 +	(-).//	 	<u> </u>			
					 				
					 -				
					 				
					<u> </u>				
	dor papelling of page.	that I have suspined the	a catura in aludi:	noomnoowng eshadular	I statements, and to the	hast of my knowledge			
í and	der penalties of perjury, I declare d bellef, it is true, correct, and cor	matchave examined this	s return, including sparer (other than	g accompanying scriedules and taxpayer) is based on all infor	nation of which prepare	r has any knowledge	the IRS d		
Sign	\sim	7 / /		1	A	s <u>how</u>	n below?		
Here	/ (Cho Co			TRUST	3E	」Yes	L.	JNo
s	ignature of officer or trustee			Date	Title				
	Print/Type preparer's na	ame	Preparer's si	gnature	Date	Check if PTIN			
				1	5/11/2	self- employed			
Paid	CARL C. FI	ORE			1/6//8		266		
Prepare	Firm's name AND	ERSEN TAX	LLC		1 11	Firm's EIN ► 33-11	973	84	
Use Onl						1			
		77 AVENUE	OF TH	E AMERICAS,	18TH FLOO				
		W YORK, N				Phone no. 646-21	3-5	100	
		202427 11		<u> </u>			m 990		(2017)
						יטי			(/ / /

Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to any foundation manager Amount status of contribution Name and address (home or business) or substantial contributor recipient SUMMER SEARCH NATIONAL YOUTH 90 BROAD ST., SUITE 701 DEVELOPMENT NEW YORK, NY 10004 ORGANIZATION PROVIDING CUSTOMIZED SUPPORT TO STUDENTS FROM 3,000. NATIONAL FISH AND WILDLIFE FOUNDATION NFWF SUPPORTS 162 WEST 56TH ST, SUITE 405 CONSERVATION EFFORTS NEW YORK, NY 10019 IN ALL 50 STATES AND US TERRITORIES. 5,000. EAST HARLEM TUTORIAL PROGRAM EHTP IS WORKING TO 2050 2ND AVE. DRAMATICALLY INCREASE NEW YORK, NY 10029 THE COLLEGE GRADUATION RATE IN EAST HARLEM. 520. NEW YORK CARES SUPPORT OF NEW YORK 65 BROADWAY, 19TH FL CARES DAY FOR SCHOOLS, NEW YORK, NY 10006 515. HOSPITAL FOR SPECIAL SURGERY SUPPORT IN HONOR OF 535 E. 70TH ST. THE 5TH ANNIVERSARY OF THE LERNER CHILDREN'S NEW YORK, NY 10021 PAVILION 5,000. CATHERINE VIOLET HUBBARD FOUNDATION INAUGURAL GALA TO PO BOX 3571 SUPPORT THE BUILDING OF AN ANIMAL SANCTUARY NEWTOWN, CT 06470 TO HONOR CATHERINE VIOLET HUBBARD. 3,000. BENEFIT DINNER, 2017. AMERICAN AUSTRALIAN ASSOCIATION 50 BROADWAY, #2003 15,000. NEW YORK, NY 10004 GREEK CHILDREN'S VILLAGE COUNSELING AND SERVIAS KARAGIORGI 14 FAMILY-STRENGTHENING ATHINA, GREECE 105 62 SERVICES TO DISADVANTAGED FAMILIES WITH KIDS AGED 0-5 1,082. UNIVERSITY OF MELBOURNE USA SCHOLARSHIP FUND FOR LAW SCHOOL. FOUNDATION 750 FIRST ST. NE, SUITE 1110 WASHINGTON, DC 20002 5,000. UNIVERSITY OF MELBOURNE USA 5 YEAR SCHOLARSHIP COMMITMENT - 2ND FOUNDATION 750 FIRST ST. NE, SUITE 1110 ANNUAL PAYMENT WASHINGTON, DC 20002 20,000. 62,117. Total from continuation sheets

Grants and Contributions Paid During the	Year (Continuation)				
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	Contribution		
NIVERSITY OF MELBOURNE USA			UNDERWRITING ALUMNI		
OUNDATION	1		WELCOME EVENT.		
50 FIRST ST. NE, SUITE 1110	į		MEDICOME EVENT.		
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number

