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DLN: 93491318013459

2018

OMB No 1545-0052

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

Form 990-PF Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public

| For | caler | ndar year 2018, or tax year beginning 01-01-20 |)18 , ar | nd ending 12-31 | -2018 | Inspection |
|-----------------------------|--------------------|---|---|---------------------------|---|---|
| | | undation | , | | lentification numbe | <u> </u> |
| RC | BERT A | AND MICHELLE DIENER FOUNDATION | | 75-2919060 | | |
| | | d street (or P O box number if mail is not delivered to street address) I FREEWAY SUITE 748 | Room/suite | B Telephone nu | ımber (see ınstruction | ns) |
| | | | | (305) 865-930 | 0 | |
| | | n, state or province, country, and ZIP or foreign postal code 75234 | | C If exemption | application is pendin | g, check here |
| G Ch | neck al | II that apply Initial return Initial return of a | former public charity | D 1. Foreign or | ganizations, check he | re \Box |
| | | Final return Amended return | • | 2 Foreign o | rganizations meeting ck here and attach coi | the 85% |
| | | Address change Name change | | <u> </u> | | · · · — |
| | | /pe of organization Section 501(c)(3) exempt private | | | undation status was t on 507(b)(1)(A), chec | |
| | | | e private foundation | | | |
| of ' | year (f | ket value of all assets at end from Part II, col (c), ▶\$ 29,552,122 J Accounting method □ Other (specify) (Part I, column (d) must | Cash Accru | | ation is in a 60-month on 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc , received (attach schedule) | | | | |
| | 2 | Check 🕨 🗹 if the foundation is not required to attach | | | | |
| | 3 | Sch B Interest on savings and temporary cash investments | | | | |
| υ | 4 | Dividends and interest from securities | 605,694 | 605,694 | 1 | |
| | т 5а | Gross rents | 003,031 | 000,00 | | |
| | b | Net rental income or (loss) | | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 1,605,044 | | | |
| Revenue | b | Gross sales price for all assets on line 6a | | | | |
| Rev | 7 | 27,756,037 Capital gain net income (from Part IV, line 2) | | 1,605,044 | | |
| | 8 | Net short-term capital gain | | 1,005,01 | | |
| | 9 | Income modifications | | | | |
| | 10a b | Gross sales less returns and allowances Less Cost of goods sold | | | | |
| | С | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) | 42,006 | 46,534 | 0 | |
| | 12 | Total. Add lines 1 through 11 | 2,252,744 | 2,257,272 | 2 0 | |
| | 13 | Compensation of officers, directors, trustees, etc | 0 | (| 0 | 0 |
| | 14 | Other employee salaries and wages | | | | |
| 6S | 15 | Pension plans, employee benefits | | | | |
| in S | 16a | Legal fees (attach schedule) | | | | |
| and Administrative Expenses | b | Accounting fees (attach schedule) | 6,825 | 3,413 | 0 | 3,412 |
| eE | С | Other professional fees (attach schedule) | | | | |
|)ţ | 17 | Interest | 386 | 386 | 0 | 0 |
| Str | 18 | Taxes (attach schedule) (see instructions) | 66,837 | 3,837 | 0 | 0 |
| ≣ | 19 | Depreciation (attach schedule) and depletion | | | | |
| Ð | 20 | Occupancy | | | | |
| ďΡ | 21 | Travel, conferences, and meetings | 2,739 | C | 0 | 2,739 |
| an | 22 | Printing and publications | m 1 | | | |
| <u>Eu</u> | 23 | Other expenses (attach schedule) | 36,866 | 36,866 | 0 | 0 |
| Operating | 24 | Total operating and administrative expenses. | | | _ | . |
| <u>a</u> | 25 | Add lines 13 through 23 | 113,653 | · · | 0 | 6,151 |
| _ | 25 | Contributions, gifts, grants paid | 1,779,325 | | | 1,779,325 |
| | 26 | Total expenses and disbursements. Add lines 24 and 25 | 1,892,978 | 44,502 | 2 0 | 1,785,476 |
| | 27 | Subtract line 26 from line 12 | | | | |
| | а | Excess of revenue over expenses and disbursements | 359,766 | | | |
| | b | Net investment income (If negative, enter -0-) Adjusted net income (If negative, enter -0-) | | 2,212,770 | | |
| For | c Paner | work Reduction Act Notice, see instructions. | | Cat No 11289: | | m 990-PF (2018) |
| | | | | Cat NO 11209. | v tot | ・・・ シン・・・・ (としょう) |

| | | | l l | | |
|--------|-----|--|-----|---|--|
| | | Less allowance for doubtful accounts ▶ | | | |
| | 4 | Pledges receivable ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | ' | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons (attach schedule) (see instructions) | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | |
| | | Less allowance for doubtful accounts ▶ | | | |
| S | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| As | 10a | Investments—U S and state government obligations (attach schedule) | | | |
| | ь | Investments—corporate stock (attach schedule) | | | |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment basis ▶ | | | |
| | | Less accumulated depreciation (attach schedule) ▶ | | | |
| | i | . | | | |

31,024,440

31,024,440

31,024,440

31,384,206

31,384,206

31,384,206

2

3

4

5

6

31,024,440

31,384,206

31.384.206

Form **990-PF** (2018)

359,766

0

29.145.814

29,552,122

12 Investments—mortgage loans 13 Investments—other (attach schedule) 29,940,964 30.977,898 14 Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) 15 Other assets (describe > _ Total assets (to be completed by all filers—see the 16 instructions Also, see page 1, item I) 31,024,440 31,384,206 17 18 Grants payable Liabilities 19 Deferred revenue .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

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-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

20

21

22

23

24

25

26

28

29

31 Part III

Balances

Fund

5

Assets 27

Net 30

2

Other liabilities (describe -_

Unrestricted

Temporarily restricted

Permanently restricted . .

and complete lines 27 through 31.

