		~	•		~	
_	u	u		_	v	
Form	33	3	w	,-		

Department of the Treasury

## 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. Internal Revenue Service Open to Public Inspectio ▶ Go to www.irs.gov/Form990PF for instructions and the latest information. For calendar year 2017 or tax year beginning 2018, and ending 02/08 20 Name of foundation A Employer identification number THE SKADDEN, ARPS FOUNDATION FOR DIVERSITY IN THE LEGAL PROFESSION 26-2568113 Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) 4 TIMES SQUARE SUITE 35-336 (212) 735-3350 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ NEW YORK, NY 10036-6522 G Check all that apply: ☐ Initial return Initial return of a former public charity D 1. Foreign organizations, check here . Final return Amended return 2. Foreign organizations meeting the 85% test, ☐ Address change ☐ Name change check here and attach computation H Check type of organization: Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here ... ▶ □ ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation Fair market value of all assets at J Accounting method: 
Cash Accrual F If the foundation is in a 60-month termination ☐ Other (specify) end of year (from Part II, col. (c), under section 507(b)(1)(B), check here ▶ 🗀 line 16) ▶ \$ (Part I, column (d) must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income income purposes the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ► If the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments Dividends and interest from securities . . . . 4 5a Net rental income or (loss) b Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) . . . Net short-term capital gain . . . . . Q Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold . . . n ¢ Gross profit or (loss) (attach schedule) . . . . 11 Other income (attach schedule) . . . O 12 NO. 0 Total. Add lines 1 through 11 . 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages . . . . . 6 15 Pension plans, employee benefits 0 16a Legal fees (attach schedule) O 0 ō ð b Accounting fees (attach schedule) n 0 0 Other professional fees (attach schedule) . . . 0 17 18 Taxes (attach schedule) (see instructions) . . . 0 0 0 O 19 Depreciation (attach schedule) and depletion . . . 20 21 Travel, conferences, and meetings . . . . . and 22 Printing and publications . . . . . . . . . Other expenses (attach schedule) 23 0 0 0 Ó Operating Total operating and administrative expenses. Add lines 13 through 23 . . . . . . . . . . 0 0 0 0 25 Contributions, gifts, grants paid . . . . . . 26 Total expenses and disbursements. Add lines 24 and 25 0 0 O 0 27 Subtract line 26 from line 12: O Excess of revenue over expenses and disbursements 0 **Net investment income** (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

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

Cat No 11289X /

Form **990-PF** (2017)

Part II		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)	Beginning of year	End o	of year		
Ρē	art II	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments			·		
	3	Accounts receivable ▶					
		Less: allowance for doubtful accounts ▶		0	0		
	4	Pledges receivable ▶					
		Less: allowance for doubtful accounts ▶		0	0		
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons (attach schedule) (see instructions)	0	0	0		
	7	Other notes and loans receivable (attach schedule) ▶ 0					
		Less: allowance for doubtful accounts ▶ 0	0	0	0		
ß	8	Inventories for sale or use	1		_		
Assets	9	Prepaid expenses and deferred charges					
As	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0		
-	b	Investments—corporate stock (attach schedule)	0	0	0		
	С	to control of the control of the characters of the charac	0	0	0		
	11	Investments—corporate bonds (attach schedule)					
		Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0		
	12	Investments—mortgage loans		······································			
	13	Investments other (attack asked) (a)	0	0	0		
	14	Land, buildings, and equipment: basis ▶ 0  Less: accumulated depreciation (attach schedule) ▶ 0	1				
	'-	Less: accumulated depreciation (attach schedule) ▶ 0	0	0	0		
	15	Other assets (describe >	0	0	0		
	16	Total assets (to be completed by all filers—see the		/ /	1		
		instructions. Also, see page 1, item l)	o	(人)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	17	Accounts payable and accrued expenses			1		
	18	Grants payable					
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	0	0			
ap	21	Mortgages and other notes payable (attach schedule)	0	0			
Ï	22		0	0			
	23	Other liabilities (describe ►)  Total liabilities (add lines 17 through 22)	0	0			
		Foundations that follow SFAS 117, check here					
es S		and complete lines 24 through 26, and lines 30 and 31.					
č	24	Unrestricted					
Balances	25	Temporarily restricted					
Ba	26 26	Permanently restricted					
ק	20	_		··· · · · · · · · · · · · · · · · · ·			
2		Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31.			]		
Net Assets or Fund	27	Capital stock, trust principal, or current funds					
S	28	Paid-in or capital surplus, or land, bldg., and equipment fund		<del></del>			
set	29	Retained earnings, accumulated income, endowment, or other funds			}		
As	30	Total net assets or fund balances (see instructions)	0	0			
et.	31	Total liabilities and net assets/fund balances (see		<u>~</u>			
ž	"	instructions)	o	0			
D۵	rt III	Analysis of Changes in Net Assets or Fund Balances	<u> </u>		<u> </u>		
		I net assets or fund balances at beginning of year—Part II, colu	mn (a), line 30 (mus	t agree with I			
•		of-year figure reported on prior year's return)					
2		r amount from Part I, line 27a			0		
3		er increases not included in line 2 (itemize) ►			0		
4	<b>Δ44</b>	lines 1, 2, and 3		4	0		
-				h	0		
6	Tota	reases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5) — l	Part II, column (b). Irr	ne 30 <b>6</b>	0		
9		The state of the s	, v-77 ···				

