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.

2018

2019
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		Revenue Service	► Go to wi	vw irs gov/	Form990PFfor insti	ructions and the latest in	formation.	Open to Public Inspect
_			or tax year beginn	ing	08	/15 , 2018, and end		12/31,20
		f foundation					A Employer iden	tification number
لب	HAR	MAN FAMILY	CHARITABLE TR	UST			83	<u>3-1</u> 555150
			number if mail is not del		ét address)	Room/sui		nber (see instructions)
1	632	5 S RAINBOW	BLVD STE 300					388-730-4933
_			country, and ZIP or foreig	n postal cod	e	L	<del>-</del>   ``	
							C If exemption appl	
1	T.A.S	VEGAS, NV	89118				pending, check he	ere
_		eck all that apply	X Initial return		Initial return	of a former public cha	rity D	
_			Final return		Amended re	•	- Lorongin organi	zations, check here
			Address cha	nge	Name chang		85% test, chec	k here and attach
н	Che	ock type of organiz	ration X Section				computation	
ï		_	onexempt charitable to		<b>-</b>	ivate foundation	<i>,</i> , , , , , , , , , , , , , , , , , ,	ion status was terminated
╌			f all assets at J					7(b)(1)(A), check here . 🕨
			15		• —	asn Accruai		is in a 60-month termination
		of year (from Pai	-		(specify)		under section 50	7(b)(1)(B), check here . 🕨
					nn (d) must be on ca	asn dasis )		(d) Disbursement
أغا	art	Analysis of Rev	enue and Expenses n columns (b), (c), and	(The (d)	(a) Revenue and	(b) Net investment	(c) Adjusted net	for charitable
		may not necessari	ly equal the amounts i		expenses per books	income	income	purposes
_		column (a) (see in	•					(cash basis only
	1		ts, etc., received (attach sched e foundation is not require		2,105,647			
	2		ch Sch B					
	3	•	d temporary cash investn			1		
	4	Dividends and inter	rest from securities .	· · ·	29,137	. 26,520.		STM
	5a	Gross rents						
ı	Ь	Net rental income or (	(loss)					
			sale of assets not on line		2,060,070.			
5	b	Gross sales price for a assets on line 6a	" <u>2,107,</u>	750 Į			RECI	FIVED
nevenue	7	Capital gain net ind	ome (from Part IV, line	2)		2,060,070.		
5	8	Net short-term capi	tal gaın				<u> </u>	SO
	9		ns	🖳			照 NOV I	8 2019
	10a	Gross sales less return and allowances						R.
	b	Less Cost of goods so					OGDI	=N_LIT
	c	Gross profit or (loss	) (attach schedule)	🗀				- 1, 01
1	11	Other income (attac	ch schedule)	🖳				
1	12		hrough 11	I I	4,194,854.	2,086,590.		
	13	Compensation of offic	ers, directors, trustees, et	: <u> </u>	4,573.	3,430.		1,
מַ	14		aries and wages	l l		NONE	NON	IE
	15	Pension plans, emp	loyee benefits	[		NONE	NON	IE
į	16a		chedule)	- 1				
ان	b		ttach schedule)					
	c		fees (attach schedule)		,		_	
<u> </u>	17							<u> </u>
	15 16a b c 17 18 19 20 21 22 23 24		lule) (see instru <b>ctions</b> )		642.	642.		1
<b>[</b> ].	19		h schedule) and deplet					1
<u>.</u> [	20				<del>-</del>		,	
'[ا	21		and meetings			NONE	NON	न
1	22	•	ations			NONE	NON	
"	23		ach schedule) STMT		624.	11.	IVOIV	
<u>;</u>  '	_ J 2.4	·			024.	- + + •	·	<del>                                     </del>
<u>:</u>  '	<b>~</b> 4	, -	d administrative expe	1	5,839.	4,083.	NON	ъ 1 г
Į.	25		gh 23		5,039.	4,003.	NON	E 1,5
- 1			grants paid		E 020	4 003	, NO31	<u> </u>
т-	26		ursements Add lines 24 ar	nd 25	5,839.	4,083.	NON	E 1,7
1	27	Subtract line 26 fro			4 100 015			
			er expenses and disburser		4,189,015.	0 000 505		<u>                                     </u>
			ome (if negative, enter			2,082,507.		<del> </del>
	C	Adjusted net incon	and life acceptance contact C	·)				Form <b>990-PF</b> (2

