823501 12-11-18 LHA For Paperwork Reduction Act Notice, see instructions.

77,180.

84,709

59,882

2 Excess of revenue over expenses and disbursements

b Net investment income (if negative, enter -0-)

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

25 Contributions, gifts, grants paid 26 Total expenses and disbursements.

Add lines 24 and 25 27 Subtract line 26 from line 12;

5990

N/A

7.087

35,629

	190-PF (2018) JACQUELINE HARRIS FAMIL  Attached schedules and amounts in the description column should be for end of-year amounts only	Beginning of year	End of	0294769 Page year
Par	column should be for end of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
, 1	Cash - non-interest-bearing	105,839.	160,234.	160,234
2	Savings and temporary cash investments	1,964.	2,006.	2,006
3	Accounts receivable -			
	Less: allowance for doubtful accounts			
4	Pledges receivable 🕨			
	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			
1.	Less: allowance for doubtful accounts			
8	Inventories for sale or use			
9	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
110	a Investments - U.S. and state government obligations	006 420	007 511	1 001 310
1	b Investments - corporate stock STMT 5	986,430.	997,511.	1,091,312
1	c Investments - corporate bonds			
' '	Investments land, buildings, and equipment basis			
10	Less accumulated depreciation			
13	Investments - mortgage loans Investments - other			
1				<del></del>
'"	Land, buildings, and equipment: basis		1	
15	Other assets (describe			<del></del>
- 1	Total assets (to be completed by all filers - see the		··· · · · · · · · · · · · · · · · · ·	
'	instructions Also, see page 1, item I)	1,094,233.	1 159 751	1,253,552
17	Accounts payable and accrued expenses		5,636.	<u> </u>
18	Grants payable		3/0001	
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualfied persons			
21	· · ·			
22				
23	Total liabilities (add lines 17 through 22)	_0.	5,636.	
	Foundations that follow SFAS 117, check here			
]	and complete lines 24 through 26, and lines 30 and 31		1	
24	Unrestricted			
25	Temporarily restricted			
26	Permanently restricted			
j	Foundations that do not follow SFAS 117, check here			
24 25 26 27 28 29	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds	1,094,233.	1,154,115.	<del></del>
28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
1/11	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
30/	Total net assets or fund balances	1,094,233.	1,154,115.	
1	· h	4 004 000	4 4 5 0 5 5 4	
317	Ototal liabilities and net assets/fund balances	1,094,233.	1,159,751.	
art	Analysis of Changes in Net Assets or Fund B	alances		
Tota	not assets or fund balances at beginning of year - Part II, column (a), line	30		
	at agree with end-of-year figure reported on prior year's return)		1	1,094,233.
	amount from Part I, line 27a		2	59,882.
Othe	r increases not included in line 2 (itemize)		3	0.
Add	lines 1, 2, and 3		4	1,154,115.
Decr	eases not included in line 2 (itemize)		5	0.
Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (h) line 30	6	1,154,115.

