## Form **990-PF** Department of the Treasury

EXTENDED TO NOVEMBER 16, 2020 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.

-	men	iai rie	venue Service Control Venue Service	113.go (71 01111000) 1 101 11134	denonis and the latest line	7111101111	T Open to Fablic Inspection			
	For	cale	ndar year 2019 or tax year beginning		, and ending					
	Na	me o	f foundation			A Employer identification	number			
	ĮŪ	BJ	_FOUNDATION, INC.							
	_	_	EVE LOMINAC			65-1001949				
			and stréet (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number				
			5 PONCE DE LEON BLVD.,			305-669-05	94			
			own, state or province, country, and ZIP or foreign s	<del></del>		C If exemption application is pe	. 🗂			
			AL GABLES, FL 33146	, 00ta, 0000		o in champion application to pr	, and a second s			
			all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations, check here				
an.			Final return	Amended return	ormor public charty	l totorgir organizations	,			
0V			Address change	Name change		Foreign organizations me check here and attach col	eting the 85% test,			
	H (	heck	type of organization: X Section 501(c)(3) e		110	1				
194	$\Gamma$	_	ection 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ntion <b>V</b> 4	E If private foundation state under section 507(b)(1)				
$\mathcal{O}$	1 F2			ing method: X Cash	Accrual	1				
			1	Other (specify)	71001dai	F If the foundation is in a under section 507(b)(1)	. —			
		-\$	18,211,492. (Part I, colu		ıs.)	dider section sortby(1)	(D), check here			
		irt I		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements			
			Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)			
		1	Contributions, gifts, grants, etc., received	5,000,000.	, ,	· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		2	Check If the foundation is not required to attach Sch 8	3,000,0001	· · · · · · · · · · · · · · · · · · ·					
		3	Interest on savings and temporary	2,887.	2,887.	2 887.	STATEMENT 1			
		4	Dividends and interest from securities	397,922.	397,922.		STATEMENT 2			
		'	Gross rents	331,322.	331,344.	357,522.	DIAIDHDNI Z			
			Net rental income or (loss)	1	<del> </del>		· · · · · · · · · · · · · · · · · · ·			
				145,714.						
	e	l	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 145,714.	145,714.		· · · · · · · · · · · · · · · · · · ·				
	Revenu	7	assets on line 6a 145, /14.  Capital gain net income (from Part IV, line 2)		145,714.					
	Ŗ	8	Net short-term capital gain		143,714.	147,729.				
		_	hanoma-madifications			237,725.				
		102	programmen additions cross sales less returns and allowances RECEIVED							
		1	Less Cost of goods sold	,			-			
		-	0.7.0000							
		11	Other income	175,141.	175,141.	175,141.	STATEMENT 3			
co		12	Total. Adolinas inhywydu 11	5,721,664.	721,664.	723,679.	DIMILEMENT 5			
SCANNE		13	CompSERVIGE GERPE Rustees, etc	0.	0.	0.	0.			
5		14	Other employee salaries and wages	291,380.	0.	0.	291,380.			
Z			Pension plans, employee benefits	19,075.	0.	0.	19,075.			
ED	Ś	ı	Legal fees	13,0,3.			13,0,31			
	Expenses	IUa h	Accounting fees STMT 4	355.	0.	0.	355.			
APR	ě	ם ו	Other professional fees	333.		•	333.			
	_		Interest		<del></del>	<del></del>				
2	ative		Taxes STMT 5	20,373.	0.	0.	20,373.			
89	stra	19	Depreciation and depletion	615.	0.	434.	20,313.			
2021	ij	20	Occupancy	013.			<u>'</u>			
21	Admini	21	Travel, conferences, and meetings		·					
	and A		Printing and publications		<del></del>					
			Other expenses STMT 6	12,622.	9,456.	0.	3,166.			
	Operating	2/	Total operating and administrative	-2,022.	2,450.	<del> </del>	3,100.			
	era	24	· -	344,420.	9,456.	434.	33/ 3/0			
	ď	25	expenses. Add lines 13 through 23 Contributions, gifts, grants paid	1,270,993.	7,430.	434.	334,349. 1,270,993.			
		20		1,410,333.			1,410,333.			
		26	Total expenses and disbursements.	1,615,413.	9,456.	434.	1,605,342.			
		27	Add lines 24 and 25 Subtract line 26 from line 12	1,010,410.	3,430.	454.	1,000,342.			
				4,106,251.			,			
			Excess of revenue over expenses and disbursements  Net investment income (if negative, enter -0-)	<del>-</del>	712,208.	· · · · · · · · · · · · · · · · · · ·				
		. 12	ve sume or missing or neggive. Miller -U-)	i l	, ,					

c Adjusted net income (if negative, enter -0-)

723,245.