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

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

| If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part 1 Enter the appropriate amount in each column for each year, see instructions before making any entries (a) (b) (b) (c) Distribution ratio (col (b) divided by col (c)) | us (g) 1,224,714 380,330 in minus than -0-) or |
|--|--|
| c d d e | us (g) 1,224,714 380,330 in minus than -0-) or ol (h)) 1,224,714 380,330 |
| d e (e) Depreciation allowed (or allowable) Gross sales price 26,150,993 b 380,330 c d d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 F M V as of 12/31/69 Adjusted basis as of 12/31/69 Base pender and part I, line 8 Adjusted basis as of 12/31/69 If gain, also enter in Part I, line 7 If (insp), enter -0 - in Part I, line 7 If gain, also enter in Part I, line 7 Adjusted basis as of 12/31/69 Base pender and part I, line 8 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (insp), enter -0 - in Part I, line 7 Adjusted by domestic private foundations subject to the section 4940(a) tax on net investment Income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (for optional use by domestic private foundations subject to the section 4940(a) tax on net investment income (for optional u | us (g) 1,224,714 380,330 in minus than -0-) or ol (h)) 1,224,714 380,330 |
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| 2 Capital gain net income or (net capital loss) 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part 1 Enter the appropriate amount in each column for each year, see instructions before making any entries (a) (b) Adjusted qualifying distributions Net value of noncharitable-use assets (col (b) divided by col (c)) | 1,605,044 |
| (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income) If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part 1 Enter the appropriate amount in each column for each year, see instructions before making any entries (a) (b) Adjusted qualifying distributions Net value of noncharitable-use assets (col (b) divided by col (c)) | |
| If section 4940(d)(2) applies, leave this part blank Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part 1 Enter the appropriate amount in each column for each year, see instructions before making any entries (a) (b) (b) (c) Distribution ratio (col (b) divided by col (c)) | |
| Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part 1 Enter the appropriate amount in each column for each year, see instructions before making any entries (a) Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions year (column for each year) Net value of noncharitable-use assets (b) Net value of noncharitable-use assets | |
| If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part 1 Enter the appropriate amount in each column for each year, see instructions before making any entries (a) Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Adjusted qualifying distributions Net value of noncharitable-use assets (c) Net value of noncharitable-use assets | |
| (a) Base period years Calendar year (or tax year beginning in) (b) Adjusted qualifying distributions (c) Net value of noncharitable-use assets (col (b) divided by col (c)) | ✓ No |
| Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Adjusted qualifying distributions Net value of noncharitable-use assets Col (b) divided by col (c)) | |
| 2017 |) |
| 2017 833,494 28,503,484 0 | 029242 |
| 2016 1,357,987 26,985,824 0 | 050322 |
| 2015 1,766,094 29,239,676 0 | 060401 |
| 2014 1,890,654 31,174,338 0 | 060648 |
| 2013 1,831,693 30,669,467 0 | 059724 |
| 2 Total of line 1, column (d) | 260337 |
| 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the | |
| That the foundation has been in existence in less than 5 years | 0 052067 |
| | ,432,050 |
| · · · · · · · · · · · · · · · · · · · | '' |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) 6 | ,688,640 |
| | ,688,640 22,128 |
| 8 Enter qualifying distributions from Part XII, line 4 , | ,688,640 |

Page **6**

| Form | 990-PF (2018) | | | | | | | F | age 6 | |
|------|------------------------------------|---------------------|---------------------------------------|-------------------------------|--|-------------------|------------|---------|--------------|--|
| Pa | rt VII-B Statemen | nts Regarding | Activities for Which | Form 4720 May Be | Required (continued) | | | | | |
| 5a | During the year did the | foundation pay o | r incur any amount to | | | | | Yes | No | |
| | (1) Carry on propagand | da, or otherwise a | ttempt to influence legis | egislation (section 4945(e))? | | | | | | |
| | (2) Influence the outcor | me of any specific | public election (see sec | tion 4955), or to carry | | | | | | |
| | on, directly or indire | ectly, any voter re | gistration drive? | | · · 🗌 Yes 🔽 | Z No | | | | |
| | | | avel, study, or other sım | | ☐ Yes 🔽 | Z No | | | | |
| | • • | - | | , organization described | | | | | | |
| | , | | | | · · Yes | Z No | | | | |
| | | | eligious, charitable, scier | | | _ | | | | |
| h | If any answer is "Yes" to | • | • | ren or animals? | ∟ Yes 🗅 | ∠ No | | | | |
| U | • | | • | ster assistance? See instr | • | | 5b | | | |
| | - | | | ance check here | | _ | 30 | | | |
| c | If the answer is "Yes" to | | | | | _ | | | | |
| _ | | | | ? | | ¬ | | | | |
| | If "Yes," attach the state | • | | | · · L Yes L | J No ∣ | | | | |
| 6a | | | _ | · indirectly, to pay premit | ıms on | | | | | |
| | • | | | | | . | | | | |
| b | | | | directly, on a personal be | ⊔ Yes 🗅 | ∐ No | 6b | | No | |
| | If "Yes" to 6b, file Form | | , , | ,, , | | l | | | | |
| 7a | At any time during the t | tax year, was the | foundation a party to a p | prohibited tax shelter tran | nsaction? Yes | 7 | | | | |
| b | If yes, did the foundatio | on receive any pro | ceeds or have any net in | come attributable to the | transaction? | ⊔ NO | 7 b | | | |
| 8 | Is the foundation subject | ct to the section 4 | 960 tax on payment(s) | of more than \$1,000,000 | ın remuneratıon or | | | | | |
| | excess parachute payme | ent during the ye | ar [?] | | · · 🔲 Yes 🔽 | Z _{No} [| | | | |
| | Informatio | n About Offic | ers, Directors, Trus | tees, Foundation Ma | nagers, Highly Paid I | | yees, | | | |
| Ра | rt VIIII and Contra | actors | | | | | | | | |
| 1 | List all officers, direct | ors, trustees, fo | undation managers a | nd their compensation. | See instructions | | | | | |
| | (a) Name and addre | | b) Title, and average | (c) Compensation (If | | . 』 (e) | Expen | se acc | ount, | |
| | (a) Name and addre | 255 | hours per week devoted to position | not paid, enter -0-) | employee benefit plans ar deferred compensation | na i o | ther al | llowand | es | |
| ROBE | RT B DIENER | | CTOR | 0 | ' | 0 | | | (| |
| | LBJ FWY SUITE 748 | 5 00 | | | | | | | | |
| | AS, TX 75234 | DIRE | CTOR | | | | | | | |
| | ELLE S DIENER LBJ FWY SUITE 748 | 5 00 | CTOR | 0 | | 0 | | | (| |
| | AS, TX 75234 | | | | | | | | | |
| DAVI | O S LITMAN | | CTOR | 0 | | 0 | | | (| |
| | LBJ FWY SUITE 748 | 0 00 | | | | | | | | |
| | AS, TX 75234 Compensation of five | highest-paid en | nplovees (other than t | hose included on line 1 | L—see instructions). If n | one, er | nter " | NONE. | 71 | |
| | · | | | | (d) Contributions to | T | | | | |
| (a) | Name and address of each | | (b) Title, and average hours per week | (c) Compensation | employee benefit | | | se acco | | |
| | more than \$50,0 | 000 | devoted to position | | plans and deferred compensation | ot | ner all | owanc | es | |
| NON | | | | | | | | | | |
| - | | | | | | | | | | |
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| | | | | | | | | | | |
| Tota | I number of other employ | vees paid over \$5 | 0,000 | | | | | | (| |