	<u>DUELINE HARRIS F</u> Ind Losses for Tax on I			ON INC.	2	6-029	4769	Page 3
<u> </u>	ne kind(s) of property sold (for exa			(b) How acquired	(c) Date	acquired	(d) Dat	e sold
2-story brick ware	shouse; or common stock, 200 sh	s. MLC Co.)	410,	(b) How acquired P - Purchase D - Donation		day, yr.)	(mo., da	
1a PUBLICLY TRADED	SECURITIES (UE	S 1629	2)					
b PUBLICLY TRADED		S 1629	2)					
c CAPITAL GAINS D	IVIDENDS							
<u>d</u>	<del></del>							<del></del>
e (e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			ain or (loss) s (f) minus (		
a 7,769.			7,98	1.				-212.
b 53,940.			44,12	7.				,813.
c 8,762.						<del> </del>	8	<u>,762.</u>
<u>d</u>						<del></del>		
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/21/69		II) Court (C	Col. (h) galn i	endoute	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) E>	cess of col (i)		il. (k), but	not less than (from col. (f	-0-) or	
_a								-212.
b								,813,
С							8	762.
d								
8		<u> </u>		<del>_                                    </del>				
2. Capital Cain not income or (not posi-	lf gain, also enter tal loss)	in Part I, line	7	}   2			1 2	363.
2 Capital gain net income or (net capi	• •		/	1 -			10	303.
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co		d (6):		1				
If (loss), enter -0- in Part I, line 8				} 3		N/A		
Part V Qualification Un	der Section 4940(e) for	Reduced	Tax on Net	Investment In	come	<u>, , , , , , , , , , , , , , , , , , , </u>		
(For optional use by domestic private for	oundations subject to the section $^\prime$	1940(a) tax on	net investment in	come )				
If section 4940(d)(2) applies, leave this	part blank							
			!	- 40		1	Yes	ভ <b>ি</b>
Was the foundation liable for the section If "Yes," the foundation doesn't qualify it			•	007		,	1 185	۱۷۵ لیک
Enter the appropriate amount in each				itrios			-	
(a) Base period years	(b)			(c)		Dietribi	(d) Ition ratio	
Calendar year (or tax year beginning			Net value of nor	ncharitable-use assets		(col. (b) divi	ded by col	
2017		8,723.	<u></u> -	1,082,284				2738
2016		5,039.		976,213		<del></del>		28086
2015		1,610.		950,625 948,586				75329 91639
<u>2014</u> 2013		6,927. 0,714.		890,446		<del></del> -		5566
		<u>0,1,1,4,0</u>		000,440	<u> </u>	-		<u>,5500</u>
2 Total of line 1, column (d)					2		.50	3358
3 Average distribution ratio for the 5 y	year base period - divide the total c	n line 2 by 5.0	), or by the numbe	r of years				
the foundation has been in existence	e if less than 5 years				3		.10	0672
			•				4.50	054
4 Enter the net value of noncharitable-	-use assets for 2018 from Part X, I	ine 5			4		<u>.,170</u> ,	954.
					ایا		117	002
5 Multiply line 4 by line 3					5		11/	882.
6 Enter 1% of net investment income	/1% of Part I line 27h)				6			356.
b Eliter 178 of flet hivestillerit income	(170 011 att 1, 1110 210)				-			<u> </u>
7 Add lines 5 and 6					7		118,	238.
8 Enter qualifying distributions from P					_8		77,	180.
If line 8 is equal to or greater than lin	ne 7, check the box in Part VI, line	1b, and comp	loto that part using	a 1% tax rato.				
See the Part VI instructions.							000-E	)E (2040)

_	m 990-PF (2018) JACQUELINE HARRIS FAMILY FOUNDATION INC. 26-02 art·VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se			Page 4	<u>!</u>
	a 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%		7	13.	,
	of Part I, line 27b		,		•
	o All other domestic foundations enter 2% of line 27b. Exempt forcign 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.	<u>.</u>
3	Add lines 1 and 2		7	13.	_
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, onter 0-)			0.	_
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		7	13.	_
6	Credits/Payments:				
a	a 2018 estimated tax payments and 2017 overpayment credited to 2018 6a 0.				
t	Exempt foreign organizations - tax withheld at source 6b 0.				
c	Tax paid with application for extension of time to file (Form 8868)  8c 0.				
C	1 Backup withholding erroneously withheld 6d 0.				
7				0.	_
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			30.	-
9	Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed		7	43,	_
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11					-
	art VII-A Statements Regarding Activities		· ·	L N T .	-
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	<u> </u>	Yes	No	-
	any political campaign?	1 <u>a</u>		X	-
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		Х	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	[			
	distributed by the foundation in connection with the activities.			4,-	
	Did the foundation file Form 1120-POL for this year?	1c		X	
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.			•	
c	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. > \$ 0.	2		х	
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.  Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
0	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X	
Ao	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	1a		X	
	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		Х	
·	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 1941 through 4945) satisfied either				
•	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1 1			
	remain in the governing instrument?	6	х		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	_			'
	FL	_			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 900-PF to the Attorney General (or designate)				
	of each state as required by Goneral Instruction G? If "No," attach explanation	8b	Х		
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	l T			
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	0		X	4
10	Did any persons become substantial contributors during the tax year? If "Yos," attach a schedule listing their names and addresses	10		<u> </u>	,
		Form <b>990</b>	PF	(2018)	