Part	(a) List and describe the kir	d Losses for Tax on Investment(s) of property sold (for example, real esse, or common stock, 200 shs. MLC Co	estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr.)
<u>1a</u>						
<u>b</u>						<u> </u>
<u>c</u>	<del></del>			,		<u> </u>
<u>d</u>			·		ļ	<u> </u>
<u>e</u>			<del></del>	<u> </u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		ain or (loss) s (f) minus (g))
<u>a</u>			ļ			
b						
<u>c</u>				· · · · · · · · · · · · · · · · · · ·		
<u>d</u>				<del></del>	<del> </del>	
е	Complete only for eccets she	wing gain in column (h) and owned	by the foundation	on 10/21/60		
	Complete only for assets sho	<del> 3 3</del>	<del>, ``                                    </del>	<del></del>		iol. (h) gain minus not less than -0-) <b>or</b>
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		(from col. (h))
<u>a</u>						
<u> </u>				<u> </u>		
<u>C</u>						
<u>d</u>						
<u>e</u>						
2	Capital gain net income or	rinet canital lossi ( °	also enter in Pa , enter -0- in Par		2	0
3	Net short-term capital gair	n or (loss) as defined in sections	1222(5) and (6)	:		
		I, line 8, column (c). See ınstru				
	Part I, line 8				3	0
Part	V Qualification Und	er Section 4940(e) for Redu	iced Tax on N	let investment	Income	
Was t		section 4942 tax on the distribu Jualify under section 4940(e). Do			base period?	☐ Yes ☑ No
1	<u> </u>	ount in each column for each yea	<u></u>		aking any entries	
	(a)	(b)	<del></del>	(c)		(d)
Cale	Base period years endar year (or tax year beginning in)	Advicted avaleting distribution	s Net value of	nonchantable-use a	ssets Col (b	stribution ratio ) divided by col. (c))
	2016					0.000000
	2015		<del></del>			0 000000
	2014			<del></del>	····	0.000000
	2013					0 000000
	2012					0.000000
2	Total of line 1, column (d)				. 2	0 000000
3	Average distribution ratio	for the 5-year base period-div	ude the total on	line 2 by 5.0, o	r by	
	the number of years the fo	oundation has been in existence	if less than 5 ye	ears	. з	0 000000
4	Enter the net value of none	charitable-use assets for 2017 f	rom Part X, line	5	4	0
5	Multiply line 4 by line 3 .				. 5	0
•	manpy mio i by mio i				·	
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b	)		. 6	0
7	Add lines 5 and 6				. 7	0
8		ns from Part XII, line 4			. 8	0
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box in	n Part VI, line 1b	, and complete	that part using a	1% tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see i	nstr	uctio	ns)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1. )							
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)							
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b		0	<del></del>				
c	here I and enter 1% of Part I, line 27b							
_	Part I, line 12, col. (b).							
2								
3	Add lines 1 and 2							
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0					
6	Credits/Payments:		<del>_</del>	<del></del>				
а	2017 estimated tax payments and 2016 overpayment credited to 2017   6a   0							
b	Exempt foreign organizations—tax withheld at source 6b							
c	Tax paid with application for extension of time to file (Form 8868) . 6c							
d	Backup withholding erroneously withheld 6d							
7	Total credits and payments. Add lines 6a through 6d		0					
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached 8							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		0					
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax ► Refunded ► 11 VII-A Statements Regarding Activities		0					
Taru	VII-A Statements Regarding Activities  During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No				
10	participate or intervene in any political campaign?	1a	163	7				
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	10						
-	Instructions for the definition	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.							
	Did the foundation file Form 1120-POL for this year?	1c		~				
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$							
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed							
	on foundation managers. > \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		~				
	If "Yes," attach a detailed description of the activities.							
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	<u> </u>						
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3						
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a						
þ	If "Yes," has it filed a tax return on Form 990-T for this year?	4b						
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	~					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:							
	By language in the governing instrument, or							
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that							
	conflict with the state law remain in the governing instrument?	6	~					
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		~				
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶							
	DE							
ь	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 <i>General Instruction G?</i> If "No," attach explanation	8b	<b></b>	<del></del>				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"			لـــا				
	complete Part XIV	9		,				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	3						
	names and addresses	10	_ [	•				

