Form 990-PF

2021 EXTENDED TO FEBRUARY 16 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.

2003

/	Depar Intern	riment of the Treasury al Revenue Service	у	► Go to	www.ii	rs gov/Fo	rm990PF for ins	tructions an	d the latest info	ormation.	200)	Open to Public Inst	pection
,		alendar year 201	9 or tax year	r beginning	APR	1,	2019	, and	ending	MAR 3	1, 2020		
	Nan	ne of foundation								A Employe	r identificatio	n number	
	_J	ACQUELIN	E HARI	RIS FAMII	ΥF	OUND	ATION II	NC.		26-0	294769	9	
	Nurr	nber and street (or P	nedmun xod C	if mail is not delivered	to street	address)		,	Room/suite	B Telephon	e number		
		<del>'</del>		FLAGLER I					900	561	<u>-832-92</u>	292	
	-	Oity or town, state or province, country, and ZIP or foreign postal code  WEST PALM BEACH, FL 33401							C if exemption	n application is	pending, check here	<b>-</b>	
	G C	heck all that apply		] Initial return ] Final return			Initial return of a Amended return	former publi	charity	D 1 Foreig	n organization	s, check here	<b>-</b>
				Address change		==	Name change			2. Foreign	organizations mi iere and attach o	eeting the 85% test	<b>▶</b> □
	H C	heck type of orga	nization:	X Section 501(	c)(3) ex	empt priv	ate foundation		pg	E If private	foundation st	atus was terminated	
		Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation								)(A), check here	<b>-</b>		
		ir market value of		end of year   J A		ng metho her (spec		Ac	crual			60-month terminatio	2n
		from Part II, col (c), line 16)  \$\Delta \text{1,244,339.} \text{(Part I, column)}						under section 507(b)(1)(B), check here					
	Рa	The total of	f Revenue as	nd Expenses umns (b), (c), and (d) m nts in column (a) )		(a)	Revenue and nses per books	(b) Net	investment icome		justed net come	(d) Disbursemer for charitable purpi (cash basis only	oses
_		T	···-	nts, etc , received	-		101,875	•]		N	/A	(625) 5655 611	··
3		2 Check	if the foundation	on is not required to attach S	Sch B								
14		3 cash investme					04 704		04 504	-	<del> </del>		
,		I .		om securities		-	24,784	•	24,784.	<del>-</del>		STATEMENT	r <u>1</u>
SCANNED		5a Gross rents b Net rental inco				-	<del> </del>	-				<del>-</del>	
	•	6a Net gain or (lo	ss) from sale of	assets not on line 10			34,779	•				<del> </del>	
	anue.	b Gross sales p	rice for all	73,25	59.								
Ź	Revenue	7 Capital gain n	et income (from	n Part IV, line 2)					<u>34,779.</u>		RE	CEIVED	
A A		-	rm capital ga	มก							-		ပ္တ
Ö		9 income mod	ess returns	1		-		1			AL SA	<del>√ 2 5 2021 - </del>	위
3		10a and allowance b Less Cost of		_				<del></del>	<del> </del>				IRS
MAR		c Gross profit	_								OG	DEN, UT	
		11 Other incom						<b>_</b>					
<b>A</b>		12 Total Add				<del> </del>	<u>161,438</u>		<u>59,563.</u>				
202			n of officers, dir Dyee salaries	rectors, trustees, etc		<u> </u>	0	•	0.				0.
1/2		1	ns, employee	•		<b></b>		<del> </del>		<del>                                     </del>			
	ses	16a Legal fees	,,										
	Expenses	b Accounting	fees	$\mathtt{STMT}$	2		11,650	•	5,825.			5,8	325.
		1	ssional fees					<del> </del>	<del></del>	ļ		<del> </del> -	
	Administrative	17 Interest 18 Taxes		STMT	3	}	1,714		251.	-	·	<del>                                       </del>	0.
	ıstra	· -	n and depleti		5		<u> </u>	•	431.	<del> </del>		<del> </del>	<u> </u>
	Ē	20 Occupancy											
	J Ad	21 Travel, conf	erences, and	l meetings									
	and	1	d publications				4 607	<del> </del>				<del> </del>	
	Operating	23 Other exper		STMT	4	<u> </u>	4,637	•	4,419.	-		<u> </u>	218.
	era	24 Total opera	iti <b>ng and ao</b> r Add lines 13				18,001		10,495.			5.0	)43.
	o	25 Contribution					84,417		<u> 10, <del>1</del>, 1</u> , 1, 1	<del> </del>		84,0	) <del>8</del> 3 •
		26 Total exper					<u> · .</u>		<del></del>	1		5-7,0	<u></u>
		Add lines 2	4 and 25			<u> </u>	102,418		10,495.			90,1	L24.
		27 Subtract lin					FO 000						
			•	enses and disbursemen		<del></del>	59,020	•	49,068.			+	
		1		(If negative, enter -0-)		-	<del></del>	-	±7,000.	N	/A	<del> </del>	
	9235			rwork Reduction A	ct Notic	e, see in	structions		·			Folm 990-PF	(2019)