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Port VI B Statements Bornelle HARRIS FAMI)			26-0294	/69	Pa	age 6			
Part VII-B   Statements Regarding Activities for Whic	in Form 4/20 May Be	Requirea (conti	nued)		Vaal	NI.			
\$a During the year, did the foundation pay or incur any amount to:			. 🖼	<del></del>	Yes	NO			
(1) Carry on propaganda, or otherwise attempt to influence legislation (see	· •		'es X No						
(2) Influence the outcome of any specific public election (see section 4955	o); or to carry on, directly or indi		. च्या	ļ	ŀ				
any voter registration drive?	0		es X No	1					
(3) Provide a grant to an individual for travel, study, or other similar purpo		L Y	'es X No	- }					
(4) Provide a grant to an organization other than a charitable, etc., organization	ation described in section		<del>[2]</del>	į					
4945(d)(4)(A)? See instructions			es X No	ļ					
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?  Yes X No								
the prevention of cruelty to children or animals?		•	es LX_I No	1					
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify		in Regulations	, ,,,,		- 1				
section 53.4945 or in a current notice regarding disaster assistance? See in			N/A	5b					
Organizations relying on a current notice regarding disaster assistance, che					]				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemptic									
expenditure responsibility for the grant?		1/A ∐ Y	es L No	- 1	- {				
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				1	İ				
6a Did the foundation, during the year, receive any funds, directly or indirectly,	, to pay premiums on	<del></del>							
a personal benefit contract?	•	Y	es X No	1	1				
b Did the foundation, during the year, pay premiums, directly or indirectly, on	a personal benefit contract?		}_	6b		X			
If "Yes" to 6b, file Form 8870.				ļ	- [				
7a At any time during the tax year, was the foundation a party to a prohibited to		Y	es X No						
b If "Yes," did the foundation receive any proceeds or have any net income att			N/A	7b					
8 Is the foundation subject to the section 4960 tax on payment(s) of more tha	an \$1,000,000 in remuneration o			h	- 1				
excess parachule payment(s) during the year?			es X No						
Part VIII Information About Officers, Directors, Tru Paid Employees, and Contractors	stees, Foundation Ma	anagers, Highl ———	y 						
1 List all officers, directors, trustees, and foundation managers an	d their compensation.	·							
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	l (e acc	) Exper count, o llowanc	ise ther es			
JACQUELINE HARRIS	DIRECTOR/PRES	SEC							
220 SUNRISE AVENUE, STE. 210			1						
PALM BEACH, FL 33480	0.00	0.	0.			0.			
NICKI HARRIS	DIRECTOR/VP/T	REAS				_			
220 SUNRISE AVENUE, STE. 210			1						
PALM BEACH, FL 33480	0.00	0.	0.			0.			
CRAIG SHADUR	DIRECTOR	1	1			<u> </u>			
220 SUNRISE AVENUE, STE. 210									
PALM BEACH, FL 33480	.0.00	0.	0.	ĺ		0.			
Trade Dancer, LD 30100			,			<u> </u>			
	<del> </del>	I WALCOUTE !!		<u> </u>					
2 Compensation of five highest-paid employees (other than those i	(b) Title, and average	enter NONE."	(d) Contributions to	10	) Expen				
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	acc	ount, o	ther			
NONE	_	]							
		!							
	_								
Total number of other employees paid over \$50,000			<b>•</b>	000	DE	0			
			Form	990-	PF (20	J18)			

Form 990-PF (2018)  JACQUELINE HARRIS FAMILY FOUNDATION  Part-VIII  Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)		0294769 Page 7
3 ,Five highest-paid independent contractors for professional services. If none, enter "N		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		. > 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical number of organizations and other beneficiaries served, conferences convened, research papers produce		Expenses
1		
SEE STATEMENT 6		0,
3		
4		
Part IX-B Summary of Program-Related Investments		······
Describe the two largest program-related investments made by the foundation during the tax year on lines	1 and 2.	Amount
1 <u>N/A</u>		
		0.
2 <u>N/A</u>		•
All other program-related investments. See instructions.		0.
B N/A		
		^
PAAL Add been 1 brough 2	<b>-</b>	0.
Total. Add lines 1 through 3		Form <b>990-PF</b> (2018)

