

Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

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

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



2017

2018 For calendar year 2017 or tax year beginning APR 1, 2017 , and ending MAR Name of foundation A Employer identification number IRA AND NICKI HARRIS FOUNDATION, 65-0805468 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number C/O CDL 505 S FLAGLER DR 900 561-832-9292 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here WEST PALM BEACH, FL 33401 G Check all that apply. Initial return Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change H Check type of organization: X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust ____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Cash Accrual If the foundation is in a 60-month termination, (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here 1,487,118. (Part I, column (d) must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements for charitable purposes (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) expenses per books income income (cash basis only) 815,001. N/A Contributions, gifts, grants, etc., received 2 Check I if the foundation is not required to attach Sch. B interest on savings and temporary cash investments 419. 419. STATEMENT 9,019. 9,019. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 22. 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 22. 22. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances DEN b Less Cost of goods sold c Gross profit or (loss) 11 Other income 824,461 9,460 Total, Add lines 1 through 11 O. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 6,000. 3,000. STMT 3 3,000. **b** Accounting fees c Other professional fees 17 Interest STMT 4 10,700. 0. 0. 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 156 STMT 5 O. 156. 23 Other expenses 24 Total operating and administrative 16,856. 3,000 3,156. expenses Add lines 13 through 23 25 Contributions, gifts, grants paid 778,100. 778,100. 26 Total expenses and disbursements 794,956 3,000. 781,256. Add lines 24 and 25 27 Subtract line 26 from line 12: 29,505 8 Excess of revenue over expenses and disbursements 6,460. b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

Fo	m 99	00-PF (2017) J. IRA AND NICKI HARRIS		INC. 65-	0805468 Page 2
Ē	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year		f year
<u>:</u>	ai t	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	102,135.		
	2	Savings and temporary cash investments	1,068,250.	902,291.	902,291.
	3	Accounts receivable -			
	1	Less. allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
	1	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			
	l	Less allowance for doubtful accounts ▶	-		
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ÿ	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	investments - land buildings, and equipment basis			-
		Less accumulated depreciation	_		
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ▶			
		Less accumulated depreciation			
	15	Other assets (describe STATEMENT 6)	1,071,850.	1,246,220.	461,037.
	16	Total assets (to be completed by all filers - see the			
_	<u>L</u> .	instructions. Also, see page 1, item I)	2,242,235.	2,272,301.	1,487,118.
	17	Accounts payable and accrued expenses		561.	, !
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			ı
iab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe 🕨)			3
					,
_	23	Total liabilities (add lines 17 through 22)	0 <u>.</u>	561.	
		Foundations that follow SFAS 117, check here			
,		and complete lines 24 through 26, and lines 30 and 31.			1
çe	24	Unrestricted			
lan	25	Temporarily restricted			
Ba	26	Permanently restricted			
Fund Balances		Foundations that do not follow SFAS 117, check here			
ű.		and complete lines 27 through 31.			
tso	27	Capital stock, trust principal, or current funds	2,242,235.	2,271,740.	1
Net Assets or	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	1
Ž	29	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
Ne	30	Total net assets or fund balances	2,242,235.	2,271,740.	<u>'</u>
_	31	Total liabilities and net assets/fund balances	2,242,235.	2,272,301.	
Гр	art	Analysis of Changes in Net Assets or Fund Ba	alances		
			······		
1		net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		at agree with end-of-year figure reported on prior year's return)		1	2,242,235.
		amount from Part I, line 27a		2	29,505.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	2,271,740.
		eases not included in line 2 (itemize)			0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b), line 30	6	2,271,740.
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11010524 139979 003036.024T