For	m 99	0-PF (2019) JACQUELINE HARRIS FAMIL			0294769 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	<u> </u>
<u>-</u>		Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	
	Į.	Cash - non-interest-bearing	<del></del>		203,554.
	ì	Savings and temporary cash investments	2,006.	2,044.	2,044.
	3	Accounts receivable -			
		Less. allowance for doubtful accounts ▶			<del></del>
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	-	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable	,		
		Less allowance for doubtful accounts ▶			
S	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä	10a	Investments - U S and state government obligations			
	Ь	Investments - corporate stock STMT 5	997,511.	1,019,874.	1,038,741.
	C	Investments - corporate bonds			
	11	Investments land, buildings and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	1	Land, buildings, and equipment basis			<del></del>
	''	Less accumulated depreciation			
	15	Other assets (describe )			
		Total assets (to be completed by all filers - see the			
	'	instructions. Also, see page 1, item ()	1,159,751.	1 225 472	1 244 330
	17	Accounts payable and accrued expenses	5,636.	12 337	1,244,339.
	18	Grants payable	3,030.	12,337.	
	} .	Deferred revenue			
ties	19	ì		<del></del>	
Liabilities	1	Loans from officers, directors, trustees, and other disqualified persons			
Ľ		Mortgages and other notes payable			
	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	5,636.	12,337.	
_	20	Foundations that follow FASB ASC 958, check here		12,337.	
ro.		and complete lines 24, 25, 29, and 30		ļ	
Fund Balances	24	Net assets without donor restrictions			
<u>la</u>	25	Net assets with donor restrictions			
Ä	"	Foundations that do not follow FASB ASC 958, check here ► 🗶			
Ĕ	}	and complete lines 26 through 30		}	
or F	26	Capital stock, trust principal, or current funds	1,154,115.	1,213,135.	
	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Assets	28	Retained earnings, accumulated income, endowment, or other funds	0.	0.	
ţ	29	Total net assets or fund balances	1,154,115.	1,213,135.	
Net		Total not books of fund buildings	2/101/1101	1,213,133.	
	30	Total liabilities and net assets/fund balances	1,159,751.	1,225,472.	
Г	art	III Analysis of Changes in Net Assets or Fund B	alances		
=					
1		I net assets or fund balances at beginning of year - Part II, column (a), line	29		
		st agree with end-of-year figure reported on prior year's return)		1	1,154,115.
2		r amount from Part I, line 27a		2	<u>59,020.</u>
3		r increases not included in line 2 (itemize)		3	0.
4		lines 1, 2, and 3		4	1,213,135.
5		eases not included in line 2 (itemize)	<u> </u>	5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	1,213,135.
			-		Form <b>990-PF</b> (2019)