T	HE JAMAKEPE FOUNDATION	26-1605129
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	n
	527 political organization	
Form 99O-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	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe	ecial Rule See instructions
General Rule		
<u> </u>	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions ny one contributor. Complete Parts I and II. See instructions for determining a cont	-
Special Rules		
sections 509(a)(any one contribu	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% s 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1 utor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the EZ, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive butions of more than \$1,000 exclusively for religious, charitable, scientific, literary, of cruelty to children or animals. Complete Parts I, II, and III.	
year, contributio is checked, ente purpose Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ins exclusively for religious, charitable, etc., purposes, but no such contributions to be there the total contributions that were received during the year for an exclusively recomplete any of the parts unless the General Rule applies to this organization becable, etc., contributions totaling \$5,000 or more during the year	staled more than \$1,000. If this box religious, charitable, etc ,
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedon Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or out the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	•

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

THE	JAMAKEPE	FOUNDATION
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26-1605129

Part I	Contributors (see instructions) Use duplicate copies of Part I if additiona	I space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	UNIVERSITY OF MELBOURNE USA FOUNDATION 750 FIRST ST. NE, SUITE 1110 WASHINGTON, DC 20002	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE MICHAELS FOUNDATION C/O BROADWAY VIDEO 30 ROCKERFELLER PLAZA NEW YORK, NY 10112	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
723452 11-0		\$Schedule B (Form	Person Payroll Noncash (Complete Part II for noncash contributions) 990, 990-EZ, or 990-PF) (2017)

Employer identification number

THE JAMAKEPE FOUNDATION

26-1605129

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part l	(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
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		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
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		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		-	
720453 11 0		Schedule B (Form	990. 990-EZ. or 990-PF) (2017

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number THE JAMAKEPE FOUNDATION

26-1605129

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

FORM 990-PF INTERES	T ON SAVIN	GS AND	TEMPOR	ARY C	CASH	INV	ESTMENTS	S'	TATEMENT	1
SOURCE			(A) EVENUE R BOOK			INV	B) VESTMENT COME]	(C) ADJUSTED NET INCOME	3
CHARLES SCHWAB US TRUST				1.			1.			
TOTAL TO PART I, LIN	TE 3			2.			2.			
FORM 990-PF	DIVIDENDS	AND IN	TEREST	FROM	I SEC	URI	TIES		PATEMENT .	2
SOURCE	GROSS AMOUNT	CAPI GAI DIVID	NS	REV	(A) VENUE BOOK		(B) NET INVES MENT INCO		(C) ADJUSTI NET INCO	
CHARLES SCHWAB	3,350.		0.		3,35	0.	3,35	0.		
TO PART I, LINE 4	3,350.		0.		3,35	0.	3,35	0.		
FORM 990-PF		ОТНЕ	R INCO	ME				S'	PATEMENT	3
DESCRIPTION			RE	(A) VENUE BOOK			(B) ET INVEST- ENT INCOME		(C) ADJUSTEI NET INCOM	
CJDE TREATS LLC				-3,	330.		-3,330	- -		
TOTAL TO FORM 990-PF	, PART I,	LINE 11		-3,	330.	_	-3,330	-). == =		
FORM 990-PF		OTHE	R EXPE	NSES				s	ГАТЕМЕНТ	4
DESCRIPTION		(A) EXPENSE PER BOO			VEST-		(C) ADJUSTED NET INCOM		(D) CHARITAI PURPOSI	
OPERATING EXPENSES OTHER EXPENSES INVESTMENT EXPENSES	_	1	95. 19. 75.		0 0 75	•			69	0.
TO FORM 990-PF, PG 1	L, LN 23	8	89.		75	- -			69	95.
	<u></u>					== =				

FORM 990-PF CO	DRPORATE STOCK		STATEMENT
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CROWN CASTLE CORP GOOGLE - CLASS A GOOGLE - CLASS C MASTERCARD UNION PACIFIC VISA		26,580. 38,690. 38,584. 10,715. 11,708. 10,232.	38,030 79,005 78,480 23,340 19,039 23,436
TOTAL TO FORM 990-PF, PART II, LIN	WE 10B	136,509.	261,330
FORM 990-PF OTH	ER INVESTMENTS		STATEMENT
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
CJDE TREATS, LLC SPDR DOW JONES	COST	3,940. 12,218.	3,940 17,805
TOTAL TO FORM 990-PF, PART II, LIN	IE 13	16,158.	21,745
2 01.32	XV - LINE 1A OUNDATION MANAGE	rp c	STATEMENT

NAME OF MANAGER

MATTHEW J. EDMONDS JULIE ANNE QUAY