Part X Minimum Investment Return (All domestic foundations must complete this part	Foreign foundations,	see instructions.)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	1,065,845.
b Average of monthly cash balances	1b	1,065,845.
c Fair market value of all other assets	10	
d Total (add lines 1a, b, and c)	10	1,188,786.
c Reduction claimed for blockage or other factors reported on lines 1a and	0.	
1c (attach detailed explanation)	o . ا الله الله	
2 Acquisition indebtedness applicable to line 1 assets		0.
3 Subtract line 2 from line 1d	3	1,188,786.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	17,832.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,170,954.
6 Minimum investment return. Enter 5% of line 5	6	58,548.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foreign organizations, check here and do not complete this part.)	foundations and certain	
1 Minimum investment return from Part X, line 6	1	58,548.
2a Tax on investment income for 2018 from Part VI, line 5	713.	
b Income tax for 2018. (This does not include the tax from Part VI.)	3	
c Add lines 2a and 2b	2c	713.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	713. 57,835.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	57,835.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	57,835.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	3 757	<b>7</b> 7 100
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	18	77,180.
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	· · · · · · · · · · · · · · · · · · ·
3 Amounts set aside for specific charitable projects that satisfy the:	15.00	
a Sullability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	77,180.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on not investment		
income. Enter 1% of Part I, line 27b	5	<u> </u>
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	77,180.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether th	ne foundation qualifies for	the section

Part XIII Undistributed Income (see instructions) (d) (c) (b) 2017 2018 Corpus Years prior to 2017 1 Distributable amount for 2018 from Part XI, 57,835. line 7 2 Undistributed Income, if any, as of the end of 2018 0 a Enter amount for 2017 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2018 52,165 a From 2013 40,216 b From 2014 24,953 c From 2015 76,956. d From 2016 e From 2017 25.727 220,017. f Total of lines 3a through e 4 Qualifying distributions for 2018 from 77,180 Part XII, line 4; ► \$\_ 0 a Applied to 2017, but not more than line 2a b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 57,835. d Applied to 2018 distributable amount 19,345. e Remaining amount distributed out of corpus 0. 0. Excess distributions carryover applied to 2018 (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: 239,362. a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b c Enter the amount of prior years', undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2017. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income, for 2018. Subtract lines 4d and 5 from line 1. This amount must 0. be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election 0 may be required - see instructions) 8 Excess distributions carryover from 2013 52,165 not applied on line 5 or line 7 Excess distributions carryover to 2019. 187,197 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9: 40,216. a Excess from 2014 24,953. b Excess from 2015 76,956. c Excess from 2016 25,727 d Excess from 2017

823581 12 11 18

e Excess from 2018

19,345

	INE HARRIS				94769 Page 1
Part XIV Private Operating F	<del></del>		II-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo		-			<u> </u>
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or49	42̃(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2018	(5) 2017	Prior 3 years	(4) 2015	(a) Tatal
income from Part I or the minimum	(8) 2010	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for					
each year listed	ļ <del>_</del>	<del> </del>	<del> </del>	<del>                                     </del>	<del></del>
b 85% of line 2a		<del> </del>	<del> </del>	/	
c Qualifying distributions from Part XII,					
line 4 for each year listed	<del></del>	ļ	ļ	+	
d Amounts included in line 2c not		]			
used directly for active conduct of		į.			
exempt activities	<u> </u>	ļ	<i></i>	<del></del>	
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the	<del></del>		ļ	<del> </del>	<del></del>
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets			<del> </del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			1		
b "Endowment" alternative test - enter			-	<del> </del>	<del>- · · · · · · · · · · · · · · · · · · ·</del>
2/3 of minimum investment return			1		
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter;			<del>  -</del>	<del>                                     </del>	
(1) Total support other than gross			1		
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties?			] .		
(2) Support from general public			_		
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization		1			
(4) Gross investment income					
Part XV Supplementary Infor			if the foundation	had \$5,000 or mo	re in assets
at any time during th	ne year-see instr	uctions.)			
1 Information Regarding Foundation	•				
a List any managers of the foundation who year (but only if they have contributed m			ributions received by the	foundation before the close	e of any lax
	οτο man φο,σοσ). (σεσ 3:	0011011 301 (4)(2).)			
NONE  b List any managers of the foundation who	own 10% or more of th	c stack of a corporation /	or an equally large portion	on of the ownership of a par	rtnarship or
other entity) of which the foundation has			or an equally large portic	m of the ownership of a pai	rate strip of
NONE	•				
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here 🕨 🗓 if the foundation on				ot accept uncolicited reque	sts for funds. If
the foundation makes gifts, grants, etc., t	o individuals or organiza	tions under other conditi	ons, complete items 2a,	b, c, and d.	
a. The name, address, and telephone numb	or or omail address of th	e person to whom applic	ations should be address	sed;	
h The form on which a color to a color		on and materials the	and restude:		<del></del>
b The form in which applications should be	. Submitted and informat	ion and materials they sh	ioula include:		
c Any submission deadlines.					
d Any restrictions of housefulness on sure-d-	such as hy assertables	large charitable fields	kinds of institutions or a	ther factors:	
d Any restrictions or limitations on awards,	эвын ав бу дводгаринса	i arvas, ciiariiaule lielūs,	กลานอ จา การแนนเบกร, ป7 0	mor lauturs,	

