

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No. 1545-0052
2019
Open to Public Inspection

For calendar year 2019, or tax year beginning 01-01-2019 , and ending 12-31-2019

Name of foundation HARRI HOFFMANN FAMILY FOUNDATION INC		A Employer identification number 39-1537228	
Number and street (or P.O. box number if mail is not delivered to street address) 11414 West Park Place	Room/suite	B Telephone number (see instructions) (414) 350-5015	
City or town, state or province, country, and ZIP or foreign postal code MILWAUKEE, WI 53224		C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <u>25,198,555</u>		J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis.)</i>	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</i>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	22,202,713			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	4,033	4,033		
	4 Dividends and interest from securities	244,438	243,494		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	445,229			
	b Gross sales price for all assets on line 6a	4,155,925			
	7 Capital gain net income (from Part IV, line 2)		445,229		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	176,882	176,882			
12 Total. Add lines 1 through 11	23,073,295	869,638			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	54,392	13,598		40,794
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	4,427	1,107		3,320
	16a Legal fees (attach schedule)	575			575
	b Accounting fees (attach schedule)	2,000	800		1,200
	c Other professional fees (attach schedule)	8,772	8,170		602
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	504	71		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy	15,700			15,700
	21 Travel, conferences, and meetings	602	60		542
	22 Printing and publications				
	23 Other expenses (attach schedule)	7,321			7,321
	24 Total operating and administrative expenses. Add lines 13 through 23	94,293	23,806		70,054
	25 Contributions, gifts, grants paid	485,000			485,000
26 Total expenses and disbursements. Add lines 24 and 25	579,293	23,806		555,054	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	22,494,002				
b Net investment income (if negative, enter -0-)		845,832			
c Adjusted net income (if negative, enter -0-)					

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	41,217	140,600	140,600
	2 Savings and temporary cash investments	1,344,151	6,693,270	6,693,270
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ Less: allowance for doubtful accounts ▶ _____			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	1,229	796	796
	10a Investments—U.S. and state government obligations (attach schedule)		349,395	349,395
	b Investments—corporate stock (attach schedule)	1,176,044		
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)	85,000	18,014,494	18,014,494
	14 Land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	2,647,641	25,198,555	25,198,555	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions	2,647,641		
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	2,647,641	25,198,555		
30 Total liabilities and net assets/fund balances (see instructions) .	2,647,641	25,198,555		

Part III Analysis of Changes in Net Assets or Fund Balances		
1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	2,647,641
2 Enter amount from Part I, line 27a	2	22,494,002
3 Other increases not included in line 2 (itemize) ▶ _____	3	56,912
4 Add lines 1, 2, and 3	4	25,198,555
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	25,198,555

Part IV Capital Gains and Losses for Tax on Investment Income

	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			
1 a PUBLICLY TRADED SECURITIES			
b			
c			
d			
e			

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	4,155,925		3,710,696	445,229
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a				445,229
b				
c				
d				
e				

2 Capital gain net income or (net capital loss)	2	445,229
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8	3	445,229

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
	2018	361,410	2,861,235	0.12631
	2017	246,699	2,925,520	0.08433
	2016	219,010	2,942,853	0.07442
	2015	200,862	3,105,663	0.06468
	2014	223,766	3,073,365	0.07281
2 Total of line 1, column (d)				0.422545
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years				0.084509
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5				8,406,240
5 Multiply line 4 by line 3				710,403
6 Enter 1% of net investment income (1% of Part I, line 27b)				8,458
7 Add lines 5 and 6				718,861
8 Enter qualifying distributions from Part XII, line 4				555,054

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

Table with 11 rows for excise tax calculation. Includes questions about exempt foundations, tax under section 511, and tax due. Total amount owed is 16,121.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and state reporting. Includes Yes/No columns.

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-14 regarding controlled entities, distributions, public inspection requirements, and books in care.

Located at 11414 West Park Place Ste 202 Milwaukee WI ZIP+4 53224

Row 15: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041. Includes a field for amount of tax-exempt interest received.

Row 16: At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Main table for Part VII-B with 3 columns: Question, Yes, No. Rows 1a-4b covering various Form 4720 exceptions and requirements.