C/O EVE LOMINAC

ם י	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of year			
	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	3,248,269.	5,873,854.	5,873,854.		
	2	Savings and temporary cash investments					
	3	Accounts receivable	25.000000000000000000000000000000000000	THE PERSON NAMED IN	THE PROPERTY OF THE PARTY OF TH		
	ļ	Less' allowance for doubtful accounts					
	4	Pledges receivable	LOS PERMITS	<b>"你是我们的证明</b>	BM2 W. W. T.		
	ļ	Less, allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable	MATERIAL SERVICE SERVI		STEEL STEEL		
		Less: allowance for doubtful accounts					
45	8	Inventories for sale or use	<u> </u>	****			
Assets	9	Prepaid expenses and deferred charges					
Ä	10 a	Investments - U.S. and state government obligations					
	b	Investments - corporate stock					
	C	Investments - corporate bonds STMT 7	8,396,368.	8,437,768.			
	11	Investments - land, buildings, and equipment basis	A SAME LANGUE	See that the first that	(1875) [1875] (1834		
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other STMT 8	1,934,649.	3,372,261.	3,372,261.		
	14	Land, buildings, and equipment. basis ► 3,786.  Less accumulated depreciation STMT 9 ► 1,878.	TO COLUMN STATE	TELEMENT AND THE			
				1,908.	1,908.		
	15	Other assets (describe >)	130,942.	134,620.	134,620.		
	16	Total assets (to be completed by all filers - see the	12 711 260	15 000 411	10 011 100		
		instructions. Also, see page 1, item I)	13,711,360.	17,820,411.	18,211,492.		
	17	Accounts payable and accrued expenses	<del></del>	<del></del>	STORY TO A		
	18	Grants payable			3 3 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
ies	19	Deferred revenue					
iabilities	20	Loans from officers, directors, trustees, and other disqualified persons			14 2 17 17 1 18 18 18 18 18 18 18 18 18 18 18 18 1		
Lia!	21	Mortgages and other notes payable  Other habilities (december > ACCRITED CALARITES )	0.	2,800.	1967 2983		
	22	Other liabilities (describe ► <u>ACCRUED SALARIES</u> )	<b>U•</b>	2,000.	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
	22	Total liabilities (add lines 17 through 22)	0.	2,800.			
	23	Foundations that follow FASB ASC 958, check here	0.	2,000.	FTTO SALES OF BELLEVIEW SEE		
		and complete lines 24, 25, 29, and 30.			30年4年10日		
ces	24	Net assets without donor restrictions					
Net Assets or Fund Balances	25	Net assets with donor restrictions			CAN SERVICE SERVICE		
Ba	20	Foundations that do not follow FASB ASC 958, check here			The Control of the Co		
pun		and complete lines 26 through 30.					
ī	26	Capital stock, trust principal, or current funds	0.	0.			
ts o	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	STATE OF THE STATE		
SSe	28	Retained earnings, accumulated income, endowment, or other funds	13,711,360.	17,817,611.	5 - 15 4 F 19 - 10 - 1		
ţ	29	Total net assets or fund balances	13,711,360.	17,817,611.	FE. 12 3 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3		
Š					. 8 1/2/4/7/1		
	30	Total liabilities and net assets/fund balances	13,711,360.	17,820,411.			
IP.	art	Analysis of Changes in Net Assets or Fund Ba	alances				
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29				
		t agree with end-of-year figure reported on prior year's return)		1 1	13,711,360.		
		amount from Part I, line 27a		2	4,106,251.		
		r increases not included in line 2 (itemize)		3	0.		
		ines 1, 2, and 3		4	17,817,611.		
,	Decre	eases not included in line 2 (itemize)			0.		
<u>`</u>	Tot <u>al</u>	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	17,817,611.		
_			<u> </u>		Form <b>990-PF</b> (2019)		