Form 990-PF (2017) J. IRA AND NICKI HARRIS FOUNDATION, INC. 65-080 Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			age 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1.			
Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ■ and enter 1% 1		1	29.
of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).			·
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
3 Add lines 1 and 2			29.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		1	<u>0.</u> 29.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- 6 Credits/Payments:			49.
a 2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6,416.			
b Exempt foreign organizations - tax withheld at source 6b 0.			i
c Tax paid with application for extension of time to file (Form 8868) 6c 0.			,
d Backup withholding erroneously withheld 6d 0.			ŧ
7 Total credits and payments. Add lines 6a through 6d		6,4	Ī6.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		6,2	87.
11 Enter the amount of line 10 to be: Credited to 2018 estimated tax ▶ 6 , 287 • Refunded ▶ 11			0.
Part VII-A Statements Regarding Activities			
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	 	Yes	
any political campaign?	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	16		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1 1	,	, i
distributed by the foundation in connection with the activities.			~~
c Did the foundation file Form 1120-POL for this year?	1c	 	<u> </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 •			ł ł
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation]]		ł
managers. > \$ 0.	1 1		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
If "Yes," attach a detailed description of the activities.		 	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	1	1	r
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X ´
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
If "Yes," attach the statement required by General Instruction T.			
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		İ	}
By language in the governing instrument, or	1	[
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law			
remain in the governing instrument?	6	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
	1 1	ŀ	,
8a Enter the states to which the foundation reports or with which it is registered. See instructions.	1 [- [•
	1 1	ĺ	
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 <i>General Instruction G</i> ? If "No," attach explanation		X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	8b	<u>-^</u> -	<u> </u>
year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV	9		\mathbf{x}
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		$\frac{1}{x}$
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Part 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				Х	
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 privileges?					
If "Yes," attach statement. See instructions		12	7,	<u> </u>	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		13	Х		
Website address ► N/A	▶561-83	2 0	202		
14 The books are in care of ► CALER, DONTEN ET AL. Located at ► 505 S. FLAGLER DR. STE. 900, WEST PALM BEACH, FL	ZIP+4 ▶33		494		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	ZIP+4 <u>533</u>	401	_	ТТ	
	15	N	/A	ш	
16 At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	131		Yes	No	
securities, or other financial account in a foreign country?		16	.00	X	
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the		 -			
foreign country			1		
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.		ПП	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?	es X No			;	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			ĺ		
a disqualified person?	'es 🗓 No		Ì		
	'es X No				
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	'es 🗶 No	İ			
(5) Transfer any income or assets to a disqualified person (or make any of either available		1 1			
for the benefit or use of a disqualified person)?	'es 🗓 No				
(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	. च्टिंग	l i	1	'	
· · · · · · · · · · · · · · · · · · ·	'es X No	li			
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	37 / 3			,	
section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	15			
Organizations relying on a current notice regarding disaster assistance, check here	>			,	
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		.	~ -	X	
before the first day of the tax year beginning in 2017?		10			
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)):				,	
a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	10			4	
	es X No	1			
If "Yes," list the years ▶ , , ,	00 [24] 10			,	
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	t				
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attact		!		:	
statement - see instructions.)	N/A	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.	•				
>					
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time					
during the year?	es 🗶 No			,	
b If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons at	ter			ļ '	
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to	lispose			'	
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,					
Form 4720, to determine if the foundation had excess business holdings in 2017.)	N/A	3b			
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		<u> </u>	
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpos	e that			<u> </u>	
had not been removed from jeopardy before the first day of the tax year beginning in 2017?		4b		X	
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Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be f	Required (contin	ued)		
5a During the year, did the foundation pay or incur any amount to:	·			Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Yo	es 🗓 No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire				ļ
any voter registration drive?			es X No		1
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y	es 🔀 No		ľ
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				l
4945(d)(4)(A)? See instructions		Y ₀	es 🗓 No		ŀ
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f				ļ
the prevention of cruelty to children or animals?		Y(es X No		ł
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations			ļ
section 53.4945 or in a current notice regarding disaster assistance? See instri	uctions	_	N/A	5b	l
Organizations relying on a current notice regarding disaster assistance, check l	here		▶□ [
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined			
expenditure responsibility for the grant?			es 🔲 No		ļ
If "Yes," attach the statement required by Regulations section 53.4945-5(d).		,			<u> </u>
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		ĺ		'
a personal benefit contract?	pay premience on	[] v	es X No		,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b -	X
If "Yes" to 6b. file Form 8870.	ordenial benefit dentialet		<u> </u>		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	halter transaction?		es 🛣 No	j	
b If "Yes," did the foundation receive any proceeds or have any net income attribu		T	·	7b	
Part VIII Information About Officers, Directors, Trust		nagore Highly		/0	
Paid Employees, and Contractors	ees, Foundation Ma	mayers, riigin	y		
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.		_ _		
		(c) Compensation	(d) Contributions to	(e) Exp	ense
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid.	(d) Contributions to employee benefit plans and deferred compensation	(e) Exp account allowa	, other
	to position	`enter'-0-)	compensation	allowa	ilices_
SEE STATEMENT 7		0.	0.		0.
SEE STRIEMENT /			0.		<u> </u>
		1			
		ļ			
		<u> </u>			
2 Compensation of five highest-paid employees (other than those inc		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) Exp account allowa	ense . other
(a) Tarrio and addition of each origination paid more than \$60,000	devoted to position	(C) Compensation	and deferred compensation	allowa	nces
NONE		}			
		[
		 			