Part IV Capital Gains		s for Tax on In			<u>UIV</u>		<u></u>		0-029	4/09	Page 3
(a) List and describe	the kind(s) of p	property sold (for exam	nple, real esta		P -	(b) How acquired P - Purchase D - Donation			acquired lay, yr.)	(d) Dat (mo., d	
1a PUBLICLY TRADE	D SECUR	RITIES			<u> </u>		P				
b PUBLICLY TRADE		RITIES					P				
c CAPITAL GAINS	DIVIDEN	IDS									
<u>d</u>											
<u>e</u>					١						<del></del> -
(e) Gross sales price  (f) Depreciation allowed (or allowable)  (g) Cost or other basis plus expense of sale					ain or (loss) s (f) minus (						
a 860.					6.						174.
<u>ь</u> <u>56,538.</u>				37,79	4.		<del></del>				744.
15,861.										15	,861.
d e		<u>-</u>							<del></del>		<del></del> _
Complete only for assets showin	ig gain in colun	nn (h) and owned by t	he foundation	on 12/31/69.	-+		(1)	Gains (C	Col (h) gain i	miniis	
(i) FMV as of 12/31/69	(j) Ad	justed basis f 12/31/69	(k) Ex	cess of col. (i) col (j), if any			col.	(k), but r	not less than (from col (f	-0-) or	
a											174.
ь					1		•			18	744.
C											,861.
<u>d</u>											
<u>e</u>							1				
2 Capital gain net income or (net ca	pital loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 7	}	2				34	,779.
3 Net short-term capital gain or (los		n sections 1222(5) and	d (6)		ς						
If gain, also enter in Part I, line 8,	column (c).				<b> </b>	_			/-		
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Sect	ion 4940(e) for	Reduced	Tax on Net	Inve	3 estn	nent Inco	me	N/A		<del></del>
(For optional use by domestic private		<u>``</u>									
(1 of optional about y bottlestic private	i touridations s	abject to the section 4	Dio(a) tax on	not investment ii	icoinc.	-,					
If section 4940(d)(2) applies, leave th	ns part blank										
Was the foundation liable for the sect If "Yes," the foundation doesn't qualify					rıod?					Yes	X No
1 Enter the appropriate amount in e					ntries.						
(a) Base period years		(b)			(c)				Dietribi	(d) Ition ratio	-
Calendar year (or tax year beginning	ng in) A	djusted qualifying disti		Net value of no					(col (b) divi	ded by col	
2018			7,180.		_1,	<u>.17</u>	0,954	·			<u>65912</u>
2017			8,723.				2,284				72738
2016 2015			5,039. 1,610.				6,213				28086
2014			6,927.				0,625 8,586				75329
2014	<del></del>	01	<u> </u>				0,000	1		• 0	91639
2 Total of line 1, column (d)								2		. 4	33704
3 Average distribution ratio for the 5	5-year base per	nod - divide the total o	n line 2 by 5.0	), or by the numb	er of v	ears				. • -	<u> </u>
the foundation has been in exister			·	•	•			3		.08	86741
4 Enter the net value of noncharitab	le-use assets f	or 2019 from Part X, Iı	ine 5					4		L,267	440.
5 Multiply line 4 by line 3								5		109	<u>,939.</u>
• F											
6 Enter 1% of net investment incom	ne (1% of Part	, line 2/b)						6			491.
7 Add lines 5 and 6								,		110	420
1 Aud IIII65 O ATIU D								7			<u>,430.</u>
8 Enter qualifying distributions from	•							8		90	,124.
If line 8 is equal to or greater than See the Part VI instructions	line 7, check t	he box in Part VI, line	1b, and comp	lete that part usin	g a 1%	6 tax r	rate.				
See the Late At monderious			<del></del>	<del></del>							