	EVE LOMINAC nd Losses for Tax on Inv	estment Inco	me		6.	5-1001	.949	Page 3			
(a) List and describe the	he kind(s) of property sold (for examehouse; or common stock, 200 shs.	ple, real estate,		(b) How acquired P - Purchase D - Donation	(c) Date a			te sold lay, yr.)			
	enouse, or common stock, 200 sns.	WEG GO.)			(	-,,,,,,	- (				
1a BOA				P		<del></del>					
b BOO V LP	· · · · · · · · · · · · · · · · · · ·			P	<u></u>		<del></del>				
c BOO V LP				P	<u></u>						
_d					<b>_</b>						
<u>e</u>				L			<del></del>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expens			(h) Gain or (loss) ((e) plus (f) minus (g))						
a 1,452.							1	,452.			
b 147,729.							<u> 147</u>	,729.			
c <3,467.>							<u>&lt;3,</u>	467.>			
d							_				
е											
Complete only for assets showing	gain in column (h) and owned by th	e foundation on 12	/31/69.		(I) Gains (Co	ol. (h) gain r	ninus				
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess o over col. (j		1	còl. (k), but n		-0-) or				
a '	,						1	,452.			
b								,729.			
c						•		467.>			
d				<del></del>			,				
e						· · · · · · · · · · · · · · · · · · ·					
2 Capital gain net income or (net capital loss)  { If gain, also enter in Part I, line 7											
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c	s) as defined in sections 1222(5) and			}							
If (loss), enter -0- in Part I, line 8				] 3			147	<u>,729.</u>			
Part V Qualification Un	ider Section 4940(e) for F	Reduced Tax	on Net	Investment In	come						
(For optional use by domestic private t	foundations subject to the section 49	940(a) tax on net inv	estment in	come.)			N/A				
If section 4940(d)(2) applies, leave thi	•	( )		•							
Was the foundation liable for the section of the se			ne base per	iod?			Yes	☐ No			
1 Enter the appropriate amount in ea	ach column for each year, see the ins	tructions before ma	iking any er	ntries							
(a) Base period years Calendar year (or tax year beginning	(b) Adjusted qualifying distr	ibutions Net	value of no	(c) oncharitable-use asse	ts (	Distribution ratio (col. (b) divided by col. (c))					
2018											
2017								-			
2016	-										
2015											
2014								-			
2014	I										
2 Total of line 1, column (d)					2						
3 Average distribution ratio for the 5-	-year base period - divide the total or	n line 2 by 5.0, or by	the number	er of years							
the foundation has been in existence	ce if less than 5 years				3						
4 Enter the net value of noncharitable	e-use assets for 2019 from Part X, III	те 5			4						
5 Multiply line 4 by line 3					5	· <del></del>	<u>-</u>				
6 Enter 1% of net investment income	(1% of Part I, line 27b)				6	<del></del>					
7 Add lines 5 and 6					7	<del>.</del>	· · · · · · · · · · · · · · · · · · ·				
8 Enter qualifying distributions from					8		, - <del>.</del>	_			
If line 8 is equal to or greater than I See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and complete th	at part usin	g a 1% tax rate.							

1.	Exempt operating foundations described in section 4940(d)(2), check here	tor "N/A" on line 1	)	35, 45	Sec. 3.	1,340	ه ۱۹۲۰ ته میرسوده	1/9/4		
16				**************************************	E.S. S.	نه حدث	1	N 19.24		
	Date of ruling or determination letter:(attach copy of letter if nece			200	12 million	NI /	اندانیا ۸	(Lift)		
Ļ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 19	° ′	20	75.50	14 / . 9121 - P	E WARD	14.72		
	of Part I, line 27b			17.	70	1		1		
Ü	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%		I (b) J	100	1200	F- MAN	Fr. 1.12	20 Sec. 2		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; other	ers, enter -0-)		_2	<b></b>					
3	Add lines 1 and 2			3						
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, oth	iers, enter -0-)		4	ļ					
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			5				0.		
6	Credits/Payments:			9						
8	3019 estimated tax payments and 2018 overpayment credited to 2019	Ga	ი.	1				70		
b	b Exempt foreign organizations - tax withheld at source									
C	Tax paid with application for extension of time to file (Form 8868)	6c	0.	رة إلى ا	41.30	100	75			
	Backup withholding erroneously withheld	6d	0.	1	2.0	3.0	2			
	Total credits and payments. Add lines 6a through 6d			7				0.		
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed		8				0.		
_	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	ileu		9				0.		
9								<del>.</del>		
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			10	<del></del>					
11	Enter the amount of line 10 to be Credited to 2020 estimated tax  rt.VII-A. Statements Regarding Activities		Refunded >	11	<u> </u>					
			<del></del>			20. 4	Vaa	No		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ition or did it partici	pate or intervene	ın	ļ	S.A.	Yes			
	any political campaign?				ļ	1a		<u>X</u>		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose			tion	ļ	16		X		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	any materials publi	chod or		ļ	4.64	5.5			
	distributed by the foundation in connection with the activities.				ļ	المنطور		أنت		
C	Did the foundation file Form 1120-POL for this year?				ļ	1c		<u>X</u>		
d. Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:										
	(1) On the foundation. ▶ \$ 0. (2) On foundation managers.	▶ \$	0.		ļ	10.45		4- 1		
۲	Enter the reimbursement (if any) paid by the foundation during the year for political expenditu	ire tax imposed on	foundation		ļ	3.5		15		
	managers. ▶ \$ 0.	•			ļ			2		
2	Ilas the foundation engaged in any activities that have not previously been reported to the IRS	37			ļ	2		X		
	If "Yes," attach a detailed description of the activities.	-				7.739	2784.5	- 45744		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strument articles of	incorporation or		ļ	3				
٠	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	ou amont, artiolog of	moorporation, or		ļ	3	وتوليكيتك	X		
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•				4a		X		
		•		NT.	/A	-		43		
	If "Yes," has it filed a tax return on Form 990-T for this year?			14	<i>,</i> A	4b 5		X		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,			ļ	- × u	m, 2 e 3	- 12 T		
_	If "Yes," attach the statement required by General Instruction T				ļ	125	1775	1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	ier.			ļ	¥	Ų.	Tark.		
	By language in the governing instrument, or				ļ	400	, i	ः स्य		
	• Dy state legislation that effectively amends the governing instrument so that no mandatory	directions that conf	lict with the state	law	ļ		النينا	لانتسا		
	remain in the governing instrument?				ļ	6	Х			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete	ete Part II, col. (c), a	ind Part XV		ļ	7	X			
					ļ	الموجد وأرتي	ارجيد	5		
8a	Entor the states to which the foundation reports or with which it is registered. See instruction	s. 🕨				1983	1 34			
	FL						3 8.5	8		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990 PF to the Att	orney General (or d	esignate)			2				
	of each state as required by General Instruction G? If "No," attach explanation	- ,	- ,		Į.	8b	X			
9	Is the foundation claiming status as a private operating foundation within the meaning of sect	ion 4942(i)(3) or 49	012(i)(5) for caler	ıdar	ļ		êcë.	3y.78		
-	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," comp	*** * *	1111 /			9	X	أفيحاله موالدية		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule		addresses S	гит	11	10	X			
	and the second s					m 990		(2019)		
								,		

