Form **990-PF** Department of the Treasury Internal Revenue Service

# EXTENDED TO NOVEMBER 16, 2020 2949104 1 1 205 5 5 0 0 07 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. On to www.irs.gov/Form990PF for instructions and the latest information.

Forcale	ndar year 2019 or tax year beginning		, and ending		
Name o	of foundation			A Employer identification	number
	JAMAKEPE FOUNDATION	-		26-1605129	
	and street (or P O box number if mail is not delivered to street a	•	Room/suite	B Telephone number	
	FIFTH AVENUE, 12TH FLOO			(212)256-8	513
	town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is p	ending check here
	YORK, NY 10153				
<b>G</b> Chec	k 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 Foreign organizations me	enting the 85% test
	Address change	Name change		2 Foreign organizations me check here and attach co	omputation
	k type of organization X Section 501(c)(3) ex		14	E If private foundation sta	
		Other taxable private founda		under section 507(b)(1	
	narket value of all assets at end of year J Account	<del>-</del>	Accrual	F If the foundation is in a	
(110111 ►\$	Part II, col. (c), line 16)	ther (specify) no (d) must be on cash has	is )	under section 507(b)(1	)(B), check here
Part	Analysis of Revenue and Expenses			(a) Adjusted not	(d) Disbursements
	(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	9,000.		N/A	
2	Check I if the foundation is not required to attach Sch. B.				
3	cash investments	8.	8.		STATEMENT 1
4	Dividends and interest from securities	2,509.	2,509.		STATEMENT 2
	a Gross rents				
	Net rental income or (loss)	110 050			
a 6	8 Net gain or (loss) from sale of essets not on line 10 6 Gross sales price for all 7 222,002.	118,950.			-
Revenue 2	D assets on line 6a		118,950.		
8 Re	Net short-term capital gain		110,330.		
9	Income modifications	-	-		
10	Gross sales less returns 1				
	D Less Cost of goods sold				
	Gross profit or (loss)				
11	Other income	-4,008.	-4,008.		STATEMENT 3
12	Total Add lines 1 through 11	126,459.	117,459.		
13	Compensation of officers directors, trustees etc	0.	0.		0.
14	Other employee salaries and wages Pension plans, employee benefits Legal fees Accounting fees				<u> </u>
15	Pension plans, employee benefits				
95 16:	a Legal fees				
				-	
ŭ,	c Other professional fees				<del>                                     </del>
17 18	Interest Taxes Depreciation and depletion	50.	- 0.		0.
19	Denreciation and repletion	30.	- 0.		1
П 20	Occupances				
Administrative 12 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Occupance Travel, conterences, and insettings				
pup 22	Printing and poblications				
	Other expenses STMT 5	9,349.	50.		0.
Operating 22	Total operating and administrative	,	-		
Der	expenses Add lines 13 through 23	9,399.	50.		0.
Õ <sub>25</sub>	Contributions, gifts, grants paid	54,325.			54,325.
26	Total expenses and disbursements		-		
	Add lines 24 and 25	63,724.	50.		54,325.
27	Subtract line 26 from line 12:				
1	2 Excess of revenue over expenses and disbursements	62,735.	110 100		
	Net investment income (if negative, enter -0-)		117,409.	37/3	
1 1	Adjusted not income (if penaltive enter -0-)	i l		N/A	1