		Dalamas Chasta	Attached schedules and amounts in the	Beginning of year	End	of year
ľ	art II	Balance Sheets	description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng			
	2	Savings and temporary	cash investments		134,895	134,895
	3	Accounts receivable				
		Less allowance for doub	otful accounts >			
	4	Pledges receivable 🕨				
		Less allowance for doub	otful accounts >		<u> </u>	
	5	Grants receivable				
	6	Receivables due from	officers, directors, trustees, and other			
		disqualified persons (atta	ach schedule) (see instructions)		_	
	7	Other notes and loans re	eceivable (attach schedule)			_
		Less allowance for doub	otful accounts  NONE			
ts			se			
Assets			eferred charges			
A			government obligations (attach schedule)			
	b	Investments - corporate	stock (attach schedule)			
	С	Investments - corporate	bonds (attach schedule)			
	11	Investments - land, building and equipment basis	s, <b>&gt;</b>			
		Less accumulated deprecia (attach schedule)	tion ▶			
-			loans			
ļ	13	Investments - other (atta	ch schedule) STMT .4 .		1,993,152	1,770,514
	14	Land, buildings, and	▶ [			
		Less accumulated deprecia (attach schedule)	tion			_
		Other assets (describe				
			completed by all filers - see the			
			age 1, item I)		2,128,047	1,905,409
	17	Accounts payable and a	ccrued expenses		•	
						ŀ
es	19	Deferred revenue				
Ξ	20	Loans from officers, director	rs, trustees, and other disqualified persons.			1
Liabilities	21	Mortgages and other no	tes payable (attach schedule)			
	22	Other liabilities (describe	:▶)			]
				!		
$\exists$	23	Total liabilities (add line	s 17 through 22)		NON	<u> </u>
1			/ SFAS 117, check here ▶ 🔙			
alances		and complete lines 24 t	through 26, and lines 30 and 31.			
ĕ	24	Unrestricted				
ă ă	25	Temporarily restricted .				
핗	26					1
		Foundations that do no	t follow SFAS 117, check here ▶ X			į
빕		and complete lines 27 t	through 31			
Net Assets or Fund Ba	27	Capital stock, trust princ	ipal, or current funds		2,128,047	
ë	28	Paid-in or capital surplus, or	land, bldg , and equipment fund			
155	29	Retained earnings, accumul	ated income, endowment, or other funds			
7	30	Total net assets or fund	I balances (see instructions)		2,128,047	
ž	31	Total liabilities and	net assets/fund balances (see			1
					2,128, <u>04</u> 7	
			iges in Net Assets or Fund Balan		· <del>- · · · · · · · · · · · · · · · · · ·</del>	<del></del>
1			palances at beginning of year - Part II			
			d on prior year's return)			<u> </u>
			line 27a			4,189,015.
			led in line 2 (itemize) ► COST BASIS ADD		3_	154.
4					<u>4</u>	4,189,169.
5			line 2 (itemize) ► SEE STAT			2,061,122.
6	Tota	net assets or fund ba	lances at end of year (line 4 minus lir	ne 5) - Part II, column (b	o), line 30 6	2,128,047.

Pa	(a) List and des	s and Losses for Tax on Investible the kind(s) of property sold (for rick warehouse, or common stock, 20)	example, real estate,	(b) How acquired P · Purchase	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
_			U SHS IVIEC CO)	D - Donation	(1110 , 007, 71 )	(1110 , 007, 71 )
_ <u>1 a</u>	PUBLICLY TRADED	SECURITIES	····	<del> </del>		
						<u> </u>
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a	2,107,750.		47,680.		2,	060,070.
<u></u>						_
			ļ			
	l			ļ		
е						
	Complete only for assets sh	lowing gain in column (h) and owned	<u> </u>		Gains (Col (h) ga	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (ı) over col (ı), ıf any		(k), but not less t Losses (from co	l (h))
a				<u> </u>	2,	060,070.
b	<u> </u>			<del>                                      </del>		
<u>C</u>						
d	·			<del> </del>	_	
<u> </u>			Don't line 7	<del> </del>		
2	Capital gain net income	or (not constal loca)	gain, also enter in Part I, line 7 lloss), enter -0- in Part I, line 7	2	2	060,070.
3	Net chart-term canital as	ا ا ا ain or (loss) as defined in sections	,			000,070.
,			istructions If (loss), enter -0- in			
	_			3		
Par			duced Tax on Net Investment I	ncome	N/	'A
Was			ibutable amount of any year in the b	ase perio	d?	Yes No
1			ar, see the instructions before maki	ng anv en	tries	
÷	(a)	(b)	(c)		(d)	<del></del>
Calc	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra- (col (b) divided by	
	2017				•	
	2016					
	2015					
	2014	. <u></u>				<del></del>
	2013		<u></u>			
2			· ; · ; · · · ; · · ; · · <u>· · · · · · ·</u>	2		
3	<del>-</del>		de the total on line 2 by 5 0, or by	3		
	the number of years the	foundation has been in existence	If less than 5 years		<del></del>	
4	Enter the net value of no	oncharitable-use assets for 2018 1	from Part X, line 5	4	<del>-</del> .	
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)	)	6		
7	Add lines 5 and 6			7		
8	Enter qualifying distribut	tions from Part XII, line 4	x in Part VI, line 1b, and complete	8 that part	using a 1% tax	rate See the
	Part VI instructions.	product than this 7, theta the bu.	A m rait vi, imo ro, and complete	at part		