orm 990-PF Part <b>V1</b>	(2019) JACQUELINE HARRIS FAMILY FOUR Excise Tax Based on Investment Income (Section 49				26-029 9 <b>48</b> - see			Page 4
1a Exempt	operating foundations described in section 4940(d)(2), check here			7				
-	uling or determination letter (attach copy of letter if n							
	c foundations that meet the section 4940(e) requirements in Part V, check here			<b>\</b>	1		9	81.
	, line 27b	,		İ				<u> </u>
	domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter	4% of Part	t Lline 12 col (h)					
	er section 511 (domestic section 4947(a)(1) trusts and taxable foundations only,			<i>'</i>	2			Λ
3 Add line		, 00110:3, 011	101 0 )	İ	3		0	81.
	A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only	others es	ster -0-1	ŀ	4			0.
	ed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	, 0111613, 61	1161 -0-)	}				81.
				-	5			<u>01.</u>
6 Credits/I	•	ا ما	1	720				
	timated tax payments and 2018 overpayment credited to 2019	6a		720.				
	foreign organizations - tax withheld at source	6b		0.				
	with application for extension of time to file (Form 8868)	6c		0.				
	withholding erroneously withheld	6d		0.				
	edits and payments. Add lines 6a through 6d			Ļ	7			<u> 20.</u>
	y <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is a	ttached			_8			0.
9 Tax due	. If the total of lines 5 and 8 is more than line 7, enter amount owed			<b>&gt;</b>	9		2	61.
0 Overpay	ment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			▶	10			
	amount of line 10 to be. Credited to 2020 estimated tax.		Ref	unded 🕨	11			
Part VII-	A Statements Regarding Activities						-	
1a During t	he tax year, did the foundation attempt to influence any national, state, or local leg	gislation or	did it participate o	or intervene i	n		Yes	No
any poli	ical campaign?					1a		X
b Did it sp	end more than \$100 during the year (either directly or indirectly) for political purp	poses? See	the instructions f	or the definit	tion	1b		X
If the an	swer is "Yes" to 1a or 1b, attach a detailed description of the activities and copie	s of any ma	aterials published	or				
	ed by the foundation in connection with the activities	•						·
	oundation file Form 1120-POL for this year?					10		Х
	e amount (if any) of tax on political expenditures (section 4955) imposed during t	the vear				''		
	the foundation $\blacktriangleright$ \$ (2) On foundation manage			0.				
	e reimbursement (if any) paid by the foundation during the year for political exper	_						
	rs > \$ 0.	IIIIIII IUX	mposod on round	ation				
	foundation engaged in any activities that have not previously been reported to the	BS2			•	,		
	attach a detailed description of the activities	e ino				2		<u>X</u> _
	•	a instruma	ent articles of inco					
	foundation made any changes, not previously reported to the IRS, in its governing	ម្វេ ពេទព បពេខ	int, articles of inco	rporation, or				
	or other similar instruments? If "Yes," attach a conformed copy of the changes					3		<u>X</u>
	oundation have unrelated business gross income of \$1,000 or more during the y	/ear /			/-	4a	_	X
	has it filed a tax return on Form 990-T for this year?				N/A	4b		
	re a liquidation, termination, dissolution, or substantial contraction during the year	ary				5		_X_
	attach the statement required by General Instruction T.							
	requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	l either:						
•	guage in the governing instrument, or							
<ul><li>By sta</li></ul>	te legislation that effectively amends the governing instrument so that no mandat	tory direction	ons that conflict w	ith the state	aw	1		
	n the governing instrument?					6	X	
Old the i	oundation have at least \$5,000 in assets at any time during the year? If "Yes," cor	mplete Part	t II, col (c), and Pa	art XV		7	Х	
8a Enter the	e states to which the foundation reports or with which it is registered. See instruc	tions ►	• • • • • • • • • • • • • • • • • • • •		<del></del>			
	swer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorney 6	General (or decian					
		Auomey C	Jeneral (Or UESIGI)	216)		,	.,	
	state as required by General Instruction G? If "No," attach explanation undation claiming status as a private operating foundation within the meaning of	agetics 40	40/4/2) c= 4040/3	/E\ 4==!	4	8b	X	
<i>ะ</i> เรเเยโ0	ODOGOGO GIANTINO STAIDS AS A OLIVARE DORFATINO FOUNDATION WITHIN 188 MEANING OF	section 494	42(1)(3) Of 4942(1)	(5) for calen	oar		ļ	
year 201	9 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes," co	omplete Pa	rt XIV			9		<u>X</u> (