Total number of other employees paid over \$50,000		<u> </u>			0
יטנמו וועווווטיסי טו טוווכן פווווווטיסכיס אמוני טייכו שטט,טטט	<u> </u>		Eorm	990-PF	
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Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		
	 	
	}	}
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistics	al information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produc	ced, etc.	Expenses
1		
SEE STATEMENT 8		0.
2		ł
		
		
3		1
		
4		
		1
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 N/A		
		0.
2 N/A		·
£ 41/ 44		
		0.
All other program-related investments, See instructions.		
3 N/A		
		_
		0.
Total Add lines 1 through 3		

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P	art X Minimum Investment Return (All domestic foundations	must complete this pa	art. Foreign four	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charital	ble, etc., purposes:			
а	Average monthly fair market value of securities	, o, pa.paoce,	•	1a	0.
	Average of monthly cash balances		ı	1b	1,166,550.
	Fair market value of all other assets			1c	305,758.
	Total (add lines 1a, b, and c)			1d	1,472,308.
	Reduction claimed for blockage or other factors reported on lines 1a and				
_	1c (attach detailed explanation)	1 1e	0.	l	
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	1,472,308.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	nt see instructions)		4	22,085.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and o			5	1,450,223.
6	Minimum investment return Enter 5% of line 5			6	72,511.
	art XI Distributable Amount (see instructions) (Section 4942(j)(3) a foreign organizations, check here ▶ ☐ and do not complete this par		ig foundations an	d certain	
1	Minimum investment return from Part X, line 6	<u> </u>		1	72,511.
2a	Tax on investment income for 2017 from Part VI, line 5	2a	129.		
b	Income tax for 2017. (This does not include the tax from Part VI.)	2b		İ	
C	Add lines 2a and 2b			2c	_129.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	72,382.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4		1	5	72,382.
6	Deduction from distributable amount (see instructions)			6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Par	rt XIII, line 1		7	72,382.
=	art XII Qualifying Distributions (see instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes.			781,256.
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26 Program-related investments - total from Part IX-B			1a 1b	701,230.
	•	able etc. nurneese		2	· · · · · · · · · · · · · · · · · · ·
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitated Amounts set aside for specific charitable projects that satisfy the.	able, etc., purposes			
				20	
	Suitability test (prior IRS approval required)			3a 3b	
	Cash distribution test (attach the required schedule)	and Davit VIII. Ivna 4			781,256.
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; a	•		4	, 101,230.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv income. Enter 1% of Part I, line 27b	coman		5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	781,256.
6	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whether	r the foundation o		
	4940(e) reduction of tax in those years.	when calculating whethe	uie iouridation (Juainics IVI	the socion