| Form 990-PF (2018) | | Page 7 |
|--|---------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, F and Contractors (continued) | Foundation Managers, Highly Pa | id Employees, |
| 3 Five highest-paid independent contractors for professional service | es (see instructions). If none, enter | "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include releving and other beneficiaries served, conferences convened, research papers produc | | Expenses |
| 1 | | |
| 2 | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments (see in | astructions) | |
| Describe the two largest program-related investments made by the foundation during the | <u>'</u> | Amount |
| 1 | | |
| | | |
| 2 | | |
| All other program-related investments See instructions | | |
| 3 | | |
| Total. Add lines 1 through 3 | | P 0 |
| | | Form 990-PF (2018) |

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

1a

1b

2

3a 3h

4

5

1,785,476

1.785.476

1.763.348

Form 990-PF (2018)

22.128

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

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

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

1

2

3

4

5

b Total for prior years

d From 2016. . . .

e From 2017.

From 2013. **b** From 2014. . . . c From 2015. .

Undistributed income, if any, as of the end of 2018 a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a))

5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

6 Enter the net total of each column as

9 Excess distributions carryover to 2019.

10 Analysis of line 9 a Excess from 2014. . **b** Excess from 2015. .

c Excess from 2016. . d Excess from 2017. . e Excess from 2018. .

Subtract lines 7 and 8 from line 6a . . .

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 1,785,476 a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

4 532

20.127

4,532 20.127

186.001

1,599,475

Form 990-PF (2018)

| Form 990-PF (2 | 018) |
|----------------|------|
| Part XIII | U |
| | |

| art XIII | Undistributed Income (see instruc | ctions) | | | |
|----------|-----------------------------------|---------------|----------------------------|-------------|----------|
| | | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (c 20 |
| | | | | | |

| GI C ATTE | Ondiscribated Income (See mandedons) | | | | | | | | |
|---------------|--------------------------------------|---------------|----------------------------|--------------------|--------------------|--|--|--|--|
| | | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 | | | | |
| Distributable | amount for 2018 from Part XI, line 7 | | | | 1,599,4 | | | | |

24.659

186.001

210,660

210,660

| 4111 | Undistributed Income (see instructions) | | | | | | | | | |
|------|---|---------------|----------------------------|-------------|---------------------|--|--|--|--|--|
| | | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 | | | | | |



| R | | -A Analysis of Income-Producing | Activities | | | | ruge L |
|-----|---------------------------|--|----------------------|----------------------|-----------------------|-------------------------|--|
| Ent | er gross | amounts unless otherwise indicated | | usiness income | · | n 512, 513, or 514 | (e) Related or exemple |
| 1 | 1 Program service revenue | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| | | and contracts from government agencies | | | | | |
| 2 | | rship dues and assessments | | | | | |
| 3 | | on savings and temporary cash | | | | | |
| | investm | | | | | 605 604 | |
| | | ds and interest from securities tal income or (loss) from real estate | | | 14 | 605,694 | |
| 3 | | financed property | | | | | |
| | | ebt-financed property. | | | | | |
| | | tal income or (loss) from personal property | | | | | |
| | | nvestment income | | | 14 | 46,534 | |
| 8 | Gain or inventor | (loss) from sales of assets other than | | | | | |
| | | ' | | | 18 | 1,605,044 | |
| | | ome or (loss) from special events profit or (loss) from sales of inventory | | | | | |
| | Other n | | | | | | |
| | a MERCE | R PIP LP - UBTI | 900099 | -4,528 | | | |
| | b | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4 7 | | al Add columns (b), (d), and (e). | | 4.520 | | 2 257 272 | |
| | | Add line 12, columns (b), (d), and (e). | | -4,528 | | 2,257,272 ! 3 | <u> </u> |
| | | orksheet in line 13 instructions to verify calcu | | | | | _,, |
| P | art XVI | • | | | | | |
| Li | ne No. ▼ | Explain below how each activity for which the accomplishment of the foundation's ex instructions) | | | | | |
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| | | | | | | F - | rm 990-PF (2018 |
| | | | | | | Fo | >>U-PF [/U]8 |