<u>Fo</u> rm	990-PF (2018) 83-1555150			Page 4
Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instr	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)		_	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		41,	650
	here and enter 1% of Part I, line 27b			
С	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-)		_	NON:
3	Add lines 1 and 2		41,	<u>650</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			NON:
5	Tax based on investment income Subtract line 4 from line 3 If zero or less, enter -0		41,	650
6	Credits/Payments			
a	2018 estimated tax payments and 2017 overpayment credited to 2018 6a			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 52,000.			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		52,	000
8	Enter any penalty 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			250
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		ΙΟ,	350
1	Enter the amount of line 10 to be Credited to 2019 estimated tax   10,350. Refunded   11			
	VII-A Statements Regarding Activities		T	Т
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	
	participate or intervene in any political campaign?		<del> </del>	+
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	e   1b		;
	instructions for the definition	-		+ -
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material			
	published or distributed by the foundation in connection with the activities	1c		-;
	Did the foundation file Form 1120-POL for this year?	10	<del> </del>	<del></del>
u	(1) On the foundation ►\$  (2) On foundation managers ►\$		1	
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
e	on foundation managers > \$			1
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	<u> </u>		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, article			
•	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		_	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			
4a	· · · · · · · · · · · · · · · · · · ·	1		
	If "Yes." has it filed a tax return on Form 990-T for this year?		1	1
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	I _		1
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	I _		+ +
Ь	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	I _		
ь 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	I _		

b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	ŀ		1
	published or distributed by the foundation in connection with the activities			سـ ـ
C	Did the foundation file Form 1120-POL for this year?	1c		<u> X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			<b> </b>
	(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		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		_	1
	of incorporation, or 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
Ь	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		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			1
	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	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	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	1
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 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"		-	
	complete Part XIV	9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
.0	names and addresses	10	Х	

-Par	t 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	n the			
	meaning	of section 512(b)(13)? If "Yes," attach schedule See instructions	L	11		2
12	Did the	foundation make a distribution to a donor advised fund over which the foundation or a disqu	Jalified			
	person ha	ad advisory privileges? If "Yes," attach statement See instructions	L	12		7
13	Did the	foundation comply with the public inspection requirements for its annual returns and exemption applic	ation?	13	X	
	Website a	address ▶ N/A				
14	The books	s are in care of  SEE STATEMENT 9 Telephone no				
	Located a	at ▶ ZIP+4 ▶				
15	Section	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			▶	
	and enter	r the amount of tax-exempt interest received or accrued during the year	15			
16		time during calendar year 2018, did the foundation have an interest in or a signature or other a			Yes	No
	over a bai	nk, securities, or other financial account in a foreign country?		16		2
	See the	instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the na	ame of		200 g	
	the foreig	gn country ▶		900 V	1.123.2	
Par	t VII-B	Statements Regarding Activities for Which Form 4720 May Be Required	Tell	00° 22° * <b>20</b>		
	File Forn	n 4720 if any item is checked in the "Yes" column, unless an exception applies.	<u>l</u>		Yes	No
1a	During the	e year, did the foundation (either directly or indirectly)	- I			
	(1) Engag	ge in the sale or exchange, or leasing of property with a disqualified person? Yes $oxedsymbol{oxed{Y}}$	∐ No 🎚			
	(2) Borro	ow money from, lend money to, or otherwise extend credit to (or accept it from) a	- I		120	
	dısqu		No No			
	(3) Furnis	sh goods, services, or facilities to (or accept them from) a disqualified person? Yes	No B			
	(4) Pay c	compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	_l No . [		1.00	
	(5) Trans	sfer any income or assets to a disqualified person (or make any of either available for	- N			
			∐ No ∦	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(6) Agree	e to pay money or property to a government official? (Exception. Check "No" if the				
	found	dation agreed to make a grant to or to employ the official for a period after	a			
		, , , , , , , , , , , , , , , , , , , ,	∐ No		333	
b	If any an	nswer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regul			تشتب	
		3 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	<u> </u>	1b		(X
		tions relying on a current notice regarding disaster assistance, check here	J .			
C		foundation engage in a prior year in any of the acts described in 1a, other than excepted acts		22.20		V
		corrected before the first day of the tax year beginning in 2018?	l ba	1c	1500	X
2		n failure to distribute income (section 4942) (does not apply for years the foundation was a	rivate			t in
		foundation defined in section 4942(j)(3) or 4942(j)(5))				į.
а		and of tax year 2018, did the foundation have any undistributed income (lines 6d and	No		79	ja.
			ਹ No ।			
		ist the years	04-1401		E.	
þ		e any years listed in 2a for which the foundation is not applying the provisions of section 4943	198			
	,	to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(		2b	202.208	
	•	isted, answer "No" and attach statement - see instructions)		<u>20</u>	-3	· (300)
С	if the pro	ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			1. 10	<b>8</b>
_	<b>&gt;</b>					
3a		foundation hold more than a 2% direct or indirect interest in any business enterprise	No I			
			_			
D		did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation	183		123	
	•	ed persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by	106		1.32	
		ioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lap	1839			
	•	15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine in the development by the second by the sec		3ь	220.600	
4.		n had excess business holdings in 2018)	$\ldots$	4a		X
		foundation invest during the year any amount in a manner that would jeopardize its charitable purificuldation makes any investment up a price year (but after December 31, 1969) that could jeopardize	160			
D		foundation make any investment in a prior year (but after December 31, 1969) that could jeopardi purpose that had not been removed from jeopardy before the first day of the tax year beginning in		4b	201 10	X
	CHAIRADIE	purpose that had not been removed from jeopardy before the first day of the tax year beginning in			)-PF	