Par	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		-
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		·
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	~	
	Website address ► N/A			
14	The books are in care of ► ROBERT SHEEHAN Telephone no. ► (212	2) 735	-3350	
		036-6	522	
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			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		~
	the foreign country >			
Dor				
Par			· · ·	
	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		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes . No. (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?	i		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No	1		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes  No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	ľ		
	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? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
_	were not corrected before the first day of the tax year beginning in 2017?	1c		~
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	Ì		
_	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and		- 1	
а	6e, Part XIII) for tax year(s) beginning before 2017?	- 1		
	If "Yes," list the years ▶ 20, 20, 20	l		
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1		
	all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>▶</b> 20 , 20 , 20 , 20	- 1	ł	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		ł	
b	f "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	- 1	ŀ	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		İ	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	l	1	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2017.)	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			لب
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		

• Form 9	90-PF (2017)										F	Page 6
Par	t VII-B	<b>Statements Regarding Activitie</b>	s for V	Which Form	4720	May Be F	equire	ed (contii	nued)			
5a	During the	year, did the foundation pay or incur	any an	nount to:		1					Yes	No
	(2) Influen	ic elect	ence legislati ion (see sect	tion 495	55); or to c	arry on	☐ Yes	☑ No ☑ No				
	(3) Provide	y or indirectly, any voter registration d e a grant to an individual for travel, st e a grant to an organization other tha	udy, or in a cha	other similar antable, etc.,	purpos organiz	es? ation desc	 ribed ir	Yes	☑ No	1		
	(5) Provide	n 4945(d)(4)(A)? See instructions e for any purpose other than religious	s, charit	table, scientif	fic, liter	ary, or edu	cationa		☑ No			
b	If any answ	ses, or for the prevention of cruelty to wer is "Yes" to 5a(1)-(5), did any of the	e trans	actions fail to	qualify	under the	except	ons descr	No 🔁 no			
	_	s section 53.4945 or in a current notice	-	•						5b	-	
С	If the ansv	ons relying on a current notice regard wer is "Yes" to question 5a(4), does maintained expenditure responsibility	the fou	indation clain	n exem	ption from	the tax		►□			
6a	Did the fou	ttach the statement required by Reguundation, during the year, receive any	funds,	directly or in			emiums		_			
L	•							∐Yes	_ ⊡ No			]
b ~-	If "Yes" to	undation, during the year, pay premiul 6b, file Form 8870.		-					_	6b		
		during the tax year, was the foundation to the foundation receive any proceed						∐ Yes ransaction		7b		
	t VIII I	nformation About Officers, Direct									ees,	<u></u>
4		icers, directors, trustees, and found	dation	<b></b>	نحطه احد		otio- (	Can inch	ictions			
•	List all Off	icers, directors, trustees, and found	ualion	managers ai	na tnei	r compens	auon. 🤻	see instri	10110113	•		