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Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,		7 04.0 p.101 to 2010	2010	2017
line 7				72,382.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		_		
3 Excess distributions carryover, if any, to 2017:	<u> </u>	0.		ļ
a From 2012 731,493. b From 2013 1,564,989.				
cFrom 2014 874,877.				
dFrom 2015 733,788.				
eFrom 2016 702,983.				
f Total of lines 3a through e	4,608,130.			
4 Qualifying distributions for 2017 from	4,000,130.			
Part XII, line 4. ►\$ 781, 256.		:		
a Applied to 2016, but not more than line 2a			0.	
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				72,382.
e Remaining amount distributed out of corpus	708,874.			12,302.
5 Excess distributions carryover applied to 2017	0.			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:				'
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5,317,004.			·
b Prior years' undistributed income. Subtract	3,027,0021			
line 4b from line 2b		0.	i	
c Enter the amount of prior years'				
undistributed income for which a notice of				Ç
deficiency has been issued, or on which the section 4942(a) tax has been previously				1
assessed		0.		1
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must	}			
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	<u>.</u> †			 -
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	704 400			
not applied on line 5 or line 7	731,493.			
9 Excess distributions carryover to 2018.	4 505 514			
Subtract lines 7 and 8 from line 6a	4,585,511.			
0 Analysis of line 9:				1
a Excess from 2013 1,564,989. b Excess from 2014 874,877.				i
b Excess from 2014 874,877. c Excess from 2015 733,788.				,
d Excess from 2016 733, 788.) 4 1
e Excess from 2017 708,874.		}		}
700,074				

Form **990-PF** (2017)

	AND NICKI H				05468 Page 10
Part XIV Private Operating F			II-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			▶	10.101.1101	
b Check box to indicate whether the foun		ing foundation described		4942(j)(3) or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2017	(b) 2016	Prior 3 years (c) 2015	(d) 2014	(e) Total
income from Part I or the minimum	(4)2017	(0)2010	(6)2013	(4)2014	(6) 10(a)
investment return from Part X for					
each year listed					
b 85% of line 2a		 -	 	ļ	<u> </u>
c Qualifying distributions from Part XII,		1	1		į
line 4 for each year listed	<u></u>	 	ļ		<u> </u>
d Amounts included in line 2c not					
used directly for active conduct of		1]
exempt activities		 			<u> </u>
e Qualifying distributions made directly					
for active conduct of exempt activities.		1			!
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the		 		ļ	
alternative test relied upon:					
a "Assets" alternative test - enter:				}	
(1) Value of all assets	<u> </u>				<u> </u>
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			 	<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			Ì	}	}
securities loans (section 512(a)(5)), or royalties)			į		
(2) Support from general public	/	 	 		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)))	})
(3) Largest amount of support from	/	 	 	 	
an exempt organization					{
(4) Gross investment income			 		
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during			ii tiic iouilaation	παα φο,σοσ σι πι	ore in addete
1 Information Regarding Foundation					
a List any managers of the foundation wh		than 2% of the total con	tributions received by the	foundation before the clo	se of any tay
year (but only if they have contributed r			indutions received by the	Todalidation boloro tilo bio	so or any tax
NONE	, ,	, , , , ,			
b List any managers of the foundation wh	o own 10% or more of the	ne stock of a cornoration	(or an equally large portio	n of the ownership of a n	artnership or
other entity) of which the foundation ha			(or an equally large portion	in or the ownership or a p	arthoromp of
NONE					
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarship etc. D	rograma		
Check here ► X if the foundation of				ot accent unsolicited regu	iests for funds. If
the foundation makes gifts, grants, etc.					10313 101 101103: 11
a The name, address, and telephone num	<u> </u>				
a The hame, address, and telephone ham	ber of email address of t	no person to whom appn	cations should be address	icu.	
b The form in which applications should i	oe submitted and informa	ation and materials they s	hould include.		
c Any submission deadlines:	· 				
	a such as business of	alassa shareti fitt	lundo of cold /	than factors	
d Any restrictions or limitations on award	s, such as by geographic	ai areas, charitable fields	, kinas of institutions, or o	mer factors:	
					Farm 000 DE (0017)