Par	t VII-B	Statements Regarding Activities	for Which Form 4	1720 May Be Req	uired (continued)					
5a		he year, did the foundation pay or incur any am			. Yes X		Yes	No		
			•			10				
		ience the outcome of any specific public el								
		ctly or indirectly, any voter registration drive?.			· III III.					
		vide a grant to an individual for travel, study, or o	• •			lo				
		vide a grant to an organization other than a		=						
		ion 4945(d)(4)(A)? See instructions				10				
		vide for any purpose other than religious, c				.				
		poses, or for the prevention of cruelty to children				ı				
Ь	•	answer is "Yes" to 5a(1)-(5), did any of the		• •	•		l			
	_	Regulations section 53 4945 or in a current notice regarding disaster assistance? See instructions								
	-	ations relying on a current notice regarding disa				•				
C	If the a	inswer is "Yes" to question 5a(4), does the	foundation claim e	exemption from the ta						
	because	it maintained expenditure responsibility for the	grant <sup>7</sup>		. L Yes N	lo				
	If "Yes,"	attach the statement required by Regulations se	ection 53 4945-5(d)							
6a		foundation, during the year, receive any fu	•							
		sonal benefit contract?				lo				
b	Did the	foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	ct <sup>7</sup>	. <u>6b</u>	-	X		
		to 6b, file Form 8870	•							
7a		me during the tax year, was the foundation a pa								
b		did the foundation receive any proceeds or have	•		on <sup>7</sup>	. 7b	<u> </u>			
8		undation subject to the section 4960 tax on pay		·						
		ation or excess parachute payment(s) during the						<u>'</u>		
Par	t VIII	Information About Officers, Director and Contractors	ors, Trustees, Fou	indation Manager	s, Highly Paid Em	iployees,				
1	List all o	fficers, directors, trustees, and foundation	n managers and tl	heir compensation.	See instructions.					
		(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expen				
			devoted to position	enter -0-}	and deferred compensation	other al	lowance	es		
<u>SEE</u>	STATE	MENT 10								
				4,573.						
			<u> </u>							
2	Compen "NONE."	sation of five highest-paid employees	(other than thos	e included on line	1 - see instructi	ions). If n	one,	enter		
			(b) Title, and average	() 0	(d) Contributions to employee benefit	(e) Expens	se accou	int.		
(a)	Name and	address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation	other all				
			<del> </del>		compensation					
NON		<del> </del>		NONE	NONE	λ.	ONE			
IVOIV	<u>.                                    </u>	<del></del>		MOME	INOINE	1	OIAE			
						-				
				-		<del> </del>				
			ļ .							
						]				
<u>Total</u>	number	of other employees paid over \$50,000		<u> </u>	<u> ▶</u>		ONE			
						Form <b>99</b>	O-PF	(2018)		

Form	990-PF (2018)	Page 7
Par	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONI	Ē."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NON	F	NONE
		NONE
		-
	number of others receiving over \$50,000 for professional services	NONE
	t the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
orę	anizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 N	ONE	
_		
2_		
_		
3 _		
-		
4_		-
-		
Part	IX-B Summary of Program-Related Investments (see instructions)	
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
11/1	DNE	
_		
2_		
_		
	other program-related investments. See instructions	
21//	DNE	
otal	Add lines 1 through 3	