| , | | |
|--|-------|---------------|
| Information Regarding Transfers To and Transactions and Relationships With Noncharit Exempt Organizations | :able | |
| | | $\overline{}$ |

| Part | : XVII | Exempt Org | | ransı | rers 10 a | and Transaction | ons and | Relatio | nsnips with None | cnaritable | | |
|----------------|---------------|--|---|--------|---------------|---------------------------------------|------------------------------|--------------|---|-------------------------|-----------|------|
| | | | or indirectly enga | | | | | | n described in sections? | n 501 | Yes | No |
| a Tra | nsfers | from the reporting t | om the reporting foundation to a noncharitable exempt organization of | | | | | | | | | |
| (1) |) Cash | | | | | | | | | 1a(1) | | No |
| (2) |) Othe | rassets | | | | | | | | . 1a(2) | | No |
| b Oth | ner tran | sactions | | | | | | | | | | |
| • • | • | of assets to a noncharitable exempt organization | | | | | | | | . 1b(1) | | No |
| (2) |) Purch | nases of assets from | n a noncharitable | exem | ıpt organız | zation | | | | . 1b(2) | | No |
| (3) |) Renta | al of facilities, equip | ment, or other a | ssets. | | | | | | . 1b(3) | | No |
| | | bursement arrange | | | | | | | | 1b(4) | | No |
| | | s or loan guarantee | | | | | | | | . 1b(5) | | No |
| • | • | mance of services of | | | - | | | | | 1b(6) | | No |
| | _ | facilities, equipme | | | | | | | | . <u>lc</u> | | No |
| d If t | he ansi | wer to any of the ab | oove is "Yes," cor | nplete | the follow | ving schedule Co foundation If the | lumn (b) Foundatio | should alv | ways show the fair ma d less than fair marke | arket value et value | | |
| | | | | | | | | | ts, or services receive | | | |
| | | | | | | | | | | | | |
| (a) Line | e No | (b) Amount involved | d (c) Name of | noncha | arıtable exei | mpt organization | (d) Des | scription of | transfers, transactions, a | and sharing arra | ngemen | ts |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2a Is t | he four | ndation directly or i | ndırectly affiliate | d with | . or relate | d to, one or more | tax-exen | npt organi | zations | | | |
| | | in section 501(c) (c | • | | • | • | | | | . ✓ No | | |
| | | omplete the following | | (| ,(-,, | | | | | | | |
| - | 100, 0 | (a) Name of organ | - | | (t | b) Type of organizat | ion | 1 | (c) Description o | f relationship | | |
| | | | | | | | | | | | | |
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| | + | | | | | | | | | | | |
| | of m | ny knowledge and b | elief, it is true, c | | | | | | ng schedules and stat than taxpayer) is bas | | | |
| Sign | | ch preparer has any | Knowledge | | | 1 | | | | May the IRS d | erliee th | NC. |
| Here | | ***** | | | | 2019-11-14 | , k | ***** | | return | | |
| | 1) - | | | | | |) · | | | with the prepa below | rer shov | vn |
| | ' | Signature of officer | or trustee | | | Date | , , | Tıtle | | (see instr)? | √ yes l | □No |
| | | | | | | | | | | (222 | | |
| | | Print/Type prepa | rer's name | Prep | arer's Sıgr | nature | Date | | Check if self- | ΓIN | | |
| | | | | | | | | | employed ▶ □ | P0123 | 454 | |
| Daid | | MICHAEL L CA | RTER | | | | | | employed P | | | |
| Paid Pron | | | | | | | | | | | | |
| - | oarer Only | Triming manice | CARTER & COMP | ANY | | | | | Fi | rm's EIN ▶75 | -21260 | 48 |
| Jac | Jilly | Firm's address ▶ | 4305 MACARTI | HUR A | VE | | | | | | | |
| | | 5 address | | | - | | | | l Di | none no (214 |) 880-r | ารยก |
| | | | DALLAS, TX 7 | 5209 | | | | | [| .5.10 110 (214 | , 550-0 | |
| | | | | | | | | | | | | |

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

MICHELLE S DIENER

ROBERT B DIENER

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| AISH HATORAH INC 1407 BROADWAY SUITE 1703A NEW YORK, NY 10018 | NONE | PUBLIC CHARITY | RELIGIOUS | 180,000 |
|---|------|-------------------|-----------|---------|
| ALPHA EPSILON PI FOUNDATION | NONE | PUBLIC CHARITY | EDUCATION | 30,000 |

| NEW YORK, NY 10018 | | | | |
|---|------|-------------------|-----------|--------|
| ALPHA EPSILON PI FOUNDATION 8815 WESLEYAN ROAD INDIANAPOLIS, IN 46268 | NONE | PUBLIC CHARITY | EDUCATION | 30,000 |
| AMERICAN FRIENDS OF BEIT IZZIE SHAPIRO 18900 NE 25TH AVENUE | NONE | PUBLIC CHARITY | RELIGIOUS | 5,000 |

| INDIANAPOLIS, IN 46268 | | CHARTT | | |
|--|------|-------------------|-----------|-------|
| AMERICAN FRIENDS OF BEIT IZZIE SHAPIRO 18900 NE 25TH AVENUE NORTH MIAMI BEACH, FL 33180 | NONE | PUBLIC CHARITY | RELIGIOUS | 5,000 |
| | | | | |

| AMERICAN FRIENDS OF BEIT IZZIE SHAPIRO 18900 NE 25TH AVENUE NORTH MIAMI BEACH, FL 33180 | NONE | PUBLIC CHARITY | RELIGIOUS | 5,000 |
|--|------|-------------------|-----------|-----------|
| Total | | | ▶ 3a | 1,779,325 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

Name and address (home or business)

Total .