02

	0-PF (2019) THE JAMAKEPE FOUNDATION	Beginning of year		1605129 Page
Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	5,591.	6,018.	6,018
	Savings and temporary cash investments	3,3321	0,0201	0,010
	Accounts receivable > 915.			
"	Less allowance for doubtful accounts		915.	915
A .	Pledges receivable			
7	Less allowance for doubtful accounts	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
١,	Grants receivable			
1 -	Receivables due from officers, directors, trustees, and other	·····		
"	disqualified persons			
7	Other notes and loans receivable		e.	
'	Less allowance for doubtful accounts		<del></del>	
٩	Inventories for sale or use			
	Prepaid expenses and deferred charges			
0 I	Investments - U.S. and state government obligations			
104	Investments - corporate stock STMT 6	102,700.	173,059.	187,524
		102,700	1/3,039.	101,524
1	Investments - corporate bonds	<del> </del>		
' '	Investments - land, buildings and equipment basis			
1.0	Less accumulated depreciation			
	Investments - mortgage loans		-	
13	Investments - other			· · · · · · · · · · · · · · · · · · ·
14	Land, buildings, and equipment basis		·	<del></del>
	Less accumulated depreciation	+		
	Other assets (describe )			
16	Total assets (to be completed by all filers - see the	100 201	170 000	104 457
	instructions Also, see page 1, item I)	108,291.	179,992.	194,457
	Accounts payable and accrued expenses	10,000.	15,000.	<u>, , , , , , , , , , , , , , , , , , , </u>
1	Grants payable			1
3 19	Deferred revenue			'. '
20	Loans from officers, directors, trustees, and other disqualified persons			: 4
	Mortgages and other notes payable	4 4 4 6	0.145	
22	Other liabilities (describe  CJDE TREATS, LLC )	4,146.	8,145.	
23	Total liabilities (add lines 17 through 22)	14,146.	23,145.	
	Foundations that follow FASB ASC 958, check here	ĺ		
3	and complete lines 24, 25, 29, and 30.			•
24	Net assets without donor restrictions			<u> </u>
25	Net assets with donor restrictions			
]	Foundations that do not follow FASB ASC 958, check here   X			
5	and complete lines 26 through 30			,
25 25 26	Capital stock, trust principal, or current funds	0.	0.	
27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	·
28	Retained earnings, accumulated income, endowment, or other funds	94,145.	156,847.	-
27 28 29	Total net assets or fund balances	94,145.	156,847.	·
	Total liabilities and not escape/fund belonce	108,291.	179,992.	
30  Part	Total liabilities and net assets/fund balances        Analysis of Changes in Net Assets or Fund Bala			· · · · · · · · · · · · · · · · · · ·
	net assets or fund balances at beginning of year - Part II, column (a), line 29			
			1	94,145
	t agree with end-of-year figure reported on prior year's return) amount from Part I, line 27a		<del>- 1</del>	62,735
	increases not included in line 2 (itemize)		2	02,733
	increases not included in fine 2 (itemize)		3	156.880

33.