Par	Minimum Investment Return (All domestic foundations must complete this part Fore see instructions.)	ign foundat	ions,
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	1,961,356.
	Average of monthly cash balances	1b	70,202.
	Fair market value of all other assets (see instructions)	1c	NONE
ď	<b>Total</b> (add lines 1a, b, and c)	1d	2,031,558.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	m m	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	2,031,558.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
•	instructions)	4	30,473.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,001,085.
6	Minimum investment return. Enter 5% of line 5	6	38,103.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here and do not complete this part)	dations	
1	Minimum investment return from Part X, line 6	1	38,103.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a 41,650.		· · · · · · · · · · · · · · · · · · ·
Ь	Income tax for 2018. (This does not include the tax from Part VI.).	l1	
c	Add lines 2a and 2b	2c	41,650.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions,	4	NONE
5	Add lines 3 and 4	5	NONE
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	NONE
Par	t XII 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		1,756.
b	Program-related investments - total from Part IX-B	1b	_
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	1,756.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,756.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	culating wh	ether the foundation
	qualifies for the section 4940(e) reduction of tax in those years	-	

Page 9

Pa	rt XIII Undistributed Income (see ins	tructions)			
		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
'	Distributable amount for 2018 from Part XI line 7	·			NONE
2	Undistributed income, if any, as of the end of 2018				
_	Enter amount for 2017 only			NONE	
	Total for prior years 20,20,20	1	NONE	1,01,12	
	Excess distributions carryover, if any, to 2018	-	1,01,2		
	From 2013 NONE				
	From 2014 NONE	_			
	From 2015 NONE				
	From 2016 NONE	<b>⊣</b>			
	From 2017 NONE	<b>-</b>			
_	Total of lines 3a through e				
	Qualifying distributions for 2018 from Part XII				
	line 4 ▶ \$1,756.				
а	Applied to 2017, but not more than line 2a	ĺ		NONE	
ь	Applied to undistributed income of prior years		-		
~	(Election required - see instructions)	1	NONE		
c	Treated as distributions out of corpus (Election				
•	required - see instructions)	1			
d	Applied to 2018 distributable amount				NONE
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same	, I			
	amount must be shown in column (a))				NONE
6	Enter the net total of each column as indicated below:				
a	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	1,756.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		NONE		
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)	1			
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable	:	NONE		
	amount - see instructions		NONE		
e	4a from line 2a Taxable amount - see			NONE	
	instructions			NONE	
f	Undistributed income for 2018 Subtract lines				
	4d and 5 from line 1 This amount must be				NONE
	distributed in 2019		-		1101111
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	1			
	required - see instructions)	370377			
8					†
0	applied on line 5 or line 7 (see instructions)	1 370377			
9	Excess distributions carryover to 2019.				
-	Subtract lines 7 and 8 from line 6a	1,756.			
10	Analysis of line 9			117 1	a t
	Excess from 2014 NONE				•
	Excess from 2015 NONE	- I			
c	Excess from 2016 NONE	]			
	Excess from 2017 NONE	]			
۵	Excess from 2018 1. 756		,		· · · · · · · ·

orn	n 990-PF (2018)			83-1	L555150	Page 10
Pai	rt XIV Private Ope	erating Foundations	(see instructions a	and Part VII-A, questi	on 9)	NOT APPLICABL
1a	If the foundation has	received a ruling or de	etermination letter tha	at it is a private opera	atıng	
	foundation, and the ruling	is effective for 2018, ent	er the date of the ruling	9	▶	
ь	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 494	2(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		1/1/211
	justed net income from Part	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
	I or the minimum investment		<del></del>	_		
	return from Part X for each					
`_	year listed					
	85% of line 2a			<del> </del>		
С	Qualifying distributions from Part					
d	XII, line 4 for each year listed .  Amounts included in line 2c not			<del> </del>	/	
_	used directly for active conduct					
	of exempt activities			<del> ////</del>		
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
2	2d from line 2c			/		
3	Complete 3a, b, or c for the alternative test relied upon			1		
а	"Assets" alternative test - enter					
	(1) Value of all assets					,
	(2) Value of assets qualifying under section			!		
	4942(j)(3)(B)(i)					
b	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,				}	
	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities					
	loans (section 512(a)(6)), or royalties)					
	(2) Support from general	***************************************	10 de 10			***************************************
	public and 5 or more exempt organizations as					
	provided in section 4942					
	(i)(3)(f)(iii) (3) Largest amount of sup					
	port from an exempt					
,	organization					
$\prec$	(4) Gross investment income.  t XV Supplemen	tory Information (C	'amplete this part	t only if the founds	tion had \$5 000	or more in assets at
αI		uring the year - see i		comy ii the lounua	ition nau \$5,000	or more in assets at
1	Information Regarding	<del></del>				
		_		re than 2% of the tota	d contributions reci	eived by the foundation
•	before the close of any					
	N/A	,	•			
h		the foundation who c	wn 10% or more o	of the stock of a corn	oration for an equa	ally large portion of the
U	ownership of a partners					my large portion of the
	or a partition	,p 0. 0, , 0, , 0				
	NT / 7					
2	N/A Information Regarding	Contribution Grant	Gift Loan Scholarch	in etc Programs		
	<u> </u>			• •		
	Check here ► A if the	ne foundation only n	nakes contributions	to preselected chari	table organizations	and does not accept under other conditions,
	complete items 2a, b, c			ants, etc., to mulvidua	is of organizations	under other conditions,
	The name, address, and			norcon to whom anni	entions should be a	ddrosod
а	The name, address, and	telephone number of	eman address of the	s person to whom appr	ications should be a	uuiesseu
b	The form in which appl	ications should be sub	mitted and information	on and materials they s	should include	
	***************************************					
C	Any submission deadlir	nes:				