	List all Oil	(a) Name and address	(b) Tit	le, and average urs per week ted to position	(c) Co	mpensation not paid, nter -0-)	(d) emple	Contribution: byee benefit erred compe	s to plans	(e) Expe	nse acc allowan	
	RT SHEEHA	(a) Name and address	(b) Tit hou devo	le, and average urs per week	(c) Co	mpensation not paid,	(d) emple	Contribution	s to plans	(e) Expe		
	RT SHEEHA	(a) Name and address	(b) Tit hou devo	le, and average urs per week ted to position	(c) Co	mpensation not paid, nter -0-)	(d) emple	Contribution	s to plans ensation	(e) Expe		ces
	RT SHEEHA	(a) Name and address	(b) Tit hou devo	le, and average urs per week ted to position	(c) Co	mpensation not paid, nter -0-)	(d) emple	Contribution	s to plans ensation	(e) Expe		ces
	RT SHEEHA	(a) Name and address	(b) Tit hou devo	le, and average urs per week ted to position	(c) Co	mpensation not paid, nter -0-)	(d) emple	Contribution	s to plans ensation	(e) Expe		ces
	ERT SHEEHA ES SQUARE S	(a) Name and address	(b) Title hou devoi	le, and average urs per week ted to position CTOR, 1 0	(c) Co (if i er	mpensation not paid, nter -0-)	(d) emple and def	Contribution byee benefit erred compe	s to plans ansation 0	(e) Expe other	allowan	0
4 TIME	Compensa "NONE."	(a) Name and address  N  UITE 35-336, NEW YORK, NY 10036-6522	(b) Title hou devoide of the control	le, and average urs per week ted to position CTOR, 1 0	(c) Co (if er	mpensation not paid, nter -0-)	(d) emple and def	Contribution byee benefit erred compe	s to plans ensation 0  uctions to benefit deferred	(e) Experimental (e) Ex	one, e	0 enter
4 TIME	Compense "NONE."	(a) Name and address  N  UITE 35-336, NEW YORK, NY 10036-6522  ation of five highest-paid employe	(b) Title hou devoide of the control	le, and average urs per week ted to position CTOR, 1 0	(c) Co (if er	uded on li	(d) emple and def	contribution: yee benefit erred compe  see instri  (d) Contribut employee plans and c	s to plans ensation 0  uctions to benefit deferred	(e) Experimental (e) Ex	one, e	0 enter
4 TIME	Compense "NONE."	(a) Name and address  N  UITE 35-336, NEW YORK, NY 10036-6522  ation of five highest-paid employe	(b) Title hou devoide of the control	le, and average urs per week ted to position CTOR, 1 0	(c) Co (if er	uded on li	(d) emple and def	contribution: yee benefit erred compe  see instri  (d) Contribut employee plans and c	s to plans ensation 0  uctions to benefit deferred	(e) Experimental (e) Ex	one, e	0 enter
4 TIME	Compense "NONE."	(a) Name and address  N  UITE 35-336, NEW YORK, NY 10036-6522  ation of five highest-paid employe	(b) Title hou devoide of the control	le, and average urs per week ted to position CTOR, 1 0	(c) Co (if er	uded on li	(d) emple and def	contribution: yee benefit erred compe  see instri  (d) Contribut employee plans and c	s to plans ensation 0  uctions to benefit deferred	(e) Experimental (e) Ex	one, e	0 enter
4 TIME	Compense "NONE."	(a) Name and address  N  UITE 35-336, NEW YORK, NY 10036-6522  ation of five highest-paid employe	(b) Title hou devoide of the control	le, and average urs per week ted to position CTOR, 1 0	(c) Co (if er	uded on li	(d) emple and def	contribution: yee benefit erred compe  see instri  (d) Contribut employee plans and c	s to plans ensation 0  uctions to benefit deferred	(e) Experimental (e) Ex	one, e	0 enter
4 TIME	Compense "NONE."	(a) Name and address  N  UITE 35-336, NEW YORK, NY 10036-6522  ation of five highest-paid employe	(b) Title hou devoide of the control	le, and average urs per week ted to position CTOR, 1 0	(c) Co (if er	uded on li	(d) emple and def	contribution: yee benefit erred compe  see instri  (d) Contribut employee plans and c	s to plans ensation 0  uctions to benefit deferred	(e) Experimental (e) Ex	one, e	0 enter