		JBJ	FOU	NDA	TIOL	N, I	INC.											
orm	990-PF (20													6	55-100	1949		Page
Pa	rt VII-A	Statements I	Regar	rding	Activ	vities	(contir	nued)	-			<del></del>						
																15 39	Yes	No
11.	At any time	during the year, did	the four	ndation	a. directly	lv or indi	lirectly.	own a cor	ntrolled	entity wit	hin the m	ncanina of	f					1
•	-	• •				-				•						11		Х
securities, or other financial account in a foreign country?  See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country   Part 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.  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?  (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 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 termination of government service, if terminating within 90 days.)  b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance, check here																		
														, ,		12		X
13	•				ection r	reauirem	nents fo	er its annu	ial returi	ns and ex	emption :	applicatio	n?				X	
. •						040												
14				FOU	MDA	TION	J. I	NC.			-		Telenhon	e no.	305-6	69-0	594	
									H FI	OOR .	COR							
15															<u>-</u>		_	-
10					_					*1 - 01100	KINGIG			<b>-</b> 1	45 l	N	/A	
10			-							ntura or a	ther auth	oribi ouor	r n hank		_10_		Yes	No
10		-					e an ini	.crost in o	n a sign	ature or c	ouici autri	iority over	a Dank,			16	1.00	X
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  12- Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privilegee?  13- If Yes, attach statement. See instructions  13- Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  13- Website address \( \to N/A \)  14- The books are in care of \( \to JBJ \) FOUNDATION, INC. Telephone no. \( \to 3.05 - 66.9 - \)  15- Located at \( \to 4.42.5 \) PONCE DE LEON BLVD., 5TH FLOOR, CORAL GABLES  16- 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 reserved or accrued during the year  16- At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?  16- See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country?  16- See the instructions for exceptions and filing requirements for FinCEN Form 1720 May Be Required  17- File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  18- Jump the year, did the foundation (either directly or indirectly):  19- Engin in the cale or exchange, or locating of proporty with a disqualified person?  19- Yes X No  20- Services, or facilities to (or accept them from) a disqualified person?  20- Yes X No  21- File Form 4720 in any item is checked in the "Yes" column, unless an exception applies.  21- Jump the year, did the foundation (either directly or indirectly):  22- Taves on money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  23- Yes X No  24- Yes X No  25- Transfer any income or assets to a disqualified per			1 4	3.5														
		· · ·	ons and	ming r	equirem	iems ioi	FINCEN	4 FORM I	14. 11 16	s, emer	me name	or the				79.5	` 4	1.77
Da			Renar	rdina	Activ	vitias	for W	hich F	orm	4720 N	lay Re	Regui	ired		<del> </del>	* 3.		1.4
		<del></del>											<del></del>				Yes	No
4.		•						, uniess	an exc	eption	applies.					41 4	1 23	140
ıa	=							مناواته ما					Г		· V	1.		
										\			Ĺ	Yes	i A NO	<b> </b>	,	-
			money u	o, or ot	nerwise	- ежепа	crean to	o (or acco	ept it ir o	m)			г		<b>₩</b> .	.:	<b>'</b>	ĺ·
	•	•	. 4 1.4	- 4- /				d 1. 6		-0 '		·	ŗ			٠٠.	!	·
													L			1 .		,,
													L	Yes	I A NO	1		
						rson (or	r make a	any of eit	ner avai	labie			_	—	<b>चि</b>			;
													L	Yes	: ▲ No	١ .		7 .5
																,		· .
									period at	ter			_		[ <b>32</b> ]	4	,	- '
													L	Yes	X No	1		1. 1
b											ibed in Ro	gulations			37 / 3			
				-						ions		,			N/A	1b		-
	-	• •		_	-			-							▶	1.5	`	ľ
C							scribed	ın 1a, oth	her than	excepted	i acts, tha	it were no	t correct	cd		شناه		37
			-	-				_								1c	-	X
2			-			ioes not	t apply f	ior years t	the foun	dation wo	as a priva	te operati	ng found	ation		1.5		in
																	l	
a						ny undis	stributed	d income	(Part XI	II, lines			_	<b>—</b>	<b>□</b>		. '	
	•	for tax year(s) begin			197								L	Yes	X No	١.	, · ·	. ^
	If "Yes," list	the years > ny years listed in 2a			- ,			<u> </u>			,					1		
b																		, ·
	valuation o	f assets) to the year's	s undistr	rıbuted	income	ا? (If app	plying s	ection 49	342(a)(2	) to all y	ears listed	d, answer	"No" and	attach				شثند
		see instructions.)													N/A	2b	ļ. —	├
C	If the provi	sions of section 4942	2(a)(2) a	are bein	ng applie	ed to an	y of the	years lis	ted in 2	a, list the	years her	re.					<b> </b> ′.	-/
	▶											-				.:		54
3a	Did the fou	ndation hold more th	nan a 2%	6 direct	or indir	ect inter	rest in a	any busini	ess ente	rprise at	any time		_				'; '	,
	during the													Yes			۶ .	, .
b	If "Yos," did	Lit have excess busin	iess hold	dınas ır	n 2019 a	as a resu	ult of (1	I) any pur	rchase b	y the four	ndation o	r disqualit	fied perse	ons after		1 7	1. 17	• ´ ·