5 Decreases not included in line 2 (itemize) ▶ PRIOR PERIOD ADJUSTMENT

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

	JAMAKEPE FOUND and Losses for Tax on		Incomo			2	6-160	5129	Page 3
<u> </u>	the kind(s) of property sold (for e			(b) H	ow acquired	(a) Date	acquired	(d) Do	te sold
2-story brick wa	arehouse, or common stock, 200			D.	ow acquired Purchase Donation	(mo ,	day, yr )		lay, yr )
h PUBICLY TRADED			<del></del>	<u> </u>					
c .	DECORTITED	,		<del>                                     </del>					
d				<del></del>			<del></del>		
e									
(e) Gross sales price	(f) Depreciation allowed (or allowable)	10,	st or other basis expense of sale				Gain or (loss) is (f) minus (		
a 899.			79	8.					101.
b 221,103.			102,25	4.				118	,849.
c d				+	<del></del>				
e	and a second sec	av the foundation	40/04/00						
Complete only for assets showin	ng gain in column (h) and owned l	<del></del>					Col (h) gain not less than		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col. (j), if any				(from col (l		
a						•			101.
b								118	,849.
<u>c</u>		_							
d		<del></del>		_					<del></del>
<u>e</u>		l		$\overline{}$					
2 Capital gain net income or (net ca	ipital loss) { If gain, also ei	nter in Part I, line -0- in Part I, line	7 : 7	}	2			118	,950.
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5)	and (6)							
If gain, also enter in Part I, line 8,				$\downarrow$			NT / N		
If (loss), enter -0- in Part I, line 8  Part V   Qualification U	nder Section 4940(e) fo	or Reduced	Tax on Net	nves	3   stment inc	ome	N/A		
(For optional use by domestic private									
	·	10 10(u) tax on		,					
If section 4940(d)(2) applies, leave th	nis part blank.								
Was the foundation liable for the sect	tion 4942 tax on the distributable	amount of any ye	ar in the base peri	od?				Yes	X No
If "Yes," the foundation doesn't qualify	<del>`</del>								
1 Enter the appropriate amount in e		e instructions bef	ore making any en			<del></del>		(4)	
(a) Base period years	(b) Adjusted qualifying	distributions	Net value of no	(c) nchard	able-use assets		Distrib	(d) ution ratio	(0))
Calendar year (or tax year beginning 2018	19.117	.07,051.	1101 14140 07 110		245,653		(col. (b) divi		35781
2017		19,980.			545,191				20070
2016		03,433.			593,498				74277
2015	1	31,465.			680,137	7.		.1	93292
2014		.54,973.			838,226	5 •		.1	84882
							Ì	1 0	
2 Total of line 1, column (d)						2		1.2	08302
3 Average distribution ratio for the 5 the foundation has been in exister		al on line 2 by 5 (	), or by the numbe	er of ye	ars	3		. 2	41660
the restriction has seen in exister	io ii iooo tiidii o yodio								
4 Enter the net value of noncharitab	le-use assets for 2019 from Part	X, line 5				4		186	<u>,695.</u>
5 Multiply line 4 by line 3						5		45	,117.
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)					6		1	,174.
7 Add lines 5 and 6						7		46	,291.
8 Enter qualifying distributions from	n Part XII. line 4					8			,325.
If line 8 is equal to or greater than	•	ine 1b, and comp	lete that part using	g a 1%	tax rate.	[ 6 _	l		, , , , ,
See the Part VI instructions.	<u> </u>	·	· · · · · ·		<del></del>				
923521 12-17-19							F	orm <b>990-</b>	PF (2019)



	ngo-PF (2019) THE JAMAKEPE FOUNDATION  Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u>26-160</u>			Page 4
_		946 - See I	nstruc	tion	<del>s)</del>
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)			1 1	
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1		1,1	74.
	of Part I, line 27b	•			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2		1 1	0.
3	Add lines 1 and 2	3		1,1	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4	·	1 1	0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5		1,1	74.
	Credits/Payments:			`•	]
	2019 estimated tax payments and 2018 overpayment credited to 2019  Exempt foreign organizations - tax withheld at source  6b  0.	4		٠,	- 1
		-		•	- 1
	Tax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld  6d  0.	-	•		
		┥ <u>~~</u> -		2 7	اجج
_	Total credits and payments. Add lines 6a through 6d	7		3,7	<del>55.</del>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached.	8			<u>4.</u>
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	9		2 6	0.7
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<del></del>	2,6	0.
	Enter the amount of line 10 to be Credited to 2020 estimated tax ▶ 2,607. Refunded ▶ rt VII-A   Statements Regarding Activities	11	-		<u> </u>
_	<del></del>		_	Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven	: IN	4.	163	X
	any political campaign?		1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defi-	Ittion	1b		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				
	distributed by the foundation in connection with the activities				X
	Did the foundation file Form 1120-POL for this year?		1c		
Q	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.  (1) On the foundation  \$\Bigs \text{ 0. (2) On foundation managers } \Bigs \text{ 0.}				1
_		-			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers > \$ 0.				
2	managers > \$U.  Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u></u> _
2	If "Yes," attach a detailed description of the activities		-		
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	vr.			
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	И	3		<u>x</u>
A a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		48		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	217.22	5		X
Ŭ	If "Yes," attach the statement required by General Instruction T				1
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either		`	-	
•	By language in the governing instrument, or				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state</li> </ul>	e 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	
	(9)				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions		1 1		
	NY	<del></del>			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
•	of each state as required by General Instruction G? If "No," attach explanation		8b	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 calc	ndar			
	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		9		$\frac{1}{x}$
10		STMT 7	10	Х	
			orm 990		(2019)