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

Form 990-PF (2019) JACQUELINE HARRIS FAMILY Part VII-B   Statements Regarding Activities for Which F			26-02947	69	Page 6
	Offit 4720 Way be r	nequired (contin	uea)	Yes	NI-
5a During the year, did the foundation pay or incur any amount to	10.151.110	<u> </u>		res	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No	ł	
(2) Influence the outcome of any specific public election (see section 4955), o	r to carry on, directly or indire		г <del>ее</del> т		
any voter registration drive?	_		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<del></del>			
4945(d)(4)(A)? See instructions			es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		••		
the prevention of cruelty to children or animals?		Ye	es 🗶 No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the exceptions described	in Regulations			
section 53 4945 or in a current notice regarding disaster assistance? See instru	uctions		N/A	b	
Organizations relying on a current notice regarding disaster assistance, check h	nere				ĺ
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?	N	I/A	s No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d)			i		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es 🗶 No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		Le	3b	X
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	'b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	51,000,000 in remuneration o	r			
excess parachute payment(s) during the year?		Ye	es X No		
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Ma	nagers, Highly	/		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t	heir compensation.				
( ) No see and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Exp account	ense
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	account	, other nces
JACQUELINE HARRIS	DIRECTOR/PRES				
220 SUNRISE AVENUE, STE. 210	,				
PALM BEACH, FL 33480	0.00	0.	o .		0.
	DIRECTOR/VP/T			_	
220 SUNRISE AVENUE, STE. 210					
PALM BEACH, FL 33480	0.00	0.	o .l		0.
	DIRECTOR		<del>-</del>		
220 SUNRISE AVENUE, STE. 210					
PALM BEACH, FL 33480	0.00	0.	0.		0.
				<del></del>	<del>- • •</del>
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deterred	(e) Exp	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred compensation	(e) Exp account allowa	other
NONE	devoted to position	·	Compensation	allowa	11063
110112					
			}		
		<del> </del>			<del></del>
	<u></u>	<del> </del>			
Table number of other employees and are 000 000	<u> </u>	<u> </u>	<u> </u>	-	
Total number of other employees paid over \$50,000			<u> </u>	200 55	0
			Form !	990-PF	(2019)

	Forr	n <b>990-PF</b> (2019)
Total. Add lines 1 through 3		<u> </u>
	-	0.
	]	
	-	
3 N/A	_	
All other program-related investments. See instructions.	+	0.
2 N/ A	-	
2 N/A	1	0.
1 N/A	-	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
Part IX-B   Summary of Program-Related Investments	<u> </u>	·
	_	
	+	
	_	
	<del></del>	
	-	
SEE STATEMENT 6		0.
	-	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
Part IX-A   Summary of Direct Charitable Activities  List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	<del></del>	
Total number of others receiving over \$50,000 for professional services	<b></b>	0
		<del></del>
		<del></del>
NONE	İ	
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
Paid Employees, and Contractors (continued)  Five highest-paid independent contractors for professional services. If none, enter "NONE."		
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly	<u> </u>	7 0 5 1 2gc 7
orm 990-PF (2019) JACQUELINE HARRIS FAMILY FOUNDATION INC. 26	<u>-0294</u>	769 Page 7

Р	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	1.129.611.
	Average of monthly cash balances	1b	1,129,611. 157,130.
	Fair market value of all other assets	1c	20.72001
-	Total (add lines 1a, b, and c)	1d	1,286,741.
	Reduction claimed for blockage or other factors reported on lines 1a and		
Ĭ	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,286,741.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	19,301.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,267,440.
6	Minimum investment return Enter 5% of line 5	6	63,372.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here ▶ ☐ and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	63,372.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	981.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	62,391.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	62,391.
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	62,391.
P	art 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	1a	90,124.
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:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	90,124.
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	5	<u> </u>
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	90,124.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	jualifies fo	