May 26, 1969, (2) the lapse of the 5 year period (or longer period approved by the Commissioner under section 4940(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,

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

Schedule C, to determine if the foundation had excess business holdings in 2019.)

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

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form **990-PF** (2019)

3b

N/A

(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, othe allowances
DAVID ERTEL	VICE PRESIDEN	T/DIRECTO	<b>R</b>	
4425 PONCE DE LEON BLVD., 5TH FLOOR				_
CORAL GABLES, FL 33146	10.00	0.	0.	0.
BETH ERTEL	PRESIDENT/DIR	ECTOR		
4425 PONCE DE LEON BLVD., 5TH FLOOR	]			
CORAL GABLES, FL 33146	10.00	0.	0.	0.
EVE LOMINAC	VICE PRESIDEN	乍		
4425 PONCE DE LEON BLVD., 5TH FLOOR				
CORAL GABLES, FL 33146	5.00	0.	0.	0.
	_			
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none, a	enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
NONE				
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>	<u> </u>	(

F	222 22	100101
1 01111	990-PF	120131

Form 990-PF (2019)	65-	-1001949 Page 7
Part VIII' Information About Officers, Directors, Trustees, Fou 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		
	<del> </del>	
	<del> </del>	
		▶ 0
Fotal number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u>▶</u>   0
		1
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers	statistical infolmation such as the	Expenses
SEE STATEMENTS A AND B	(	
	<del></del>	┥
		1,605,342.
)		
	,	7
,		
		_
		_
Dowl IV D.L.		
Part IX-B Summary of Program-Related Investments		1 0 0 0 0 0 0 0
Describe the two largest program-related investments made by the foundation during the tax ye $N/A$	ear on lines 1 and 2.	Amount
N/A_		-
		=
)	<del>,</del>	
		7
		7
All other program-related investments. See instructions.		
		_