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

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Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "N	ONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		(,,
		<u> </u>
		•
Total numb	er of others receiving over \$50,000 for professional services	<b>&gt;</b>
Part IX-A	Summary of Direct Charitable Activities	
List the for organizatio	indation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number instant other beneficianes served, conferences convened, research papers produced, etc	of Expenses
1	1	
2		
3		
4		
Part IX-B	Summany of Brogues Deleted Investments (see instructions)	
	Summary of Program-Related Investments (see instructions) e two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	e two targest program-related investments made by the foundation during the tax year of lines 1 and 2	Allount
'		
2		
	***************************************	
All other pro	ogram-related investments. See instructions	<del>                                     </del>
3		1
-		
		· <del>··</del>
Total. Add I	ines 1 through 3	<b>&gt;</b> 0
		Form <b>990-PF</b> (2017)

	90-PF (2017)		Page
Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:		
а	Average monthly fair market value of securities	1a	(
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	C
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	C
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	C
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	C
6	Minimum investment return. Enter 5% of line 5	6	C
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► □ and do not complete this part.)	oundations	3
1	Minimum investment return from Part X, line 6	1	C
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	0
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	0
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	1	
	line 1	7	0
Part	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	0
ь	Program-related investments—total from Part IX-B	1b	0

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions

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

Amounts set aside for specific charitable projects that satisfy the:

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

3 a

b

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6

Part	XIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
2	Undistributed income, if any, as of the end of 2017:				
a	Enter amount for 2016 only				
b	Total for prior years: 20 13 ,20 14 ,20 15				
3	Excess distributions carryover, if any, to 2017:				
а	From 2012				
b	From 2013 0				
c	From 2014 0				
d	From 2015 0				
e	From 2016 0				
f	Total of lines 3a through e	0	1		
4	Qualifying distributions for 2017 from Part XII, line 4: ► \$ 0				
а	Applied to 2016, but not more than line 2a .			ol	
b	Applied to undistributed income of prior years				
	(Election required - see instructions)		0		
C	Treated as distributions out of corpus (Election				
	required—see instructions)	0			
d	Applied to 2017 distributable amount				0
е	Remaining amount distributed out of corpus	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
5	Excess distributions carryover applied to 2017				0
	(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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract line 4b from line 2b		, o		
С	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		0		
е	Undistributed income for 2016. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f	Undistributed income for 2017. Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2018		,		0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	0			
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions) .	0			
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a	0	İ		
10	Analysis of line 9:				
а	Excess from 2013				
b	Excess from 2014				
c	Excess from 2015				
d	Excess from 2016		Į.		
e	Excess from 2017		<u>}</u>		