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a During the year did the foundation pay or incur any amount to:			
(1) Carry on propa ^g anda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions			5b
Organizations relying on a current notice regarding disaster assistance check here.		<input type="checkbox"/>	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b
<i>If "Yes" to 6b, file Form 8870.</i>			No
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			7b
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions

(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	(e) Expense account, other allowances
ALAN MATSOFF 11414 West Park Place Ste 202 MILWAUKEE, WI 53224	Pres/Treasurer 9.00	27,064		
EVELYN HOFFMANN 11414 West Park Place Ste 202 MILWAUKEE, WI 53224	VICE PRES/SECY 1.00	0		
TOBIAS LIBBER 11414 West Park Place Ste 202 MILWAUKEE, WI 53224	VP - OPERATIONS 10.00	27,328		

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

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

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services. ▶		

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 number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions.	
3	

Total. Add lines 1 through 3 ▶	
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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	6,164,773
b	Average of monthly cash balances.	1b	2,369,481
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	8,534,254
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	8,534,254
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	128,014
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,406,240
6	Minimum investment return. Enter 5% of line 5.	6	420,312

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	420,312
2a	Tax on investment income for 2019 from Part VI, line 5.	2a	16,917
b	Income tax for 2019. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	16,917
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	403,395
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	403,395
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	403,395

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	555,054
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	555,054
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	555,054

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				403,395
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only.				
b Total for prior years: 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2019:				
a From 2014.	70,840			
b From 2015.	46,352			
c From 2016.	72,567			
d From 2017.	101,165			
e From 2018.	219,214			
f Total of lines 3a through e.	510,138			
4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ _____ 555,054				
a Applied to 2018, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).	0			
d Applied to 2019 distributable amount.				403,395
e Remaining amount distributed out of corpus	151,659			
5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	661,797			
b Prior years' undistributed income. Subtract 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 assessed.				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
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).				
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	70,840			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	590,957			
10 Analysis of line 9:				
a Excess from 2015.	46,352			
b Excess from 2016.	72,567			
c Excess from 2017.	101,165			
d Excess from 2018.	219,214			
e Excess from 2019.	151,659			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
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 an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
 HARRI HOFFMAN FOUNDATION
 PO BOX 170320
 MILWAUKEE, WI 53217
 (414) 847-6398
 TLIBBER@HHFAMILYFOUNDATION.ORG

b The form in which applications should be submitted and information and materials they should include:
 ASK FOR GRANT REQUEST INFORMATION SHEET OR GO TO WEBSITE HHFAMILYFOUNDATION.ORG

c Any submission deadlines:
 DEADLINES ARE THE END OF EACH CALENDAR QUARTER

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
 NO SPECIFIC LIMITATIONS

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	485,000
b <i>Approved for future payment</i>				
Total			▶ 3b	

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

Part XVII

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
a Transfers from the reporting foundation to a noncharitable exempt organization of:
(1) Cash.
(2) Other assets.
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization.
(2) Purchases of assets from a noncharitable exempt organization.
(3) Rental of facilities, equipment, or other assets.
(4) Reimbursement arrangements.
(5) Loans or loan guarantees.
(6) Performance of services or membership or fundraising solicitations.
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation.

Table with 4 columns: (a) Line No., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?
b If "Yes," complete the following schedule.
(a) Name of organization, (b) Type of organization, (c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign Here
***** 2020-07-07 *****
Signature of officer or trustee Date Title

May the IRS discuss this return with the preparer shown below (see instr.) [X] Yes [] No

Paid Preparer Use Only
Print/Type preparer's name: Diana Luttmann
Preparer's Signature
Date
Check if self-employed []
PTIN: P01075770
Firm's name: Ritz Holman LLP
Firm's EIN: 39-0919055
Firm's address: 330 E Kilbourn Ste 550 Milwaukee, WI 532023144
Phone no. (414) 271-1451