SEE COL for future payment ONE	NTINUATION SHEE	TT(S)	▶ 3a	5,000. 778,100.
, FL 33480 SEE CON for future payment	NTINUATION SHEE	T(S)	▶ 3a	
, FL 33480 SEE COI	NTINUATION SHEE	T(S)	▶ 3a	
, FL 33480 SEE COI	NTINUATION SHEE	T(S)	▶ 3a	
, FL 33480 SEE COI	NTINUATION SHEE	T(S)	▶ 3a	
, FL 33480	NTINUATION SHEE	T(S)	▶ 3a	
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DUNTY ROAD	,		\	
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CIVIC ASSOCIATION	NONE	P C	GENERAL	
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		}		
EACH, FL 33480				1,350.
VE AVENUE				
UM OF ART	NONE	₽C	GENERAL	
		}		
EACH, FL 33401			<u> </u>	1,000.
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		1		
PRESSION RESEARCH	NONE	₽C	GENERAL	
]	
02215-5450	<u> </u>	<u> </u>	<u> </u>	10,000.
NE AVE.	1	{	1	
CANCER INSTITUTE	NONE	PC	GENERAL	
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		1		10,000.
D TERRACE	1	{		
	NONE	PC	GENERAL	
		I		
ng the year	1	<u> </u>		
ng the year	or obsolution contributor	1	 	
and address (home or business)	any foundation manager		contribution	Amount
	show any relationship to	Foundation	Purpose of grant or	Amount
	If recipient is an individual	ayment	T	
	Recipient and address (home or business) Ing the year D TERRACE NGS , MD 20901 CANCER INSTITUTE NE AVE. 02215-5450 PRESSION RESEARCH LER DRIVE, SUITE 801E EACH, FL 33401 UM OF ART VE AVENUE EACH, FL 33480 CIVIC ASSOCIATION	Recipient If recipient is an individual, show any relationship on any doundation manager or substantial contributor. If recipient is an individual, show any relationship on any foundation manager or substantial contributor. NONE D. TERRACE NOSS , MD 20901 CANCER INSTITUTE NONE NONE PRESSION RESEARCH NONE LER DRIVE, SUITE 801E EACH, FL 33401 UM OF ART VE AVENUE EACH, FL 33480 CIVIC ASSOCIATION NONE	show any relationship to any foundation manager or substantial contributor status of recipient or substantial contributor. NONE PC D TERRACE NGS , MD 20901 CANCER INSTITUTE NONE NE AVE. 02215-5450 PRESSION RESEARCH NONE PC LER DRIVE, SUITE 801E EACH, FL 33401 UM OF ART VE AVENUE EACH, FL 33480 CIVIC ASSOCIATION NONE PC	Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient Foundation status of recipient Foundation manager or substantial contributor Foundation status of recipient
The transfer of the officer reducing Activities	Part XVI-A	Analysis of Income-Producing Activi	ities	
---	------------	-------------------------------------	-------	
---	------------	-------------------------------------	-------	

Enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Allibuit	- Tunction income
å	 		—		
b	 		 		
ц 	 		+		
ρ	 	- 	 		
í			+		
g Fees and contracts from government agencies	 		 		
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash investments			14	419.	
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:			1		
a Debt-financed property					
b Not debt-financed property			1		
6 Net rental income or (loss) from personal property					
7 Other investment income				·	
8 Gain or (loss) from sales of assets other					
than inventory		_	14	22.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	1				
a		·			
b			1		
C					
d			-		
e					
12 Subtotal. Add columns (b), (d), and (e)		0,		9,460.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	9,460.
(See worksheet in line 13 instructions to verify calculations.)	 				

Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
1	N/A
	l <u></u>

Form **990-PF** (2017)

723621 01-03-18

Part XVI	Information Re Exempt Organ	egarding Tran	sfers to a	and Transactions	and Relations	hips With Noncha	ritable	-	·
1 Did the			of the following	ng with any other organizat	ion described in sec	tion 501(c)		Yes	No
				g to political organizations					
	s from the reporting found	•							
(1) Cas			•				1a(1)		X
	er assets						1a(2)	_	X
b Other tra							<u> </u>		
(1) Sale	es of assets to a noncharita	ble exempt organiza	tion				16(1)		X
- •	chases of assets from a no						1b(2)		X
	ital of facilities, equipment,	•	3				1b(3)		Х
	mbursement arrangements						1b(4)	-	X
	ns or loan guarantees						1b(5)	_	Х
	formance of services or me	embership or fundrai	sing solicitatio	ons			1b(6)		X
	of facilities, equipment, ma		-				1c		X
				edule. Column (b) should a	Ilways show the fair	market value of the goods.		ets.	
or service	es given by the reporting f	oundation. If the fou	ndation receiv	ed less than fair market va				, ,	
(a) Line no	(d) the value of the goods, (b) Amount involved			e exempt organization	/d) p		4		
(a) Line no	(a) Amount myorked	(c) Name of		e exempt organization	(U) Description	n of transfers, transactions, and	snaring a	rangeme	nts
		 	N/A						
									
	 								
									
									
					_				
									
									
					_				
		ļ							
		<u> </u>							
ın sectio	undation directly or indirect in 501(c) (other than section complete the following sch	n 501(c)(3)) or ın se		or more tax-exempt organ	nizations described		Yes	X] No
U II IES,	(a) Name of org			(b) Type of organization	T	(c) Description of relation	shin		
	N/A			(b) type of organization	}	(4) Description of relation	31119		
	14 / A			 					
									
									
				 	 				
Sign Here	belief, it is true, correct, and cor			ng accompanying schedules an in taxpayer) is based on all infor	PRESII	r has any knowledge re sh	ay the IRS a turn with th own below	e prepar ? See ins	er
51	nature of officer or trustee		Dennararia a	Date /	Title	Check if IPTIN			
	Print/Type preparer's na	me	Preparer's s	MISTILE	Date				
Date)_	MAY 2 4 2018	self- employed	0005		
Paid	LOUIS M. C			19	11		0021		
Preparer		ER, QONTE	N, LEV	INÉ ET AL, I	P.A.	Firm's EIN ▶ 59 – 2	8312	81	
Use Only	1			- <u></u>		<u> </u>			
	Firm's address ► 50								
	WE	ST PALM B	EACH,	FL 33401-594	18	Phone no. 561-8	32-9	292	
							orm 99 0		(2017)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

INC.

IRA AND NICKI HARRIS FOUNDATION,

OMB No 1545-0047

2017

Name of the organization

Employer identification number

65-0805468

Organization type (check one) Filers of: Section: ____ 501(c)(Form 990 or 990-EZ) (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 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 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-PF), 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. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Name of organization

Employer identification number

J. IRA AND NICKI HARRIS FOUNDATION, INC.

65-0805468

Part I	Contributors (see instructions) Use duplicate copies of Part I if additi	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAIZE AND BLUE CHARITABLE TRUST 220 SUNRISE AVENUE, SUITE 210 PALM BEACH, FL 33480		Person X Payroll 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
<u></u>		 \$	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 Noncash (Complete Part II for noncash contributions.)