E	$\alpha \alpha \alpha$	DE	(2017)	
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Part	XIV Private Operating Founda	i <b>tions</b> (see instr	ructions and Part	VII-A, question 9	9)	
1a	•	_				
	foundation, and the ruling is effective fo	r 2017, enter the o	date of the ruling .			A C. C.
b	Check box to indicate whether the four	ndation is a privat	te operating founda	ation described in s	ection 4942(j)(3	3) or 49,42(j)(5)
2a		Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2017	<b>(b)</b> 2016	(c) 2015	(d) 2014	(e) lotal
	investment return from Part X for each year listed		<del></del>			<del>,</del>
ь	85% of line 2a	·		<del> </del>		
C	Qualifying distributions from Part XII,			<del>                                     </del>	74	
_	line 4 for each year listed					
d	Amounts included in line 2c not used directly			<del></del>	<del>                                     </del>	
_	for active conduct of exempt activities .	Į			·[	
е	Qualifying distributions made directly			4.5	<del> </del>	
·	for active conduct of exempt activities.				Ì	
	Subtract line 2d from line 2c	i		47	]	
3	Complete 3a, b, or c for the	<del></del>	+			
•	alternative test relied upon:					
_	·		1			
а	"Assets" alternative test—enter:				l l	
	(1) Value of all assets	<del></del>	<del> /</del>	<del> </del>		
	(2) Value of assets qualifying under		/		1	
ь	section 4942(j)(3)(B)(i)		<del>                                     </del>			
J	of minimum investment return shown in			1	1	
	Part X, line 6 for each year listed	ļ	<u> </u>	<del> </del>	ļ	<del></del> _
С	"Support" alternative test—enter:		/		1	
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on		İ			
	securities loans (section				}	
	512(a)(5)), or royalties)					
	(2) Support from general public				1	
	and 5 or more exempt organizations as provided in				]	
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from	(				_
	an exempt organization			İ		
	(4) Gross investment income					
Part	XV Supplementary Information	on (Complete t	his part only if t	he foundation h	ad \$5,000 or mo	re in assets at
	any time during the year-	-see instructio	ns.)	r		
1	Information Regarding Foundation	Managers:				
а	List any managers of the foundation	who have contrib	outed more than 2°	% of the total cont	ributions received t	by the foundation
	before the close of any tax year (but o	only if they have o	contributed more tl	nan \$5,000). (See s	ection 507(d)(2).)	
				,		
b	List any managers of the foundation	who own 10% o	or more of the sto	ck of a corporatio	n (or an equally lar	ge portion of the
	ownership of a partnership or other er	ntity) of which the	e foundation has a	10% or greater int	erest.	•
2	Information Regarding Contribution	, Grant, Gift, Lo	an, Scholarship,	etc., Programs:		
	Check here ▶ ☑ if the foundation			-	organizations and	does not accept
	unsolicited requests for funds. If the fe					
	complete items 2a, b, c, and d. See in	structions.		1	-	
а	The name, address, and telephone nu	mber or email ac	dress of the perso	on to whom applica	tions should be ad	dressed:
_	The Halle, and loos, and loophone he		-a. 000 0. a. 0 po. 00			a. 0000a.
	The form in which applications should	he submitted ar	nd information and	materials they sho	uld include:	
b	The form in which applications should	i de subfilliteti di	ia iliioimation allu	materials they sho	raid illiciade.	
				1		
	Amusuhmississ deadis			<del></del>	<del></del>	
С	Any submission deadlines:				_	
- 1	Any restrictions or limitations on aw	yarde such as h	ov geographical -	rose charitable 4	olde kinds of inch	tutions or other
a	factors:	varus, such as t	uy geographical a	ireas, chantable ti	CIUS, KIIIUS OI INST	itutions, or other
	IDOLOIS.					

3	Grants and Contributions Paid During t	If recipient is an individual			
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient		<b>\</b>
а	Paid during the year				
					ŀ
					İ
					ļ
					j
					1
			1		
					Î
	Total			<u> ▶ 3</u>	la
þ	Approved for future payment				
	İ				
					İ
					1
	İ	-			
					]
					1
					<u></u>
_	Total				h