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

Part XV Supplementary Information (	continued)			
3 Grants and Contributions Paid Duri	ng the Year or Appi	roved for	Future Payment	
3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
3 ,		ŀ		
•				
				•
Total			▶ 3a	
b Approved for future payment				
		,	•	
Total			▶ 3b	•

Part XVI-A Analysis of Income-Produ					Page <b>1</b>
			Transación de la lac	540 540544	(e)
Enter gross amounts unless otherwise indicated	(a)	(b) Amount	(c)	section 512, 513, or 514 (d)	Related or exempt function income
1 Program service revenue	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b					
d					
e					
f					
g Fees and contracts from government agencies		<del></del>			
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	29,137.	
4 Dividends and interest from securities			14	29,131.	
5 Net rental income or (loss) from real estate a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income				_	
8 Gain or (loss) from sales of assets other than inventory		-	18	2,060,070.	
9 Net income or (loss) from special events · · ·					
Office revenue	•			<u>-</u>	······
b			<del></del>		
с					
d					
e					
				2,089,207.	
13 Total Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calcu				13	2,089,207
Part XVI-B Relationship of Activities		complishment of E	xempt Purr	oses	
Explain below how each activity accomplishment of the foundatio					
				_	
		NOT APPLICABL	ıE		
		NOT APPLICABL	ıΕ		
		NOT APPLICABL	,E		
		NOT APPLICABL	Æ		
		NOT APPLICABL	ıΕ		
		NOT APPLICABL	JE		
		NOT APPLICABL	ıE		

orm 9	90-PF (20						83-155515					ge 13
Part	XVII	Information R Exempt Organ		ansfers to an	d Transact	ions a	nd Relations	hips W	ith Nonc	harit	table	
1	Did the	organization direct		engage in any o	f the following	ng with	any other organ	nization (	described		Yes	No
	n section	on 501(c) (other	than section	501(c)(3) orga	nizations) oi	in se	ction 527, rela	ating to	political			
	organiza											
		s from the reporting										İ
	,											X
		r assets						• • • •		1a(2)		X
_		ansactions										v
		s of assets to a non-										X
		hases of assets from										X
		al of facilities, equip ibursement arrange										X
		s or loan guarantee										X
		ormance of services									_	X
		of facilities, equipm										X
		nswer to any of th									fair m	
		the goods, other										
		any transaction or										
(a) Lir	e no	(b) Amount involved	(c) Name of	noncharitable exempt	organization	(d) C	escription of transfe	rs, transact	ons, and shar	ing arra	ngeme	nts
		. <u> </u>		<u>-</u>		<u> </u>						
						ļ						
						ļ						
						<u>.</u>						
				<u></u>								
							_					
			-			<del>- </del>					<del></del>	
		<u> </u>			-							
	Î											
		- "			-							
		undation directly of	•				•	organiza	itions		_	<b>.</b>
		d in section 501(c)		ction 501(c)(3)) c	or in section 5	277				Y	es 🔼	∐ No
b		complete the follow					T					
		(a) Name of organization	n	(b) Type	of organization		(c	) Description	on of relations	nip		
							<del></del>					
	<u> </u>											
	Ung <b>n</b> r p	enalties of peyury, deala	re that I have exam	ined this return, including	ng accompanying	chedules a	nd statements, and to	the best o	f my knowledg	e and b	elief, it	is true
ia-	197	Complete (Jecla 1995)	per Vipier than	taxpayer) is based on all ii	ntormation of which	preparer ha	as any knowledge		Man. 46 - 48 -	4 -		
ign	∣⊵w	ells Fargo Ban	k. N.A.	10/15	/2019	TRU	STEE		•	discus pare <u>r</u> s		return below?
lere	Signat	ure of officer or trustee	-	Date		Title			See instruction	X	Yes	No