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d)</b> 2019
Distributable amount for 2019 from Part XI, line 7				62,391.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			0.	
ь Total for prior years:		0.		•
3 Excess distributions carryover, if any, to 2019:				
a From 2014 40, 216.				
b From 2015 24, 953.				
c From 2016 76,956.		,		
d From 2017 25,727.		,		
e From 2018 19,345.				
f Total of lines 3a through e	187,197.	,		
4 Qualifying distributions for 2019 from				
Part XII, line 4 <sup>.</sup> ► \$ 90,124.				
a Applied to 2018, but not more than line 2a		**/	0.	· · · · · · · · · · · · · · · · · · ·
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	<u></u>	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2019 distributable amount				62,391.
e Remaining amount distributed out of corpus	27,733.			<del></del>
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d) the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	214,930.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions	:	0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a Taxable amount - see instr		<b>.</b>	0.	
f Undistributed income for 2019 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014				
not applied on line 5 or line 7	40,216.			
9 Excess distributions carryover to 2020		y		
Subtract lines 7 and 8 from line 6a	174,714.			
10 Analysis of line 9				
a Excess from 2015 24,953.				
b Excess from 2016 76,956.				
c Excess from 2017 25,727.				
d Excess from 2018 19,345.				
e Excess from 2019 27,733.	<u> </u>			<del></del>

923581 12-17-19

Form 990-PF (2019) JACQUEI Part XIV   Private Operating F	INE HARRIS				294769 Page 10
	·	<del></del>	-A, question 9)	N/A	<del>/</del> -
1 a If the foundation has received a ruling of foundation, and the ruling is effective for		· · · · · · ·			
b Check box to indicate whether the found		<del>-</del>	un caction	] 4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	ly loundation described	Prior 3 years	J 4342(J)(3) 01 12 4	1942())(3)
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d)/2016	(e) Total
	(4) 2010	(6) 2010	(0) 20 11	(672010	(6) 10(2)
investment return from Part X for					
each year listed				·/	<del></del>
b 85% of line 2a				<del></del>	-
c Qualifying distributions from Part XII,					
line 4, for each year listed					
d Amounts included in line 2c not	Ì				
used directly for active conduct of					
exempt activities	· <u>·</u> ·				·
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 alternative test relied upon					
a "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 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					
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					<del>                                     </del>
an exempt organization					
(4) Gross investment income					<del> </del>
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5 000 or m	ore in assets
at any time during t			n the roundation		016 111 033613
					·
1 Information Regarding Foundation	_	than 00/ af tha tatal acad			, .
a List any managers of the foundation wh year (but only if they have contributed r	no nave contributed more more than \$5 000) (See s	man 2% of the total conf ection 507(d)(2) )	rioutions received by the	toungation before the cit	ose of any fax
. ,	πονο επατι φοροσογί (σσο σ	00110111001 (4)(2) )			
NONE	400/		, , , , ,		
<ul> <li>b List any managers of the foundation who other entity) of which the foundation ha</li> </ul>			(or an equally large porti	on of the ownership of a p	partnership or
	is a 1076 of greater filteres	st.			
NONE					
2 Information Regarding Contribut					
Check here X if the foundation of					uests for funds If
the foundation makes gifts, grants, etc.,				<del></del>	<del></del>
a The name, address, and telephone num	iber or email address of th	ie person to whom applic	cations should be addres	ssed:	
b The form in which applications should t	oe submitted and informat	tion and materials they sl	rould include:		
c Any submission deadlines:		<del></del>			
			· · · · · · <u>- · · · · · · · · · · · · ·</u>		·
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields,	kinds of institutions, or	other factors.	