Employer identification number

J. IRA AND NICKI HARRIS FOUNDATION, INC.

65-0805468

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

Ì		(e) Transfer of gift	gıft		
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
]		(e) Transfer of gift			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	IPORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVE PER E	ENUE	-	(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME
INTEREST ON CREDIT		419.		419.		
TOTAL TO PART I, LI				419.		
FORM 990-PF	DIVIDEND	OS AND INTER	REST FRO	M SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RE	(A) VENUE BOOKS	(B) NET INVES MENT INCO	
DIVIDENDS	9,041	2	22.	9,019.	9,01	9.
TO PART I, LINE 4	9,041	2	22.	9,019.	9,01	9.
FORM 990-PF		ACCOUNTI	NG FEES			STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
CALER, DONTEN, LEVI	NE ET AL	6,000.		3,000.	 	3,000.
TO FORM 990-PF, PG	1, LN 16B	6,000.	-	3,000.		3,000.
FORM 990-PF		TAX	ES			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-	(C) ADJUSTED NET INCOM	
EXCISE TAXES	_	10,700.		0.		0.
TO FORM 990-PF, PG	1, LN 18	10,700.		0.	_ 	0.

J. IRA AND NICKI HARRIS FOUNDATION, INC.

FORM 990-PF	OTHER E	OTHER EXPENSES			STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM				
FILING FEES AMEX ANNUAL FEE	61. 95.		0.			51. 95.		
TO FORM 990-PF, PG 1, LN 23	156.	:=====	0.		15	56.		
FORM 990-PF	OTHER	ASSETS			STATEMENT	6		
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE	FAIR MARKES	r		
JOHN HANCOCK LIFE INSURANCE	1,	1,071,850.		1,246,220.	461,037			
TO FORM 990-PF, PART II, LINE	E 15 1,	1,071,850.		1,246,220.	461,037.			

9

GENERAL EXPLANATION

STATEMENT

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

PART XV- LINE 2 - SUPPLEMENTAL INFORMATION

EXPLANATION:

THE ORGANIZATION'S PRIMARY ACTIVITY IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS QUALIFYING FOR EXEMPTION UNDER 501(C)(3) OF THE INTERNAL REVENUE CODE. THE TRUSTEES CHOOSE THESE ORGANIZATIONS BASED UPON THEIR KNOWLEDGE OF THE ORGANIZATION'S ACTIVITIES. NO CONTRIBUTIONS, GRANTS, GIFTS, LOANS, OR SCHOLARSHIPS ARE MADE TO INDIVIDUALS. THE ORGANIZATION DOES NOT PRESENTLY RECEIVE APPLICATIONS OR CONDUCT PROGRAMS FOR DONATIONS IN ITS ACTIVITIES.

FORM 990-PF

STATEMENT

NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
NICKI HARRIS 220 SUNRISE AVE, STE. 210 PALM BEACH, FL 33480	PRES/SEC/DIREC	TOR 0.	0.	0
JONATHAN M HARRIS 220 SUNRISE AVE, STE. 210 PALM BEACH, FL 33480	VICE-PRES/TREA 0.00	SURER/DIRECT	0.	0 .
DAVID MOORE 220 SUNRISE AVE, STE. 210 PALM BEACH, FL 33480	DIRECTOR 0.00	0.	0.	0 .
BRUCE MOSKOWITZ 220 SUNRISE AVE, STE. 210 PALM BEACH, FL 33480	DIRECTOR 0.00	0.	0.	0
CRAIG SHADUR 220 SUNRISE AVE, STE. 210 PALM BEACH, FL 33480	DIRECTOR 0.00	0.	0.	0
SHERRY BARRAT 220 SUNRISE AVE, STE. 210 PALM BEACH, FL 33480	DIRECTOR 0.00	0.	0.	0 .
TOTALS INCLUDED ON 990-PF, PAGE	6, PART VIII	0.	0.	0.
FORM 990-PF SUMMARY OF DI	RECT CHARITABLE A	CTIVITIES	STATI	EMENT 8

PART VIII - LIST OF OFFICERS, DIRECTORS

TRUSTEES AND FOUNDATION MANAGERS

PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).

EXPENSES TO FORM 990-PF, PART IX-A, LINE 1 0.