	-							
\_:d		Print/Type preparer's name	Preparer's signature	Date	Check	X ıf	PTIN	
aid		JOSEPH J. CASTRIANO	Aller-	10/15/2019	self-em	ployed	P01251603	}
repar	er	Firm's name PRICEWATERHOUS	#COOPERS LLP	Firm'	s EIN	<b>▶</b> 13	-4008324	
Jse O	nly	Firm's address ► 600 GRANT STRE	ET					
		PITTSBURGH, P	A 15219	Phon	e no	412-	355-6000	

## 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/Form990for the latest information. OMB No 1545-0047

2018

Employer identification number

HARMAN FAMILY CHARITABLE TRUST 83-1555150 Organization type (check one). Filers of: Section: 501(c)( ) (enter number) organization Form 990 or 990-EZ 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** 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 nonexclusivelyreligious, charitable, etc., contributions 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).

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) (2018)

Name of organization
HARMAN FAMILY CHARITABLE TRUST

Employer identification number

83-1555150

Part I	<b>Contributors</b> (see instructions). Ose duplicate copi	es of Fart in additional space is i	leeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	HARMAN, ELDRED J MARITAL TR 1  6325 S RAINBOW BLVD STE 300  LAS VEGAS, NV 89118	\$\$, 2,105,647.	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 Noncash (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 Noncash (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 Noncash (Complete Part II for noncash contributions)

Name of organization
HARMAN FAMILY CHARITABLE TRUST

Employer identification number

83-1555150

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1_	42,740 SHS AFLAC INC 2,000 SHS US BANCORP	2 104 557	08/15/2018
(a) No. from Part I	(b)  Description of noncash property given	\$ 2,104,557.  (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
		\$	

- DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF, PART I

	REVENTE	
DESCRIPTION	AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
USGI REPORTED AS NONQUALIFIED DIVIDENDS FOREIGN DIVIDENDS	, 110.	110.
NONDIVIDEND DISTRIBUTIONS	.019.7	CF0 17
DOMESTIC DIVIDENDS	8,538.	8,538
OTHER INTEREST	983.	983
FOREIGN INTEREST	83.	83
US GOVERNMENT INTEREST REPORTED AS QUALI	21.	21.
	1,777.	1,777.
NONQUALIFIED DOMESTIC DIVIDENDS	12,140.	12,140
SECTION 199A DIVIDENDS	823.	823
TOTAL	29,137.	26,520
	11 11 11 11 11 11 11 11 11	

7

FORM 990PF, PART I - TAXES

NET INVESTMENT INCOME	1 1 1 1 1	381.	
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1	381.	642.
DESCRIPTION	1 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FOREIGN TAXES FOREIGN TAXES ON NONQUALIFIED	TOTALS

FORM 990PF, PART I - OTHER EXPENSES

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CHARITABLE PURPOSES	613.	613.
NET INVESTMENT INCOME	11.	11.
REVENUE AND EXPENSES PER BOOKS	613.	624.
DESCRIPTION	GRANT ADMINISTRATION FEE INVESTMENT EXPENSES - ADR FEES	TOTALS

ന

DESCRIPTION	COST/ FMV	ENDING ROOK VALITE	END ING FM7
; ; } ;			>   
6428749	บ		139,440.
0303M102	Ū	10,	7,8
92446102 COGNIZANT T	U	5,00	12,696.
54687106 WALT DISNEY CO	บ	9,95	8,6
2913R566	บ	00,	75,8
IT990000 BLACKSTONE REAL E	ט י	00,00	100,519.
67224107 SUNCOR ENERGY INC N	D)	8,50	0,9
1641Q763 FIDELITY NEW M	บ	, 00	9
37833100 APPLE COMPUTER INC	บ	1,66	2,0
7275R102 CISCO S	บ	9,97	8,4
4314H402 ARTISAN	บ	00'0	2,5
7612E106 TARGET CORP	Ü	4,45	3,3
1324P102 UNITEDHEALTH GROU	ט	1,44	6,6
6625H100	บ	18,999.	16,107.
5531FBE2 BB&T CORPORATION	บ	5,07	4,9
84670702 BERSHIRE	บ	9,53	Ί,
22908553	บ	, 38	7,
35851102 DANAHER CORP	Ð	99′	9,
93475105 PNC FIN	บ		οĺ
72540109 TJX COS INC NEW	บ	, 63	ω,
89509207	บ	00,	49,067.
42537236 PRINCIPAL GL MULT	บ	00'0	0,5
4959J108 FOR	บ	,44	۲,
84989104	U	12,688.	10,588.
4857410	บ	1,96	0,0
2826C839	บ	, 90	-
75558103 GILEAD SCI	บ	6,31	5,3
ICROSOFT COR	י ט	, 17	-
0685710	D	10,635.	6,314.