Total. Add lines 1 through 3

C/O EVE LOMINAC

P	art X Minimum Investment Return (All domestic foundations	must complete this part	Foreign foun	idations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	shle etc nurnoses			
	Average monthly fair market value of securities	ibio, cto., purposes		1a	8,314,245.
				1b	6,782,014.
c				1c	3,491,233.
d				1d	18,587,492.
	Reduction claimed for blockage or other factors reported on lines 1a and				20/30//1320
•	1c (attach detailed explanation)	1e	0.	(F)	
2	Acquisition indebtedness applicable to line 1 assets	[ 16 ]		2	0.
3	Subtract line 2 from line 1d			3	18,587,492.
4	Cash deemed held for chantable activities. Enter 1 1/2% of line 3 (for greater amounts)	at one maturations		<del></del>	278,812.
5		· ·		4	
	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and	on Part V, line 4		5	18,308,680.
6 [:P	Minimum investment return Enter 5% of line 5		<u> </u>	6	915,434.
	artXIII Distributable Amount (see instructions) (Section 4942(1)(3) foreign organizations, check here ► X and do not complete this pai	and (j)(5) private operating rt.)	foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	
2a	Tax on investment income for 2019 from Part VI, line 5	2a	į	`	
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b		20,00	
С	Add lines 2a and 2b			2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		l	3	
4	Recoveries of amounts treated as qualifying distributions		Ì	4	
5	Add lines 3 and 4			5	
6	Deduction from distributable amount (see instructions)			6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa	rt XIII. line 1		7	<del></del>
P	artXIII Qualifying Distributions (see instructions)			<u>, , , , , , , , , , , , , , , , , , , </u>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	iiposes:			
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26			1a	1,605,342.
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 charit-	able, etc., purposes	[	2	
3	Amounts set aside for specific charitable projects that satisfy the		[	100	
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	1,605,342.
5	Foundations that qualify under section 4940(o) for the reduced rate of tax on not inv	restment	Ì		
	income. Enter 1% of Part I, line 27b			5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	1,605,342.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether th	e foundation qu	ualifies for	
	4940(e) reduction of tax in those years.	•			

Form **990-PF** (2019)

Part XIII Undistributed Income	see instructions)	N/A		
	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Distributable amount for 2010 from Part VI	001703	, , , ,	2010	2010
<ol> <li>Distributable amount for 2019 from Part XI,</li> <li>line 7</li> </ol>			•	
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			<u> </u>	
ь Total for prior years:				
3 Excess distributions carryover, if any, to 2019:				
a From 2014	_	•		•
<b>b</b> From 2015		,		•
c From 2016	↓ , ,	-		
d From 2017				
e From 2018		<del></del>	<del> </del>	,
f Total of lines 3a through e		<del></del>	· ·	
4 Qualifying distributions for 2019 from Part XII, line 4. ► \$				
a Applied to 2018, but not more than line 2a	•	- ,		
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				
d Applied to 2019 distributable amount				
e Remaining amount distributed out of corpus			<u> </u>	
Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below.				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5			- /	- '
<b>b</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 - see instructions				
e Undistributed income for 2018. Subtract line	•			
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must be distributed in 2020	1			
7 Amounts treated as distributions out of	······································	<del>-  </del>		_
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 2014		· · · · · · · · · · · · · · · · · · ·		
not applied on line 5 or line 7			1''	
9 Excess distributions carryover to 2020.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017	]			
d Excess from 2018	]			
e Excess from 2019			1	İ

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of recipient any foundation manager or substantial contributor Name and address (home or business) a Paid during the year TUTORING SERVICES, SEE STATEMENT A NONE N/A MALAWI PROJECT 1,270,993. 1,270,993. **▶** 3a Total b Approved for future payment NONE **▶** 3b 0. Total

923621 12-17-19

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

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue	code		code	Amount	TOTION INCOME
ab	·				
d			<del>                                     </del>		
e	1 1				<u></u>
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash			l		
investments		··· · · · · · · · · · · · · · · · · ·	14		
4 Dividends and interest from securities	<u> </u>	<del></del>	14	397,922.	
5 Net rental income or (loss) from real estate	7, 7,	* , * * 4	<u> </u>		7 * , **,
a Debt-financed property	-				
b Not debt-financed property	<del> </del>				
6 Net rental income or (loss) from personal property					
7 Other investment income			18	175,141.	
8 Gain or (loss) from sales of assets other				= ,	
than inventory			18	145,714.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b	<u> </u>				
C		·			
d		****			
e	<b> </b>			701 664	
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	<u> </u>	721,664.	0. 721,664.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)				13	/21,004.
Part XVI-B Relationship of Activities t	o the Accer	mplishment of Eve	mnt	Purposos	
· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·	
Line No. Explain below how each activity for which income			contrib	uted importantly to the accomp	lishment of
▼ the foundation's exempt purposes (other than NOT APPLICABLE	by providing tuni	as for such purposes).			
NOT APPLICABLE					
			<del></del>		
	<del></del>				
				·	
				TV	
					<del></del> -
	· · · · · · · · · · · · · · · · · · ·				
					<u>.                                    </u>
				<del></del>	
	<del></del>	<del> </del>		· · · · · · · · · · · · · · · · · · ·	Fa 000 DE (00 ) =:
23621 12-17-19					Form <b>990-PF</b> (2019)