| Traine and dual ess (nome or pasiness) | or substantial contributor | | | |
|--|----------------------------|-------------------|------------------|-------|
| a Paid during the year | | | | |
| AMERICAN HEART ASSOCIATION 4000 HOLLYWOOD BLVD 170N | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 2,500 |

recipient

1,779,325

| HOLLYWOOD, FL 33021 | | | | |
|--|------|-------------------|-------------|-------|
| AMERICAN PHYSICIANS FOR ISRAEL 2001 BEACON STREET SUITE 210 BOSTON, MA 02135 | NONE | PUBLIC CHARITY | HEALTH CARE | 1,800 |

| AMERICAN PHYSICIANS FOR ISRAEL 2001 BEACON STREET SUITE 210 BOSTON, MA 02135 | NONE | PUBLIC CHARITY | HEALTH CARE | 1,800 |
|--|------|-------------------|-------------|-------|
| BAIS JEWISH RESOURCE CENTRE 1335 HILL STREET | NONE | PUBLIC CHARITY | RELIGIOUS | 7,200 |

| 2001 BEACON STREET SUITE 210 BOSTON, MA 02135 | | CHARITY | | |
|--|------|-------------------|-----------|-------|
| BAIS JEWISH RESOURCE CENTRE 1335 HILL STREET ANN ARBOR, MI 48104 | NONE | PUBLIC CHARITY | RELIGIOUS | 7,200 |
| | | | | i e |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **BROTHERS FOR LIFE** NONE PUBLIC HUMANITARIAN 18,000 270 SOUTH HANFORD STREET SUITE CHARITY 207 SEATTLE WA 98134

| · | | | | |
|--|------|-------------------|-----------|--------|
| CENTRAL FUND OF ISRAEL 980 6TH AVENUE NEW YORK, NY 10018 | NONE | PUBLIC CHARITY | RELIGIOUS | 10,000 |
| CHABAD CENTER AT CORNELL | NONE | PUBLIC | RELIGIOUS | 1,000 |

1,779,325

Total . . .

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

| Name and address (home or business) | any foundation manager or substantial contributor | recipient | |
|-------------------------------------|--|-----------|--|
| a Paid during the year | | | |
| | | | |

6,900

| CHABAD JEWISH CENTER NONE PUBLIC RELIGIOUS | AVENUE CHARITY |
|--|----------------|
| 2021 NW 5TH AVENUE CHARITY CHARITY CHARITY | |

| GAINESVILLE, FL 32003 | | | | |
|---|------|-------------------|-----------|--|
| CHABAD OF HAWAII 410 ATKINSON DRIVE HONOLULL HI 96814 | NONE | PUBLIC CHARITY | RELIGIOUS | |

| CHABAD OF HAWAII 410 ATKINSON DRIVE HONOLULU, HI 96814 | NONE | PUBLIC CHARITY | RELIGIOUS | 1,000 |
|--|------|-------------------|-----------|-------|
| CHABAD OF NORTH MIAMI 1948 NE 123RD STREET | NONE | PUBLIC CHARITY | RELIGIOUS | 1,000 |

| HONOLULU, HI 96814 | | | | |
|--|------|-------------------|-----------|-------|
| CHABAD OF NORTH MIAMI 1948 NE 123RD STREET NORTH MIAMI, FL 33181 | NONE | PUBLIC CHARITY | RELIGIOUS | 1,000 |

| Total | | | ▶ 3a | 1,779,325 | |
|---|------|--------------------|------|-----------|--|
| 1948 NE 123RD STREET NORTH MIAMI, FL 33181 | | CHARITY | | | |
| CHABAD OF NORTH MIAMI | NONE | PUBLIC RELIGIOUS | | 1,000 | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or husiness)

| Name and address (nome of business) | or substantial contributor | | | |
|-------------------------------------|----------------------------|--------|-----------|-------|
| a Paid during the year | | | | |
| CHABAD OF TULANE | NONE | PUBLIC | RELIGIOUS | 5,000 |

| HABAD OF TULANE 033 FRERET STREET EW ORLEANS, LA 70118 | NONE | PUBLIC CHARITY | RELIGIOUS | |
|--|------|-------------------|-----------|--|
| HABAD ON CAMPUS | NONE | PUBLIC | RELIGIOUS | |

| NEW ORLEANS, LA 70118 | | CHARTT | | |
|---|------|-------------------|-----------|--|
| CHABAD ON CAMPUS 719 EASTERN PARKWAY SUITE 1 BROOKLYN, NY 11213 | NONE | PUBLIC CHARITY | RELIGIOUS | |
| · · · · · · · · · · · · · · · · · · · | | · - | | |

| CHABAD ON CAMPUS 719 EASTERN PARKWAY SUITE 1 BROOKLYN, NY 11213 | NONE | PUBLIC CHARITY | RELIGIOUS | 36,000 |
|--|------|-------------------|------------------|--------|
| CHILDHOOD CANCER PROJECT 1065 NE 125TH STREET SUITE 300 NORTH MIAMI EL 33161 | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 5,000 |

| BROOKLYN, NY 11213 | | | | |
|---|------|-------------------|------------------|-------|
| CHILDHOOD CANCER PROJECT 1065 NE 125TH STREET SUITE 300 NORTH MIAMI, FL 33161 | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 5,000 |
| | | | | |

| 1065 NE 125TH STREET SUITE 300 NORTH MIAMI, FL 33161 | CHARITY | | 5,000 |
|---|---------|------|-----------|
| Total | | ▶ 3a | 1,779,325 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

any foundation manager

Name and address (home or

Total .