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

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		1 0000		
a					
b					
c			<u> </u>		
d		· · · · · · · · · · · · · · · · · · ·			
e					
f					<del></del>
g Fees and contracts from government agencies			ļ		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			ļ.,		
4 Dividends and interest from securities			14	24,784.	<del></del>
5 Net rental income or (loss) from real estate:					<del></del>
a Debt-financed property			<u> </u>		
b Not debt-financed property			<u> </u>		
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	34,779.	
9 Net income or (loss) from special events					<del></del>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1		
a			<u> </u>		
b			<u> </u>		
c					
d			<u></u>		
e	L				
12 Subtotal Add columns (b), (d), and (e)		0.	<u>L</u>	59,563.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	59,563.
(See worksheet in line 13 instructions to verify calculations.)	_			·· <del>·</del>	
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	cemp	ot Purposes	
Line No Explain below how each activity for which incor	ne is reported	ın column (e) of Part XVI-A	contri	buted importantly to the accom	phshment of
the foundation's exempt purposes (other than b	y providing fu	inds for such purposes).			
	_			· · · · · · · · · · · · · · · · · · ·	
		_			
		······································			
		*		<del> </del>	<del></del>
				· · · · · · · · · · · · · · · · · · ·	
		·		<del> </del>	<del></del>
				<del></del>	
	<del></del>	· · · · · · · · · · · · · · · · · · ·			
				<del></del>	

Phone no 561-832-9292

Use Only

Firm's address ► 505 SOUTH FLAGLER DR, #900

WEST PALM BEACH, FL 33401-5948

### Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

nternal 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

2019

Name of the organization

Employer identification number

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

	JACQUELINE HARRIS FAMILY FOUNDATION INC.	26-0294769
Organization type	pe (check one)	
Filers of:	Section:	
Form 990 or 990-E	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	
General Rule  X For an orgoroperty)	tion 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5 y) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's to	,000 or more (in money or
Special Rules		
sections t any one o	organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support tess 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount orm 990-EZ, line 1 Complete Parts I and II	16b, and that received from
year, tota	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any tal contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or education of cruelty to children or animals. Complete Parts I, II, and III	•
year, con is checke purpose	organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any ontributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more ked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year	than \$1,000 If this box paritable, etc ,
but it must answer	anization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Forniver "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 Formits isn'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

Name of organization

Employer identification number

# JACQUELINE HARRIS FAMILY FOUNDATION INC

26-0294769

OACQU	EDINE HARRIS FAMILI FOUNDATION INC.		3-0234/03
Part I	Contributors (see instructions) Use duplicate copies of Part I if add	litional 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
(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
		<b>\$</b>	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-	•	s	Person Payroll Oncash 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 Oncash 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 Complete Part II for noncash contributions )

Name of organization

Employer identification number

# JACQUELINE HARRIS FAMILY FOUNDATION INC.

26-0294769

art II	Noncash Property (see instructions) Use duplicate copies of P	art 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	
		\$		
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. rom	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		<b>\$</b>		

Name of or	ganization		Employer identification number
JACQUE	LINE HARRIS FAMILY FOU	NDATION INC.	26-0294769
Part III	Exclusively religious, charitable, etc., contribut	tions to organizations described in ) through (e) and the following line of charitable, etc., contributions of \$1,000 of	n section 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of g	gift
	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 g	gift  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 g	gıft
	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
		(e) Transfer of g	gift
	Transferee's name, address, a	nd ZIP <u>+ 4</u>	Relationship of transferor to transferee

ORM 990-PF	DIVIDENDS	AND INTER	EST	FROM SECUR	ITIES ST	PATEMENT	1
GOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
OIVIDENDS UBS 1119 OIVIDENDS UBS 6292 NTEREST UBS 1119 .NTEREST UBS 6292	31,546. 8,327. 733. 39.	·	1. 0. 0.	15,685. 8,327. 733. 39.			
O PART I, LINE 4	40,645.	15,86	1. ====================================	24,784.	24,784.		
'ORM 990-PF		ACCOUNTI	NG F	EES	Sī	PATEMENT	2
ESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
ALER, DONTEN, LEVII	NE ET.	11,650.		5,825.		5,82	25.
'O FORM 990-PF, PG	1, LN 16B	11,650.	=======================================	5,825.		5,82	<u>25.</u>
'ORM 990-PF		TAX	ES		Si	PATEMENT	3
ESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAE PURPOSE	
XCISE TAX OREIGN TAX		1,463. 251.		0. 251.	, <u></u>		0.
'O FORM 990-PF, PG	1, LN 18	1,714.		251.			0.