823621 12-11-18

Part XVI-A	Anal	sis of	Income	-Producing	Activities

Enter gross amounts unless otherwise indicated	Unrelate	d business income		ted by section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue.	Business     code	Amount	sion	Amount	function Income
a					
b					
c					
d					
e	1 1				
1					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	24,353.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property			11		
b Not debt-financed property			1		
6 Net rental income or (loss) from personal					
property			1		
7 Other investment income			1		
8 Gain or (loss) from sales of assets other				_	
than inventory			18	18,363.	
9 Net income or (loss) from special events			1		
O Gross profit or (loss) from sales of inventory					
1 Other revenue.					
a	_	<del></del>	+		
b	_	·	<del>                                     </del>		
C	_		<del> </del>		
d					
6	_		11	10 74 5	
2 Subtotal Add columns (b), (d), and (e)		0	<u>. L. L</u>	42,716.	0
3 Total. Add line 12, columns (b), (d), and (e)				. 13	42,716
See worksheet in line 13 instructions to verify calculations.	)				_,

Part XVI-B	Relationship	of Activities	to the Accom	iplishment o	f Exempt Pu	rposes
------------	--------------	---------------	--------------	--------------	-------------	--------

the foundation's exempt purposes (other than by providing funds for such purposes).	
	Explain below how goen 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).

	•	han section 501(c)(3)) or	•	or more ion onempt orga			Yes	X No
b If "Ye	s," complete the follo	owing schedule.						
		ame of organization		(b) Type of organization		(c) Descriptio	on of relationship	
		N/A						
	<del></del>							
		<del>,</del>	· · · · · · · · ·					
	<del></del>				+			
	and belief it is true, corr	y, I declare that I have examining the complete Declaration			rmation of which p			reparer
	Signature of officer			Date *	Title		<u> </u>	
	Print/Type pro	parer's name	Preparer's si	gnature	Date	Check	] if   PTIN	
Paid Prepai Use O	( 1 11 11 0 11W.110	F. MULLEN, CALER, DON	IV LEV	MUL	JUL 2 (	5 2019 Self- employ	P001410 ► 59-283128	

561-832-9292

Firm's address ▶ 505 SOUTH FLAGLER DR,

WEST PALM BEACH, FL 33401-5948

#### 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.

OMB No. 1545-0047

2018

Employer identification number Name of the organization JACOUELINE HARRIS FAMILY FOUNDATION INC 26-0294769 Organization type (check one): Filers of: Section: Form 990 or 990-EZ \_\_\_ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 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 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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

## JACQUELINE HARRIS FAMILY FOUNDATION INC.

26-0294769

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional 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	\$ 101,875.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Occupied Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution
	,		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (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

### JACQUELINE HARRIS FAMILY FOUNDATION INC.

26-0294769

Part II	Noncash Property	(see instructions).	Use duplicate copi	ies of Part II if addi	tional space is needed.
---------	------------------	---------------------	--------------------	------------------------	-------------------------

(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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(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
		\$	
23453 11-08-18		Schedule B (Form	990, 990-EZ, or 990-PF) (2018

Name of or	3 (Form 990, 990-EZ, or 990 PF) (2018) ganization		Page Employer identification number
<u>JACOUE</u> Part III	ELINE HARRIS FAMILY FOR Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	tions to organizations described in s a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	26-0294769 section 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year (Enter this info once) \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	· · · · · · · · · · · · · · · · · · ·	(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