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Pa	rt 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		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ►N/A			
14	The books are in care of ▶ JULIE ANNE QUAY  Telephone no ▶ (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		▶	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	_
16	At any time during calendar year 2019, 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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)	-		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		-	. •
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			,:
	a disqualified person?		٠	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			. !
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available	٠.		
	for the benefit or use of a disqualified person)?	. ,		
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after		·	4
	termination of government service, if terminating within 90 days.)  Yes X No			•
h	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	-		
U	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	'''	$\overline{}$	
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		ŀ	٠,
·	before the first day of the tax year beginning in 2019?	1c		X
,	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	''		
۲	defined in section 4942(j)(3) or 4942(j)(5)):		٠ ا	
	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	.	٠. ا	
a	6d and 6e) for tax year(s) beginning before 2019?  Yes X No	` }	· 1	•
	If "Vac " liet the years	1		:
	If "Yes," list the years \( \bigs_{	ł		
U				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)  N/A			
_	, and the second	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		f	
٥.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		-	1
3a				1
	<del></del>			
D	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	`		
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.)  N/A	_3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	48		<u> </u>
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			لسب

4b X Form 990-PF (2019)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

Form 990-PF (2019) THE JAMAKEPE FOUNDATION			26-16051	29	F	age €
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin	ued)			
5a During the year, did the foundation pay or incur any amount to (1) Carry on propaganda, or otherwise attempt to influence legislation (section		·	es X No		Yes	No
<ul> <li>(2) Influence the outcome of any specific public election (see section 4955), or any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes'</li> </ul>	-	Y	es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? See instructions			es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or				
the prevention of cruelty to children or animals?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	dar the exceptions described i		es X No			
section 53 4945 or in a current notice regarding disaster assistance? See instru	•	ii negulalions	N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check h			▶□ [			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr expenditure responsibility for the grant?	om the tax because it maintai		es No			
If "Yes," attach the statement required by Regulations section 53 4945-5(d)					- 1	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on			1		
a personal benefit contract?		Ye	es 🗶 No 📙			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p If "Yes" to 6b, file Form 8870.				6b		X
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No   N/A	75		
<ul> <li>b If "Yes," did the foundation receive any proceeds or have any net income attribu</li> <li>8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$</li> </ul>			N/A	7b		
excess parachute payment(s) during the year?	1,000,000 iii remuneration or		es X No	l		
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation Mar		,		1	
1 List all officers, directors, trustees, and foundation managers and the	eir compensation.			,		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	1 400	Expe count, llowar	ense other ices
	TRUSTEE					
C/O JAMAKEPE ADVISORS, LP - 767 FIFTH	1 00					^
NEW YORK, NY 10153	1.00 TRUSTEE	0.	0.			0.
MATTHEW J. EDMONDS C/O JAMAKEPE ADVISORS, LP - 767 FIFTH	TRUSTEE					
NEW YORK, NY 10153	1.00	0.	0.			0.
NEW TORK, NT TOTAS	1.00		0.			<u> </u>
2 Compensation of five highest-paid employees (other than those incl	uded on line 1) If none	enter "NONE "		<u> </u>		
2 Compensation of the highest para employees (other than those mor	(b) Title, and average	TOTAL:	(d) Contributions to	(e	Expe	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acc	count, Ilowan	other
NONE						
	<del></del>		·			
***						

Form **990-PF** (2019)

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

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Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	"NONE."	* •
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	-	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers proc	tical information such as the	Expenses
1 N/A		
2		· · · · · · · · · · · · · · · · · · ·
3		
4		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2	Amount
1 N/A		
	_	
2		
All other program-related investments. See instructions.		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

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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	183,577.
b	Average of monthly cash balances	1b	5,961.
С	Fair market value of all other assets	1¢	0.
d	Total (add lines 1a, b, and c)	1d	189,538.
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	189,538.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,843.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	186,695.
6	Minimum investment return Enter 5% of line 5	6	9,335.
įP.	artixia Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	id certain	
	foreign organizations, check here 🕨 🔃 and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	9,335.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	1,174.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,161.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	8,161.
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	8,161.
P	artiXIII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	54,325.
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	54,325.
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	1,174.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	53,151.
	Note. The amount on line 6 will be used in Part V. column (h), in subsequent years when calculating whether the foundation of	malifies for the	section

Form **990-PF** (2019)

4940(e) reduction of tax in those years.

# Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,	-			
line 7				8,161.
2 Undistributed income, if any, as of the end of 2019			_	
a Enter amount for 2018 only			0.	
<b>b</b> Total for prior years				•
		0.	<del> </del>	
3 Excess distributions carryover, if any, to 2019			,	
a From 2014 115,117.				
b From 2015 98,162.				
c From 2016 74,034.				
d From 2017 92,720.				
e From 2018 95,680.	175 712		<del></del>	· · · · · · · · ·
f Total of lines 3a through e	475,713.			
4 Qualifying distributions for 2019 from				
Part XII, line 4 ► \$ 54,325.			0.	
a Applied to 2018, but not more than line 2a			· · · · · · · · · · · · · · · · · · ·	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions) c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount	<u></u>			8,161.
e Remaining amount distributed out of corpus	46,164.			0,101.
5 Excess distributions carryover applied to 2019	10,101.		·	
(If an amount appears in column (d) the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below	504 055			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	521,877.			
<b>b</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 2018 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must			•	
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			•
8 Excess distributions carryover from 2014	445 445			
not applied on line 5 or line 7	115,117.			
9 Excess distributions carryover to 2020.	406,760.			
Subtract lines 7 and 8 from line 6a	400,700.	<del> </del>		
0 Analysis of line 9 a Excess from 2015 98, 162.				
a Excess from 2015 98,162. b Excess from 2016 74,034.				
c Excess from 2017 92,720.				_
d Excess from 2018 95,680.				-
e Excess from 2019 46, 164.				

	AKEPE FOUND			26-16	05129 Page 10
Part XIV   Private Operating F		• • • • • • • • • • • • • • • • • • • •	II-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	· ·	•	▶ ∟		$-\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$
<b>b</b> Check box to indicate whether the found		ig foundation described		4942(J)(3) or 49	942( <sub>J</sub> )(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4, for each year listed				1	
d Amounts included in line 2c not					
used directly for active conduct of	}				
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities,					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			<del>/</del>	<del></del>	-
alternative test relied upon;	]				
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter	<del></del>		<u>†</u>		
2/3 of minimum investment return					
shown in Part X, line 6, for each year	/				
listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(m)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Complet	e this part only	if the foundation I	nad \$5,000 or mor	e in assets
at any time during the				. ,	
1 Information Regarding Foundatio	n Managore:	•	· · · · · · · · · · · · · · · · · · ·		
a List any managers of the foundation wh	-	han 2% of the total cont	ributions received by the f	oundation hafare the class	o of any tay
year (but only if they have contributed n			i ibutions received by the i	outidation before the close	s ut ally tax
SEE STATEMENT 8	, , , , , , , , , , , , , , , , , , , ,				
·	n avva 100/ av maya af the		/	6 +6	
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large portion	n of the ownership of a pa	thership of
• • • • • • • • • • • • • • • • • • • •	o a 1070 of grouter interes	•			
NONE					<del></del>
2 Information Regarding Contributi					
Check here X if the foundation o					sts for funds. If
the foundation makes gifts, grants, etc.,	*				<del></del>
a The name, address, and telephone number	per or email address of the	e person to whom applic	cations should be addresse	ed.	
<b>b</b> The form in which applications should b	e submitted and informat	on and materials they s	hould include,		
<del></del>			·		
c Any submission deadlines					
d Any restrictions or limitations on awards	s such as hy goographics	l argae icharitable fielde	kinds of institutions or o	ther factors	<del>,</del>
w rang reservois or minitations on awards	,, sacii as by geograpinca	,	minuo or montunona, or o	1441013	