| business) | or substantial contributor | | | |
|--|----------------------------|-------------------|-----------|---------|
| a Paid during the year | | | | |
| DAVID POSNACK DAY SCHOOL 5890 S PINE ISLAND ROAD DAVIE, FL 33328 | NONE | PUBLIC CHARITY | EDUCATION | 228,000 |

recipient

| FIDELITY CHARITABLE GIFT FUND PO BOX 770001 CINCINNATI, OH 45277 | NONE | PUBLIC CHARITY | VARIOUS RELIGIOUS/EDUCATION/PRESERVATION | 425,000 |
|--|------|-------------------|---|---------|
| EIG WENDY WALK | NONE | DUDL TO | I II INAANITTA DI ANI | 1 000 |

| CINCINNATI, OH 45277 | | CHARITY | RELIGIOUS/EDUCATION/PRESERVATION | |
|---|------|-------------------|----------------------------------|-------|
| FJC - WENDY WALK 520 EIGHTH AVENUE 20TH FLOOR NEW YORK NY 10018 | NONE | PUBLIC CHARITY | HUMANITARIAN | 1,000 |

1,779,325

| CINCINNATI, OH 45277 | | | | |
|--|------|-------------------|--------------|-----|
| FJC - WENDY WALK 520 EIGHTH AVENUE 20TH FLOOR NEW YORK, NY 10018 | NONE | PUBLIC CHARITY | HUMANITARIAN | 1,0 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|------------------------|------|--------|-----------|--------|
| FRIENDS OF IR DAVID | NONE | PUBLIC | RELIGIOUS | 30,000 |

| 575 LEXINGTON AVE 4TH FLOOR NEW YORK, NY 10022 | NONE | CHARITY | THE STORY OF THE S | 30,000 |
|---|------|-------------------|--|--------|
| FRIENDS OF UNITED HATZALA 208 E 51ST STREET SUITE 303 NEW YORK NY 10022 | NONE | PUBLIC CHARITY | HEALTH CARE | 11,000 |

| FRIENDS OF UNITED HATZALA 208 E 51ST STREET SUITE 303 NEW YORK, NY 10022 | NONE | PUBLIC CHARITY | HEALTH CARE | 11,000 |
|--|------|-------------------|--------------|--------|
| GIVE A BUCK EQUINE THERAPY 220 ALHAMBRA CIRCLE SUITE 310 | NONE | PUBLIC CHARITY | HUMANITARIAN | 1,000 |

| NEW YORK, NY 10022 | | 015 ((21) | | |
|---|------|-------------------|--------------|-------|
| GIVE A BUCK EQUINE THERAPY 220 ALHAMBRA CIRCLE SUITE 310 CORAL GABLES, FL 33134 | NONE | PUBLIC CHARITY | HUMANITARIAN | 1,000 |

1,779,325

| GIVE A BUCK EQUINE THERAPY 220 ALHAMBRA CIRCLE SUITE 310 CORAL GABLES, FL 33134 | NONE | PUBLIC CHARITY | HUMANITARIAN | 1,00 |
|---|------|-------------------|--------------|------|
| | | | | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total.

| a Paid during the year | | | | |
|--|------|-------------------|------------------|---------|
| GREATER MIAMI JEWISH FEDERATION 4200 BISCAYNE BLVD MIAMI, FL 33137 | NONE | PUBLIC CHARITY | JEWISH EDUCATION | 135,000 |
| HASBARA FELLOWSHIPS | NONE | PUBLIC | JEWISH EDUCATION | 75,000 |

| HASBARA FELLOWSHIPS 313 WEST 83RD STREET NEW YORK, NY 10024 | NONE | PUBLIC CHARITY | JEWISH EDUCATION | 75,000 |
|---|------|-------------------|------------------|--------|
| HILLEL DAY SCHOOL OF BOCA 21011 95TH AVE S | NONE | PUBLIC CHARITY | RELIGIOUS | 1,000 |

| 313 WEST 83RD STREET NEW YORK, NY 10024 | NONE | CHARITY | JEWISH EDOCATION | 73, |
|---|------|-------------------|------------------|-----|
| HILLEL DAY SCHOOL OF BOCA 21011 95TH AVE S BOCA RATON, FL 33428 | NONE | PUBLIC CHARITY | RELIGIOUS | 1, |

| EW YORK, NY 10024 | | | | |
|--|------|-------------------|-----------|-------|
| ILLEL DAY SCHOOL OF BOCA 1011 95TH AVE S OCA RATON, FL 33428 | NONE | PUBLIC CHARITY | RELIGIOUS | 1,000 |

1,779,325

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| a Paid during the year | | | | |
|--|------|-------------------|------------------------|--------|
| IMAGINATION PRODUCTIONS 105 E 34TH STREET 117 | NONE | PUBLIC CHARITY | EDUCATION/PRESERVATION | 10,000 |

| NEW YORK, NY 10016 | | CHARITY | | |
|---|------|-------------------|---------------------------|-------|
| INTERNATIONAL CANCER ADVOCACY NETWORK 27 WEST MORTEN AVENUE | NONE | PUBLIC CHARITY | CANCER RESEARCH/EDUCATION | 3,600 |

| INTERNATIONAL CANCER ADVOCACY NETWORK 27 WEST MORTEN AVENUE PHOENIX, AZ 850217246 | NONE | PUBLIC CHARITY | CANCER RESEARCH/EDUCATION | 3,600 |
|--|------|-------------------|---------------------------|--------|
| INTOWN CHABAD2723 ROUTH STREET | NONE | PUBLIC | RELIGIOUS | 20,000 |

| NETWORK 27 WEST MORTEN AVENUE PHOENIX, AZ 850217246 | | CHARITY | | 5,555 |
|---|------|---------|-----------|--------|
| INTOWN CHABAD2723 ROUTH STREET | NONE | PUBLIC | RELIGIOUS | 20,000 |

| 27 WEST MORTEN AVENUE PHOENIX, AZ 850217246 | | | | |
|--|------|-------------------|-----------|--------|
| INTOWN CHABAD2723 ROUTH STREET DALLAS, TX 75201 | NONE | PUBLIC CHARITY | RELIGIOUS | 20,000 |

| + | • | | h n | 4 770 335 |
|---|------|-------------------|-----------|-----------|
| INTOWN CHABAD2723 ROUTH STREET DALLAS, TX 75201 | NONE | PUBLIC CHARITY | RELIGIOUS | 20,000 |

| DALLAS, TX 75201 | NONE | CHARITY | RELIGIOUS | 20, |
|------------------|------|---------|-----------|-----------|
| Total | | | ▶ 3a | 1,779,325 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