# Jacqueline Harris Family Foundation, Inc.

Charitable Contributions - F.Y.E. March 31, 2019

EIN: 26-0294769

ORGANIZATION	CITY/STATE	AMOUNT
American Friends of the Israel Museum	New York, NY	\$2,350
Cantor Fitzgerald Relief Fund	New York, NY	\$1,000
Central Synagogue	New York, NY	\$9,400
Children's Brain Tumor Family Foundation	Oviedo, FL	\$1,000
FARE	McLean, VA	\$850
Friends of United Hatzalah (Rescue)	New York, NY	\$1,000
Friends of Will	Lloyd Harbor, NY	\$1,000
Game Knights Inc	New York, NY	\$5,000
Greggs Gift Inc.	New York, NY	\$250
John A. Coleman School	White Plains, NY	\$5,000
Komen Greater NYC/Impact Awards	New York, NY	\$5,000
Massachusetts General Hospital	Boston, MA	\$500
New York University	New York, NY	\$250
NY Renaissance Basketball Association	New York, NY	\$17,250
NYU Faces Gala	New York, NY	<b>\$5,000</b>
Partnership for Drug Free Kids	New York, NY	\$1,500
Project ALS	New York, NY	\$500
Race to Erase MS	Los Angeles, CA	\$500
Samuel Waxman Cancer Foundation	New York, NY	\$1,000
UJA Federation of NY	New York, NY	\$500
University of Michigan	Ann Arbor, MI	\$15,000
TOTAL CONTRIBUTIONS PAID*		\$ 73,850.00

<sup>\*</sup>ALL CONTRIBUTIONS WERE MADE TO THE GENERAL PURPOSE FUND OF PUBLIC CHARITABLE ORGANIZATIONS THAT WERE CLASSIFIED UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE.

ORM 990-PF	DIVIDEND	S AND INTER	EST FROM	SECUR	ITIES S	TATEMENT 1	
OURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REV	A) ENUE BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
IVIDENDS NTEREST	32,136 979		2. 2	3,374.	23,374.		
O PART I, LINE 4	33,115	8,76	2. 2	4,353.	24,353.		
ORM 990-PF		ACCOUNTI	NG FEES		S	TATEMENT 2	
ESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ALER, DONTEN, LEVINE ET.		6,000.	3,000.			3,000.	
O FORM 990-PF, PG	1, LN 16B =	6,000.	3	,000.		3,000.	
ORM 990~PF		TAX	ES		S	ratement 3	
ESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
XCISE TAX		443.		0.		0.	
O FORM 990-PF, PG	L, LN 18	443.		0.		0.	
ORM 990~PF		OTHER E	XPENSES		Si	PATEMENT 4	
ESCRIPTION		(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LORIDA FILING FEE BS MANAGEMENT FEES OREIGN TAX WITHHELI EGISTERED AGENT ERVICE FEE	- )	61. 3,811. 276. 120. 75.	3	0. ,811. 276. 0.		61. 0. 0. 120. 75.	

JACQUELINE HARRIS FAMILY FOU	NDATION INC.			26-0294	769
OSTAGE AND DELIVERY	73.	0.			74
O FORM 990-PF, PG 1, LN 23	4,416.	4,087.		3	30
ORM 990-PF	CORPORATE ST	POCK		STATEMENT	
ESCRIPTION		ВО	OK VALUE	FAIR MARKE VALUE	т
NVESTMENTS- SEE LONG POSITION I ATTACHED NVESTMENTS- SEE LONG POSITION II ATTACHED NVESTMENTS- WASH SALE ADJUSTMENTS			260,743. 736,107. 661.	316,6 773,9 6	
OTAL TO FORM 990-PF, PART II,	LINE 10B		997,511.	1,091,3	12.
ORM 990-PF SUMMARY OF I	DIRECT CHARITA	ABLE ACTIVI	TIES	STATEMENT	e
CTIVITY ONE					
LEASE NOTE, THE FOUNDATION IS HARITABLE ACTIVITIES. ITS PRINCONTRIBUTIONS, OTHER ORGANIZATION (C)(3) OF THE INTERNAL REVEN	MARY PURPOSE I	S TO SUPPO	RT, BY		
		,		EXPENSES	

O FORM 990-PF, PART IX-A, LINE 1

GENERAL EXPLANATION

STATEMENT

7

#### 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.