3 Grants and Contributions Paid During the Y	ear or Approved for Future P	ayment		
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	**	741704111
a Paid during the year				
AMERICAN AUSTRALIAN ASSOCIATION			BENEFIT DINNER, 2019	
50 BROADWAY, #2003				
NEW YORK, NY 10004		-		13,860
DUBIN BREAST CENTER GALA			HELPING TO ADVANCE THE	
ONE GUSTAVE L. LEVY PL BOX 1049			RESEARCH AND CLINICAL	
NEW YORK, NY 10029			EXCELLENCE FOR BREAST CANCER PATIENTS.	15,000
ROBIN HOOD FOUNDATION			ROBIN HOOD TARGETS	
826 BROADWAY, 9TH FLOOR			POVERTY IN NYC BY	
NEW YORK, NY 10003			FINDING AND FUNDING	
			THE BEST AND MOST EFFECTIVE PROGRAMS AND	20,000
		<del></del>	EFFECTIVE PROGRAMS AND	20,000
ST. PATRICK'S COLLEGE			SUPPORT OF ALMA MATER	
1431 STURT STREET				
BALLARAT, VICTORIA, AUSTRALIA 3350				1,839
DESIGN TRUST			NONPROFIT ORGANIZATION	
40 WORTH ST.			DEDICATED TO BRINGING	
NEW YORK, NY 10018			DESIGN INNOVATION TO	
			NEW YORK CITY'S PUBLIC	
CEE COI		1/ (2 \	SPACES TO MAKE A MORE	1,000
Total SEE CQI  b Approved for future payment	NTINUATION SHEET	(5)	<b>▶</b> 3a	54,323
NONE				

#### Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
1 Program service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b			1		
С					
d					
e				. "	
1	·		1		
g Fees and contracts from government agencies		<del></del>	<del> </del>		
2 Membership dues and assessments			+		
3 Interest on savings and temporary cash	1		+		
			14	8.	
investments	<del>                                     </del>		14		
4 Dividends and interest from securities	<b>—</b>	<del>.</del>	14	2,309.	<del></del>
5 Net rental income or (loss) from real estate					
a Debt-financed property			4	<del></del>	
b Not debt-financed property			<b>_</b>		<del></del>
6 Net rental income or (loss) from personal					
property			ļ		
7 Other investment income			01	-4,008.	
8 Gain or (loss) from sales of assets other	1 1				
than inventory			18	118,950.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					<del> </del>
a	<b>! !</b>				
b					
		· · · · · · · · · · · · · · · · · · ·	<u> </u>		
	1 1		+ 1		
			1		
e 12 Subtotal Add columns (b), (d), and (e)	<del> </del>	0.		117,459.	0.
	L	<u> </u>			115 150
13 Total Add line 12, columns (b), (d), and (e)				13 <u>—</u>	117,459.
(See worksheet in line 13 instructions to verify calculations )				<del></del>	
Part XVI-B Relationship of Activities t	o the Acco	mplishment of Ex	empt	Purposes	
Line No Explain below how each activity for which inco			4 contrib	uted importantly to the accomp	olishment of
the foundation's exempt purposes (other than	by providing fun	as for such purposes).			
N/A					
	····	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
		•			
		<del></del>			
		·			
					<del></del>
	· · · · · · · · · · · · · · · · · · ·				
		<del></del>			
					Form <b>990-PF</b> (2019)