1,779,325

| JERUSALEM HASBARA FELLOWSHIPS 505 8TH AVENUE SUITE 601 NEW YORK, NY 10018 | NONE | PUBLIC CHARITY | RELIGIOUS | 18,000 |
|---|------|-------------------|-----------|--------|
| JEWISH COMMUNITY SERVICES | NONE | PUBLIC | RELIGIOUS | 33,665 |

| | | | 1 | |
|---|------|-------------------|-----------|---|
| JEWISH COMMUNITY SERVICES 735 NE 125TH STREET MIAMI, FL 33161 | NONE | PUBLIC CHARITY | RELIGIOUS | 3 |

| 735 NE 125TH STREET MIAMI, FL 33161 | | CHARITY | | , |
|--|------|---------|-----------|-------|
| KSPACE3575 NE 207TH STREET B20 | NONE | PUBLIC | RELIGIOUS | 2,000 |

| MIAMI, FL 33161 | | | | |
|--|------|-------------------|-----------|-------|
| KSPACE3575 NE 207TH STREET B20 AVENTURA, FL 33180 | NONE | PUBLIC CHARITY | RELIGIOUS | 2,000 |

| KSPACE3575 NE 207TH STREET B20 | NONE | PUBLIC | RELIGIOUS | 2,00 |
|--------------------------------|------|---------|-----------|------|
| AVENTURA, FL 33180 | | CHARITY | | |
| | | | | |

| KSI ACESS/S NE 20/ III STREET B20 | INOINE | I I ODLIC | KEEIGIOOS | ے, |
|-----------------------------------|--------|-----------|-----------|----|
| AVENTURA, FL 33180 | | CHARITY | | |
| | • | | • | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient

Name and address (home or business)

| · | or substantial contributor | | | |
|---|----------------------------|-------------------|-----------|--------|
| a Paid during the year | | | | |
| LEHRMAN COMMUNITY DAY SCHOOL 727 77TH STREET | NONE | PUBLIC CHARITY | EDUCATION | 55,000 |

| MIAMI BEACH, FL 33141 | | | | |
|---|------|-------------------|-------------|-----|
| MIAMI CHILDREN'S HOSPITAL 3100 SW 62ND AVENUE MIAMI, FL 33155 | NONE | PUBLIC CHARITY | HEALTH CARE | 110 |
| | 1 | | | |

| 3100 SW 62ND AVENUE MIAMI, FL 33155 | | CHARITY | | |
|--|------|-------------------|----------------------------|---------|
| MIAMI CHILDREN'S MUSEUM 701 ARENA BLVD MIAMI, FL 33136 | NONE | PUBLIC CHARITY | CHILDREN'S MUSEUM/BUILDING | 101,000 |

| 3100 SW 62ND AVENUE MIAMI, FL 33155 | | CHARITY | | |
|---|------|-------------------|----------------------------|-----------|
| MIAMI CHILDREN'S MUSEUM 701 ARENA BLVD MIAMI,FL 33136 | NONE | PUBLIC CHARITY | CHILDREN'S MUSEUM/BUILDING | 101,000 |
| Total | | | > 3a | 1 779 325 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

recipient

700

1,779,325

any foundation manager

Name and address (home or

| business) | or substantial contributor | | | |
|------------------------|----------------------------|--------|---------|---|
| a Paid during the year | | | | |
| MIAMI FOUNDATION | NONE | PUBLIC | VARIOUS | 7 |

| 200 S BISCAYNE BLVD 505 MIAMI, FL 33131 | | CHARITY | RELIGIOUS/EDUCATION/PRESERVATION | |
|---|------|-------------------|----------------------------------|---|
| NATIONAL MS SOCIETY 3125 W COMMERCIAL BLVD STE 100 | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | , |

| NATIONAL MS SOCIETY 3125 W COMMERCIAL BLVD STE 100 FORT LAUDERDALE, FL 33309 | NONE | PUBLIC CHARITY | MEDICAL RESEARCH | 750 |
|--|------|-------------------|------------------|-------|
| NEW ORLEANS HILLEL | NONE | PUBLIC | JEWISH EDUCATION | 6,000 |

| ı | FORT LAUDERDALE, FL 33309 | | | | 1 |
|---|---|------|-------------------|------------------|-------|
| | NEW ORLEANS HILLEL 912 BROADWAY NEW ORLEANS, LA 70118 | NONE | PUBLIC CHARITY | JEWISH EDUCATION | 6,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of Name and address (home or any foundation manager recipient business) or substantial contributor

| a Paid during the year | | | | |
|---|------|-------------------|-----------|--|
| OHEL AVRAHAMPO BOX 95016 PALANTINE, IL 600950016 | NONE | PUBLIC CHARITY | RELIGIOUS | |
| | | | | |

| NULL OF DALLHARDOR | NONE | DUDL TO | VARIANG | |
|---|------|-------------------|-----------|--|
| ORTHODOX UNION NCSY 7200 W CAMINO REAL 30CA RATON, FL 33433 | NONE | PUBLIC CHARITY | EDUCATION | |
| | | | | |

| BOCA RATON, FL 33433 | | | | |
|--|------|-------------------|---|-------|
| SHUL OF BAL HARBOR 9540 COLLINS AVENUE SURESTDE EL 33154 | NONE | PUBLIC CHARITY | VARIOUS RELIGIOUS/EDUCATION/PRESERVATION | 2,800 |