Form 990-PF (2	2019) C/O E'	VE LOMINA	C			65-1	001949	Page 13
Part XVII	Information Re	garding Trans		nd Transactions ar	nd Relations			
	Exempt Organ						<del> </del>	/ - 1 N -
				g with any other organization	on described in sec	tion 501(c)		es No
(other tha	ın section 501(c)(3) organ	izations) or in section	n 527, relating	to political organizations?				ì
a Transfers	from the reporting founds	ition to a noncharitab	ile exempt org	anization of.			·  -	
(1) Cash							1a(1)	<u> X</u>
<b>(2)</b> Other	r assets						1a(2)	X
<b>b</b> Other tran	isactions:							
(1) Sales	of assets to a noncharital	ole exempt organizati	on				1b(1)	X
	hases of assets from a nor	· -					1b(2)	X
	al of facilities, equipment,		<b>3</b>				1b(3)	X
• •	bursement arrangements	or outer accord					1b(4)	X
	s or loan guarantees						1b(5)	X
		mharchin ar fundraic	ina colicitatio	ne			1b(6)	X
• •	rmance of services or me						10	<u> </u>
	f facilities, equipment, mai				ar in a facility thin four	يع عدال أم مبياهي لم الرحم		
				dule. Column (b) should alv				.5,
				ed less than fair market valu	o in any transactio	in or snaring arrangem	ופווני צוואיא ונו	
	1) the value of the goods,			avamet organization	(4) 5			
(a) Line no	(b) Amount involved	(c) Name of		exempt organization	(u) Description	on of transfers, transaction	s, and sharing arran	gements
			N/A					
		<del></del>						
				····				
	·							
		<del></del>						<del></del>
					<del> </del>			
			10.000	· <del></del>		-		
-	·							
2a Is the fou	ndation directly or indirect	ly affiliated with, or r	elated to, one	or more tax-exempt organi	zations described			
ın section	501(c) (other than section	n 501(c)(3)) or in sec	ction 527?				Yes	X No
<b>b</b> If "Yes," co	omplete the following sch	edule.						
	(a) Name of org			(b) Type of organization		(c) Description of rel	ationship	
	N/A							
					·	<del></del>		
	I							
Lindar	penalties of periury I declare the	hat I have examined this	return including	accompanying schedules and st	atements and to the h	pest of my knowledge		
Sign and be	elief, it is true, correct, and com	plete Declaration of prep	parer (other than	taxpayer) is based on all informa	tion of which preparer	has any knowledge	May the IRS dis	
Here		_		1/2/2000	DIDEG	III O D	shown below?	See instr
	au m	ua_		6/3/2020	DIREC	TOR	_	L No
Sigr	nature of officer or trustee			Dyfate *	Title	Charle C	DTIM	
	Print/Type preparer's na	me	Preparer's s	gnature	Date		PTIN	
Daid					1	self- employed		
Paid					I	1	<del></del>	
Preparer Use Only	Firm's name					Firm's EIN	_	
OSC Only	Firm's address					-		
	, ram 5 additios					Phone no.		
<del></del>	<del></del>						Form <b>990</b> -	<b>PF</b> (2019)

## 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

2019

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JBJ FOUNDATION, INC. 65-1001949 C/O EVE LOMINAC Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** J For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II. 📗 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-FF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Page	2

Name of organization Employer identification number JBJ FOUNDATION, INC. 65-1001949 C/O EVE LOMINAC

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BAYVIEW ASSET MANAGEMENT, LLC  4425 PONCE DE LEON BLVD., 5TH FLOOR  CORAL GABLES, FL 33146	\$5,000,000.	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 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 Occash 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 )

Employer identification number Name of organization JBJ FOUNDATION, INC. C/O EVE LOMINAC 65-1001949 Part II Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed (a) (c) No. (d) FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given Date received (See instructions) Part I (a) (c) No. (d) (b) FMV (or estimate) Date received from Description of noncash property given (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate) Date received from Description of noncash property given (See instructions) Part I (a) (c) (d) ' No. (b) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I (a) (c) No. (d) (b) FMV (or estimate)

Description of noncash property given

(See instructions)

Date received

from

Part I

Employer identification number

JBJ FOUNDATION, INC.

C/0	EVE	LOMINA	C
-----	-----	--------	---

65-1001949

Part III E	xclusively religious, charitable, etc., contribution on any one contributor. Complete columns (a) ompleting Part III, enter the total of exclusively religious, close duplicate copies of Part III if additional states.	through (e) and the following line en charitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year or organizations or less for the year (Enter this info once)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
$ \begin{vmatrix} - \\ - \end{vmatrix}$			
		(e) Transfer of gif	ıft
	Transferee's name, address, ar	nd 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
Part I			
		(e) Transfer of gif	
	Transferee's name, address, an	nd 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 gif	i <del>t</del>
	Transferee's name, address, an		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 gif	l ıft
	Transferee's name, address, an		Relationship of transferor to transferee