2

83-1555150

- OTHER INVESTMENTS FORM 990PF, PART II

DESCRIPTION	COST/ FMV C OR F	ENDING BOOK VALUE	ENDING FMV 
5501R106 MANULIF	υt		,26
11312106 UNITED PARCEL S	<u>ن</u> د	0,56	8,29
09550BE7	<b>ာ</b> (	4,97	0.7
1/83410/ LAS VEGAS SANDS	သ လ	20,0	
5562MAU4 SUMITOMO MITS	ນ ປ	, 4 , 0	2, 4
370	י ט	<b>^</b>	97
0231G102 EXXON MOBIL C	U	0	ω
9247X101 BLACKROCK	บ	, 17	,89
12097107	บ	, 72	0,64
3030N101 COMCAST CORP CLASS	ŭ	٦,	, 15
4925K581	บ	00'0	6,92
26650100 CVS/CAREMARK CORPO	บ	, 11	0,81
92356106 TRAC	บ	7,17	6,67
5261FAJ3	บ	, 07	,10
1151C101	บ	, 36	,82
9236TDU6	บ	99′	69′
29.	บ	σ	,86
8978V103	บ	,16	,84
97023105 BOEING COMPANY	Ü	3,78	2,90
3076C106 AMERIPRISE FINL I	บ	99,9	2,00
8463X863	บ	0,22	5,05
5243Q205 DIAGEO	บ	4,61	4,88
37076102 HOME DEPOT INC	บ	2,29	0,30
71195104 ROCHE HOLDING	บ	0,71	0,87
83556102 THERMO FISHER SC	Đ	6,49	2,66
9151E109 TOTAL FINA ELF S.A.	บ	, 44	, 65
923728 EATON VANCE GLO	U t	, 0 0	3,57
BYSSILUS MERCK & CU IN	ر	8,5/L.	-

9

HARMAN FAMILY CHARITABLE TRUST

83-1555150

FORM 990PF, PART II - OTHER INVESTMENTS

ENDING ENDING BOOK VALUE FMV	23,414. 20, 13,844. 10, 18,974. 13, 24,520. 24, 100,000. 92, 4,632. 4,	,993,152. 1,770,514. ====================================
====  COST/ FMV CORF BOOK		TOTALS 1,
DESCRIPTION	02079K107 ALPHABET INC/CA 150870103 CELANESE CORP 172967424 CITIGROUP INC 166764BT6 CHEVRON CORP 683974604 OPPENHEIMER DEVELOPI 45866F104 INTERCONTINENTALEXCH 532457108 ELI LILLY & CO COM	

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DESCRIPTION	AMOUNT

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES

PURCHASE OF ACCRUED C/O- INT
MUTUAL FUND TIMING DIFFERENCE
EXCESS FMV OVR COST OF ASSET CONTRIBUTED

TOTAL

100.
4,145.
2,056,877.

HARMAN FAMILY CHARITABLE TRUST

83-1555150

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS \_\_\_\_\_

NAME AND ADDRESS -----

HARMAN, ELDRED J MARITAL TR 1 6325 S RAINBOW BLVD STE 300 LAS VEGAS, NV 89118

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF 

NAME: WELLS FARGO BANK NA

ADDRESS: 100 N MAIN ST MAC D4001-117

WINSTON SALEM, NC 27101

TELEPHONE NUMBER: (888) 730-4933

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

WELLS FARGO BANK NA

ADDRESS:

100 N MAIN ST MAC D4007-117 WINSTON SALEM, NC 27101

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION ..... 4,573.

OFFICER NAME:

JAMES R. HARMAN

ADDRESS:

C/O WF BANK 100 N MAIN ST WINSTON SALEM, NC 27101

TITLE:

GRANT COMMITTE MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

JAYNE K HINTZ

ADDRESS:

C/O WF BANK 100 N MAIN ST WINSTON SALEM, NC 27101

TITLE:

GRANT COMMITTE MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

JOHN J. BURNS

ADDRESS:

C/O WF BANK 100 N MAIN ST WINSTON SALEM, NC 27101

TITLE:

GRANT COMMITTE MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

OFFICER NAME:

THERESA E. HOFFMAN

ADDRESS:

C/O WF BANK 100 N MAIN ST WINSTON SALEM, NC 27101

TITLE:

GRANT COMMITTE MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

OFFICER NAME:

DAVID BUCK

ADDRESS:

C/O WF BANK 100 N MAIN ST WINSTON SALEM, NC 27101

TITLE:

GRANT COMMITTE MEMBER

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

TOTAL COMPENSATION:

4,573.

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