orm 990-P Part XV		AMAKEPE FOUNDAT garding Transfers to a izations		i Relationships With	26-1605129 Noncharitable	Pa	ge 13
1 Did th		rectly engage in any of the following	on with any other organization	described in section 501/c)		Yes	No
	-	ilzations) or in section 527, relating	- •	100001000 111 0000011 00 1(0)			
•		ation to a noncharitable exempt or					Ì
(1) C	, -	ation to a nonemandord onempt or	gameadon or.		1a(1)		X
• • •	ther assets	*****	• •		1a(2)		X
	transactions:						<del></del> -
	ales of assets to a noncharita	ble exempt organization			16(1)		х
		ncharitable exempt organization			16(2)		x
(3) R	ental of facilities, equipment,	or other assets			1b(3)		х
(4) R	elmbursement arrangements				1b(4)		X
(5) Lo	oans or loan guarantees 🚬				1b(5)		X
(6) P	erformance of services or me	mbership or fundraising solicitation	ins		1b(6)		X
e Sharin	g of facilities, equipment, ma	uling lists, other assets, or paid em	ployees		1 4. 1		X
		"Yes," complete the following sche				ets,	
or sen	rices given by the reporting fo	oundation. If the foundation receive	ed less than fair market value i	in any transaction or sharing a	rrangement, show in		
colum		other assets, or services received.					
a) Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of transfers, t	ancactions, and sharing erra	пдотоп	to
	·	N/A					
				<u> </u>	<del> </del>		
					<del> </del>		
∤	<del></del>						
	-						
			<del> </del>				
<del></del>	·· -		<del></del> .				
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			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				
	<del></del>	<del></del>	<del></del>				
			· · · · · · · · · · · · · · · · · · ·				
i							
2. Is the f	oundation directly or Indirect	lly affiliated with, or related to, one	or more tax-axempt organizat	tions described	<del></del>		—
	•	n 501(c)(3)) or in section 527?	or more tax exempt or gamzar	nons dyscriped	Yes	T	No
	complete the following sche		•				] 140
D 11 703	(a) Name of org		(b) Type of organization	(c) Descript	on of relationship		
-	N/A		(-/ //-				
				· ·	· · · · · · · · · · · · · · · · · · ·		
<del>,</del>	<del></del>	<del></del>		······································			
	<del></del>			<del> </del>			
	······	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
Un	der penaltius of purjury, I declare th	not I have aramined this return, including	accompanying anhecutes and state	ments, and to the best of my know	odge IV- IV-		_
Sign   ""	bolief it is true, currect, and comp	plane Ducto ation preparer (other than	texpayer) is besoid on all information	rs of which proper or has any knowle		g brobing	nia Nr
Here	NWW	un	11/18120	TRUSTEE	shown bolow	,	No
S	ignature of officer or trustee		Date	Title		· L	
	Print/Type preparer's nar	me Preparer's		Date Chock	I I I PTIN		
	1	1 10		self- emple	- 1		
Paid	REBECCA VEN	NTERS TOWN	ent history	11/2/00	P01273	912	
repare	Firm's name ► ANDI		a formana	Eirm'e Ei	N ► 33-11973		
Jse Onl				1,1111,9 61	, , , , , , , , , , , , , , , , , , ,		
-,	Firm's address ▶ 11'	77 AVENUE OF TH	E AMERICAS	<del></del>			<del></del>
	ł .	YORK, NY 1003		Diago a	. 646.213. <u>5</u>	100	
	1 1/2/	A TOWN MI TOO	<u> </u>	Phone no	60 Form 99	0-PF	(2010)
					F01111 69	J	(צט נט)

THE JAMAKEPE FOUNDATION

Part XV Supplementary Information 3 Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation status of Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) recipient 2019 ANNUAL DINNER TOUCH FOUNDATION 48 WALL ST FL 5 NEW YORK , NY 10005 250. EMPIRE STARTUPS 2019 CONFERENCE 340 W50TH ST TICKETS NEW YORK, NY 10019 176. ADS UP FUNDRAISER TO HELP 705 GREENWICH STREET REFUGEES NEW YORK, NY 10014 2,200. 2,626. Total from continuation sheets