	ST ON SAVING	GS AND TEN	IPORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		( <i>I</i> REVI PER I			(B) IVESTMENT ICOME	(C) ADJUSTED NET INCOME
BOA JPM WELLS			788. 1,833. 266.		788. 1,833. 266.	788. 1,833. 266.
TOTAL TO PART I, LI	NE 3		2,887.		2,887.	2,887.
FORM 990-PF	DIVIDENDS	AND INTER	REST FRO	M SECUR	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	RE	(A) VENUE BOOKS	(B) NET INVEST MENT INCOM	
BOA JPM	217,538. 180,384.			17,538. 80,384.		
TO PART I, LINE 4	397,922.		<del></del>	97,922.		
FORM 990-PF		OTHER 1	(A) REVENU		(B) JET INVEST-	STATEMENT 3 (C) ADJUSTED
DESCRIPTION	,	OTHER 1	(A)	KS M	(B) ET INVEST- ENT INCOME	(C) ADJUSTED NET INCOME
	ADE	OTHER 1	(A) REVENU PER BOO		(B) JET INVEST-	(C) ADJUSTED NET INCOME
DESCRIPTION INCOME FROM BELLEME.			(A) REVENU PER BOO	71.	(B) JET INVEST- JENT INCOME	(C) ADJUSTED NET INCOME 71. 175,070.
DESCRIPTION  INCOME FROM BELLEME. INCOME FROM BOO V			(A) REVENU PER BOO	71. ,070.	(B) ET INVEST- ENT INCOME 71. 175,070.	(C) ADJUSTED NET INCOME
DESCRIPTION  INCOME FROM BELLEME. INCOME FROM BOO V			(A) REVENU PER BOO 175	71. ,070.	(B) JET INVEST- JENT INCOME  71. 175,070.  175,141.	(C) ADJUSTED NET INCOME 71. 175,070.
DESCRIPTION  INCOME FROM BELLEME. INCOME FROM BOO V  TOTAL TO FORM 990-P	F, PART I, I		(A) REVENU PER BOO 175	71. ,070. ,141.	(B) JET INVEST- JENT INCOME  71. 175,070.  175,141.	(C) ADJUSTED NET INCOME 71. 175,070. 175,141.
DESCRIPTION  INCOME FROM BELLEME. INCOME FROM BOO V  TOTAL TO FORM 990-P:	F, PART I, I	ACCOUNTI  (A) EXPENSES	(A) REVENU PER BOO  175  175  ING FEES  (B NET IN MENT I	71. ,070. ,141.	(B) JET INVEST- JENT INCOME  71. 175,070.  175,141.	(C) ADJUSTED NET INCOME 71. 175,070. 175,141.  STATEMENT 4  (D) CHARITABLE PURPOSES

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PAYROLL TAXES FOREIGN TAXES	13,297. 7,076.	0.	0.	13,297. 7,076.	
TO FORM 990-PF, PG 1, LN 18	20,373.	0.	0.	20,373.	
FORM 990-PF	OTHER E	XPENSES	Si	PATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
BANK FEES MISCELLANEOUS ANNUAL CORPORATE FILING FEES INSURANCE	9,456. 1,042. 61. 2,063.	9,456. 0. 0.	0. 0. 0.	0. 1,042. 61. 2,063.	
TO FORM 990-PF, PG 1, LN 23	12,622.	9,456.	0.	3,166.	

FORM 990-PF	CORPORATE BONDS		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
STOCKS		8,437,768.	8,828,849.
TOTAL TO FORM 990-PF, PART I	I, LINE 10C	8,437,768.	8,828,849.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENT IN BOO V LP INVESTMENT IN BOO V AIV 2 LP INVESTMENT IN BELLEMEADE	COST COST COST	2,842,585. 529,649. 27.	2,842,585. 529,649. 27.
TOTAL TO FORM 990-PF, PART I	I. LINE 13	3,372,261.	3,372,261.

117,064.

17,556.

134,620.

FORM 990-PF	DEPRECIATION C	OF ASSE	rs not held for	R INVESTMENT	STATEMENT 9
DESCRIPTION			COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTER EQUI	IPMENT	-	1,037. 1,358. 1,391.	1,037. 679. 162.	0. 679. 1,229.
TOTAL TO FM	990-PF, PART II,	LN 14	3,786.	1,878.	1,908.
FORM 990-PF		(	OTHER ASSETS	#** <del>**********************************</del>	STATEMENT 10
DESCRIPTION		3	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE

121,653.

130,942.

9,289.

FORM 990-PF	LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10	STATEMENT 11
NAME OF CONTRIBUTOR	ADDRESS	

BAYVIEW ASSET MANAGEMENT, LLC

FLORIDA PREPAID COLLEGE TUITION

TO FORM 990-PF, PART II, LINE 15

DIVIDEND RECEIVABLE

 $4425\ \textsc{ponce}$  de leon blvd., 5th floor coral gables, fl 33146

117,064.

17,556.

134,620.

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

STATEMENT 12

NAME OF MANAGER

DAVID ERTEL BETH ERTEL EVE LOMINAC