1,800

1,000

1,779,325

| SHUL OF BAL HARBOR NONE PUBLIC VARIOUS 9540 COLLINS AVENUE CHARITY RELIGIOUS/EDUCATION/PRESERVATION SURFSIDE, FL 33154 |
|--|
|--|

| JRFSIDE, FL 33154 | 540 COLLINS AVENUE JRFSIDE, FL 33154 | | CHARITY | RELIGIOUS/EDUCATION/PRESERVATION |
|-------------------|---|--|---------|----------------------------------|
|-------------------|---|--|---------|----------------------------------|

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| SOUTHERN REGION NCSY 7200 W CAMINO REAL 104 BOCA RATON, FL 33433 | NONE | PUBLIC CHARITY | JEWISH EDUCATION | 50,000 |
|--|------|-------------------|------------------|--------|
| TEMPLE MENORAH620 75TH STREET MIAMI BEACH, FL 33141 | NONE | PUBLIC CHARITY | JEWISH EDUCATION | 56,000 |

| Total | | | ▶ 3a | 1,779,325 |
|--|------|-------------------|------------------|-----------|
| TULANE UNIVERSITY 1555 POYDRAS STREET 1000 NEW ORLEANS, LA 70112 | NONE | PUBLIC CHARITY | EDUCATION | 128,000 |
| MIAMI BEACH, FL 33141 | NONE | CHARITY | SEWISH EDUCATION | 30,000 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNIVERSITY OF FLORIDA NONE PUBLIC **EDUCATION** 20,000

| 1938 W UNIVERSITY AVENUE GAINESVILLE, FL 32603 | | CHARITY | | |
|--|------|-------------------|-----------|--------|
| UNIVERSITY OF MIAMIPO BOX 248106 CORAL GABLES, FL 33124 | NONE | PUBLIC CHARITY | EDUCATION | 20,000 |
| UNIVERSITY OF MICHIGAN | NONE | PUBLIC | EDUCATION | 21,500 |

| CORAL GABLES, FL 33124 | | CHARITY | | |
|---|------|-------------------|-----------|--------|
| UNIVERSITY OF MICHIGAN 500 S STATE STREET ANN ARBOR, MI 48109 | NONE | PUBLIC CHARITY | EDUCATION | 21,500 |
| | | | | |

Total .

1,779,325

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager

recipient

1,779,325

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

| Name and address (nome of basiness) | or substantial contributor | | | |
|---|----------------------------|-------------------|------------------|--------|
| a Paid during the year | | | | |
| YCT RABBINICAL SCHOOL 3700 HENRY HUDSON PKWY 2ND | NONE | PUBLIC CHARITY | JEWISH EDUCATION | 10,000 |

| YCT RABBINICAL SCHOOL | NONE | PUBLIC | JEWISH EDUCATION |
|----------------------------|------|---------|------------------|
| 3700 HENRY HUDSON PKWY 2ND | | CHARITY | |
| FLOOR | | | |
| RIVERDALE, NY 10463 | | | |

Name and address (home or husiness)

| efile GRAPHIC print - DO NOT F | PROCESS A | s Filed Data | 1 - | DI | .N: 93491318013459 |
|---|-----------|--------------|--------------------------|------------------------|---|
| TY 2018 Accounting Fo | ees Sched | ule | | | |
| _ | | | | | |
| Name: ROBERT AND MICHELLE DIENER FOUNDATION EIN: 75-2919060 | | | | | |
| Category | Amour | nt N | let Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| ACCOUNTING FEES | | 6,825 | 3,413 | 0 | 3,412 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491318013459 |
|--------------------------------------|-----------------|---------------------|
| TV 0040 T 011 0 | 1 | |
| TY 2018 Investments - Other S | cnedule | |
| | | |

AT COST

Name: ROBERT AND MICHELLE DIENER FOUNDATION

75 2010060 Investments Other Schedule

| EIN: /3-2919000 | | | |
|-----------------|-----------------------|------------|----------------------------------|
| 2 | | | |
| / Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |

29,109,161

36,653

36,653

| Category/ Item | Listed at Cost or FMV | Book Value | End of Mark |
|------------------------------------|-----------------------|------------|----------------|
| CTOCKE BONDE AND OTHER INVESTMENTS | AT COST | 20 041 245 | |

ALCOST

STOCKS, BONDS AND OTHER INVESTMENTS

30,941,245

ACCRUED INTEREST AND DIVIDENDS

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: | 93491318013459 | |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---|--|
| TY 2018 Other Expenses Sche | dule | | | | |
| | | | | | |
| Name: | ROBERT AND N | MICHELLE DIENER | FOUNDATION | | |
| EIN: | EIN: 75-2919060 | | | | |
| Other Expenses Schedule | | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |

| Other Expenses Schedule | | , | | |
|-------------------------|--------------------------------------|--------------------------|------------------------|---|
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |

36,866

36,866

INVESTMENT ADVISORY FEE

As Filed Data -

DLN: 93491318013459

Name: ROBERT AND MICHELLE DIENER FOUNDATION

efile GRAPHIC print - DO NOT PROCESS

| EIN: | 75-2919060 |) | |
|------|------------|---|--|
| | | | |

 Other Income Schedule

 Description
 Revenue And Expenses Per Books
 Net Investment Income
 Adjusted Net Income

 PARTNERSHIP INCOME
 46,534
 46,534

 MERCER PIP LP - UBTI
 -4,528
 0

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DLN: 93491318013459 | | | | |
|---|---------------|--------------------------|------------------------|---|--|--|--|
| TY 2018 Taxes Schedule | | | | | | | |
| | | | | | | | |
| Name: ROBERT AND MICHELLE DIENER FOUNDATION | | | | | | | |
| EIN: 75-2919060 | | | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | | | |
| FOREIGN TAX | 3,837 | 3,837 | 0 | 0 | | | |
| NET FEDERAL EXCISE TAX PAYMENTS | 63,000 | | 0 | 0 | | | |