		oss amounts unless otherwise indicated.		siness income	Evoluded by section	on 512, 513, or 514	T
Ente	er gro	ss amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	Pro	gram service revenue:					(See instructions.)
	а						
	þ					······································	
	C					<del>.</del>	
	d						
	e					<del></del>	
	T						
_	_	Fees and contracts from government agencies			ļ l		
_		mbership dues and assessments			<del>                                     </del>	<del></del>	
3		rest on savings and temporary cash investments			ļ	<del></del>	<u> </u>
4		idends and interest from securities	 	<del> </del>			
5		rental income or (loss) from real estate:		<u> </u>	<u> </u>	<del></del>	
		Debt-financed property	ļ	<del></del>		<del></del>	
_		Not debt-financed property			<u> </u>		
6		rental income or (loss) from personal property					
7		er investment income			<del>  ,                                   </del>		
8		n or (loss) from sales of assets other than inventory	<u> </u>			<del></del>	
9		income or (loss) from special events			<del></del>		<del></del>
10		ss profit or (loss) from sales of inventory			<del>                                     </del>		
11	Oth	er revenue: a	<del> </del>		<del>                                     </del>		<del></del>
	b			<del> </del>	<del> </del>	<del> </del>	
	C		<del></del>			<del></del>	
	d		<u> </u>		<del></del>		
40	e CL	Astal Add salvage (b) (d) and (s)			61	0	
12	Suc	ototal. Add columns (b), (d), and (e)			<u> </u>	U	
	<b>T</b> -4	-1 Add U- 40 -1,				40	
13						13	0
13 (See	wor	ksheet in line 13 instructions to verify calculation	s.)			13	0
13 (See Pa	wor	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
13 (See Pal Lin	wor	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
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13 (See Pal Lin	wor t X\ e No	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		

		Organizati	OT18	_						
3	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) forther than section 501(c)(3) organizations) or in section 527, relating to political organizations?								et eteks Militari	
			porting foundation	to a noncharitable	exempt orga	anization	of: -			
-	(1) Cash (2) Other assets								18(1)	
h		er transactions:	¥ +1 b + £ 5		4 4 4				1a(2)	1
•			à nonchailtable ex	oltesinemo tomen	n	,			1b(1)	and a summer
						· • · ·	• • • • • •		1b(2)	1
	(2) Purchases of assets from a noncharitable exempt organization								15(3)	+
			rangements			• • • •			1b(4)	-
		oans or loan gua							16(5)	<del>-   '-</del>
			ervices or members	anio or fundraising	solicitations				1b(6)	
			quipment, inailing l						1c.	
			of the above is "Ye				Column (b) sho	uld always sh		
			ther assets, or sen							
			on or sharing arran							
		(b) Amount Involved		charitable exempt org			ption of transfers, t			<del></del>
			<u> </u>	<u></u>	' '					
•	- 1							<del></del>		<u>-</u> '
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<u> </u>									·	
			ectly or indirectly a				e tax-exempt o	organizations		
			(01(c) (other than s		r in section 5	27? 1			☐ Yes [	₹ Ņo,
Þ	If "Y	es," complete the	following scheduk	Đ. ·						
(a) Name of organization			(b) Type	(b) Type of cirpanization		(c) i	onship			
<u> </u>										
			······································						<del></del>	
			· · · · · · · · · · · · · · · · · · ·							
		***			·	بلببب				<del></del>
·	Und	ėr peneilies of perjury, ir išt. cintrivennieto Dičtir	declare that I have examinately a partial transfer of property (other the control of the control	ned this return, including han texnsived is based o	i accompanying so In all information of	hodulos and Pwhich oreos	statements, and to t rer has and knowled	us". National Attitudes the section of	odga and bei	of, it is true.
Sign	1		7 (X) 1	-1	1 Amaria			· May the	PIS discuss	
Here		1kmg	- 8 W			CTOR	<del></del>	See est	ructions.	res No
	310	labore of officer or trus		Dafe	Title		15.		1	
Paid		Print/Type preparer	· -•	Preparer a signatu	in Kocaj	•	Data   6/29/2018	Check [] If	PTIN	·
Prepa	irer	BRITTNEY KOCA	<u> </u>	3		<u> </u>	<del></del>	المثوم ساهدها كالم		<del></del>
Use (		13777 2	CROWELLP	i ii an di mei aan		DOM C F		n's EN	35-09216	
		Firm'e eddress: >	401 EAST LAS OLAS	BEYU SUILE 1100.	FORT LAUDE	KUALE, FL	33301-4230   Ph		954) 202-80 Form <b>990</b> -	