0.

ORM 990-PF	OTHER E	XPENSES		STATEMENT 4
ESCRIPTION		(B) NET INVEST- MENT INCOME	ADJUSTEI	CHARITABLE
CORIDA FILING FEE OSTAGE AND DELIVERY EGISTERED AGENT BS MANAGEMENT FEES	61. 37. 120. 4,419.	0. 0.		61. 37. 120. 0.
O FORM 990-PF, PG 1, LN 23	4,637.	4,419.		218.
'ORM 990-PF	CORPORAT	E STOCK		STATEMENT 5
ESCRIPTION		ВС	OOK VALUE	FAIR MARKET VALUE
NVESTMENTS- SEE LONG POSITION NVESTMENTS- WASH SALE ADJUST	ON II ATTACH		283,106. 736,107. 661.	298,453. 739,627. 661.
OTAL TO FORM 990-PF, PART I	I, LINE 10B	100 3111	1,019,874.	1,038,741.
ORM 990-PF SUMMARY OF	F DIRECT CHA	RITABLE ĄCTIV	'ITIES	STATEMENT 6
CTIVITY ONE				
LEASE NOTE, THE FOUNDATION CHARITABLE ACTIVITIES. ITS PROPERTY OF THE ORGANIZATION OF THE INTERNAL REV	RIMARY PURPO ATIONS EXEMP	SE IS TO SUPP	ORT, 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.

# Jacqueline Harris Family Foundation, Inc. Charitable Contributions FYE 3/31/2020

EIN: 26-0294769

DRGANIZATION	CITY/STATE	AMOUNT	
A C DA Smorts A sadomy	New York, NY	\$	250.00
A&M Sports Academy American Cancer Society	Ann Arbor, MI	\$	263.7
Birthright Israel Foundation	New York, NY	\$	1,000.0
Cantor Fitzgerald Relief Fund	New York, NY	\$	1,000.0
Cantor Fitzgerald Kellel Fulld Center for Discovery	Harris, NY	<b>\$</b>	1,000.0
Center for Discovery  Center on Addiction	New York, NY	\$ \$	500.0
	New York, NY	\$	9,400.0
Central Synagogue	San Diego, CA	\$	1,000.0
Challenged Athletes Foundation	Oviedo, FL	\$	885.0
Children's Brain Tumor Family Foundation	Duarte, CA	\$	500.0
City of Hope	New York, NY	\$	10,420.0
lhope	New York, NY	\$	2,000.0
Ihope	White Plains, NY	\$	2,500.0 2,500.0
John A. Coleman School John A. Coleman School	White Plains, NY	\$	2,300.0 750.0
	Rye Brook, NY	\$	200.0
Leukemia & Lymphona Society	Boston, MA	\$ \$	500.0
Massachusetts General Hospital	Chicago, IL	\$	2,500.0
Museum of Contemporary Art	Evanston, IL	\$	2,500.0 2,500.0
Northwestern University NY Renaissance Basketball Association	New York, NY	\$	15,000.0
	New York, NY	\$ \$	5,000.0
NYU Langone Health	New York, NY	\$ \$	250.0
Project ALS	New York, NY	\$ \$	
ProScholars Athletics	New York, NY	\$ \$	2,500.0
Ronald McDonald House of New York Inc.		\$ \$	2,500.0 250.0
Southampton Fresh Air Home	Southampton, NY		
Suffield Academy	Suffield, CT	\$ \$	5,000.0
The Museum of New York City	New York, NY New York, NY	\$	2,250.0 1,000.0
The Rockefeller University	•	\$	•
The V Foundation	Cary, NC	\$	250.0
University of Michigan	Ann Arbor, MI	\$	10,000.0
Uwantgame	Houston, TX	\$	2,000.0
Voices of September 11th	New Canaan, CT	\$	912.0
Fotal Contributions		\$	84,080.7