THE JAMAKEPE FOUNDATION	<u> </u>
Part XV Supplementary Information	
3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution	
NAME OF RECIPIENT - ROBIN HOOD FOUNDATION	
ROBIN HOOD TARGETS POVERTY IN NYC BY FINDING AND FUNDING THE	E BEST AND
MOST EFFECTIVE PROGRAMS AND PARTNERING WITH THEM TO MAXIMIZE	E RESULTS.
NAME OF RECIPIENT - DESIGN TRUST	
NONPROFIT ORGANIZATION DEDICATED TO BRINGING DESIGN INNOVATI	ON TO NEW
YORK CITY'S PUBLIC SPACES TO MAKE A MORE DYNAMIC, LIVABLE AN	ID
SUSTAINABLE CITY.	
	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
	-

# Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

THE JAMAKEPE FOUNDATION

Employer identification number

	THE JAMAKEPE FOUNDATION	26-1605129
Organization type (chec	k one)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	n
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
General Rule  X For an organizar	(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spettion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a cont	totaling \$5,000 or more (in money or
sections 509(a)( any one contrib	tion 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 th EZ, line 1 Complete Parts I and II	3, 16a, or 16b, and that received from
year, total contr	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, ruelty to children or animals. Complete Parts I, II, and III	_
year, contribution is checked, enter purpose. Don't of	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive ons exclusively for religious, charitable, etc., purposes, but no such contributions to er here the total contributions that were received during the year for an exclusively complete 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 ,
-	n that isn't covered by the General Rule and/or the Special Rules doesn't file Schedu on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or o	•

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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Name of organization

Employer identification number

THE	JAMA	KEPE	FOUNDATIO	N
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26-1605129

	· · · · · · · · · · · · · · · · · · ·		
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JAMAKEPE ADVISORS LP  767 FIFTH AVENUE FLOOR 12  NEW YORK , NY 10153	\$9,000.	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 Oncash 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 Complete Part II for noncash contributions )

Name of organization

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 I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		<b></b> \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
		  \$	

Name of 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 Part (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 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

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF INTERES	ET ON SAVIN	GS AND TE	MPORARY	CASH I	NVESTMENTS	STATEMENT 1
SOURCE		REVI	A) ENUE BOOKS		(B) NVESTMENT NCOME	(C) ADJUSTED NET INCOME
CHARLES SCHWAB			8.		8.	
TOTAL TO PART I, LIN	1E 3		8.		8.	
FORM 990-PF	DIVIDENDS	AND INTE	REST FRO	M SECU	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	RE	(A) VENUE BOOKS	(B) NET INVEST MENT INCON	
CHARLES SCHWAB	2,509.		0.	2,509	. 2,509	).
TO PART I, LINE 4	2,509.		0.	2,509	. 2,509	9.
FORM 990-PF DESCRIPTION		OTHER :	(A) REVENU PER BOO		(B) NET INVEST- MENT INCOME	STATEMENT 3  (C) ADJUSTED NET INCOME
CJDE TREATS LLC			-4	,008.	-4,008	
TOTAL TO FORM 990-PE	r, PART I,	LINE 11 =	-4	,008.	-4,008.	
FORM 990-PF		TAX	KES			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
NY LAW DEPARTMENT		50	•	0.		0.
TO FORM 990-PF, PG 1	., LN 18	50		0.		0.

### THE JAMAKEPE FOUNDATION

FORM 990-PF	OTHER EXPENSES ST			TATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER EXPENSES INVESTMENT EXPENSES NONDEDUCTIBLE EXPENSES	9,095. 50. 204.	0. 50. 0.		0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	9,349.	50.		0.

FORM 990-PF CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
SPDR DOW JONES	173,059.	187,524.
TOTAL TO FORM 990-PF, PART II, LINE 10B	173,059.	187,524.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 7
NAME OF CONTRIBUTOR	ADDRESS	
JAMAKEPE ADVISORS LP	767 FIFTH AVENUE FLOOR 12 NEW YORK , NY 10153	

FORM 990-PF	PART XV - LINE 1A	STATEMENT 8
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

JULIE ANNE QUAY MATTHEW J. EDMONDS