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LAKE PARK SYNAGOGUE 3207 N HACKETT AVE MILWAUKEE, WI 53211		PC	PROGRAM SUPPORT - JEWISH ACTIVITIES	100,000
CENTRAL FUND OF ISRAEL 980 AVENUE OF THE AMERICAS NEW YORK, NY 10018		PC	BARKAI	20,000
HILLEL THE FOUNDATION FOR JEWISH LI 3053 N STOWELL AVE MILWAUKEE, WI 53211		PC	PROGRAM SUPPORT	15,000
Total ▶ 3a				485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MAKE-A-WISH FDN OF WI 11020 W PLANK CT STE 200 WAUWATOSA, WI 53226		PC	PROGRAM SUPPORT - MICHAELS TEAM	1,000
MILWAUKEE JEWISH FEDERATION INC 1360 N PROSPECT AVE MILWAUKEE, WI 53202		PC	PROGRAM SUPPORT - JEWISH ACTIVITIES, EDUCATION, SOCIAL SERVICES	10,000
ORLANDO TORAH ACADEMY 8651 COMMODITY CIR ORLANDO, FL 32819		PC	EDUCATION	48,500
Total ▶ 3a				485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RUACH INC 6815 W CAPITOL DR STE 302 MILWAUKEE, WI 53216		PC	PROGRAM SUPPORT	10,000
STREETWISE INC 4554 N BROADWAY STE 350 CHICAGO, IL 60640		PC	PROGRAM SUPPORT - SOCIAL SERVICES	5,000
TORAH ACADEMY OF MILWAUKEE 6800 N GREEN BAY AVE GLENDALE, WI 53209		PC	EDUCATION	12,000
Total ▶ 3a				485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WISCONSIN INSTITUTE FOR TORAH STUDY 3288 N LAKE DR MILWAUKEE, WI 53211		PC	EDUCATION	18,000
YESHIVA ELEMENTARY SCHOOL 5115 W KEEFE AVE MILWAUKEE, WI 53216		PC	EDUCATION	20,000
MAJOR3322 N 51ST BLVD MILWAUKEE, WI 53216		PC	PROGRAM SUPPORT	12,000
Total ▶ 3a				485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
AISHEL10 UNDERWOOD PL STE 15 CLIFTON, NJ 07013		PC	JEWISH ACTIVITIES	5,000
PEF ISRAEL ENDOWMENT 630 3RD AVE 15TH FL NEW YORK, NY 10017		PC	CENTER FOR DEAF/BLIND	10,000
COLEL CHABAD806 EASTERN PKWY BROOKLYN, NY 11213		PC	THERAPEUTIC GARDEN	10,000
Total ▶ 3a				485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DISCOVERY WORLD500 N HARBOR DR MILWAUKEE, WI 53202		PC	PROGRAM SUPPORT	2,000
L'CHAIM CHAVUROT NORTSHORE INC PO BOX 170602 MILWAUKEE, WI 53217		PC	PROGRAM SUPPORT	10,000
WISCONSIN CONSERVATORY OF MUSIC 1584 N PROSPECT AVE MILWAUKEE, WI 53202		PC	CHAMBER MUSIC PROGRAM SUPPORT	5,000
Total ▶ 3a				485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CENTER FOR JEWISH LIFE 2233 W MEQUON RD MEQUON, WI 53092		PC	PROGRAM SUPPORT - JEWISH ACTIVITIES	10,000
CHICAGO JEWISH DAY SCHOOL 3730 N CALIFORNIA AVE CHICAGO, IL 60618		PC	EDUCATION	10,000
JEWISH EXPERIENCE MADISON 3453 N 54TH ST MILWAUKEE, WI 53216		PC	PROGRAM SUPPORT - JEWISH ACTIVITIES	10,000
Total ▶ 3a				485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OHR HATORAH INC 7020 N GREEN BAY AVE GLENDALE, WI 53209				
TEEN CHALLENGE OF WISCONSIN INC PO BOX 250771 MILWAUKEE, WI 53225				
AMERICAN JEWISH WORLD SERVICE 45 W 36TH ST 11 NEW YORK, NY 10018				
Total	▶ 3a			485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HERC1360 N PROSPECT AVE MILWAUKEE, WI 53202		PC	EDUCATION PROGRAM SUPPORT	10,000
PEF ISRAEL ENDOWMENT 630 3RD AVE 15TH FL NEW YORK, NY 10017		PC	PROGRAM SUPPORT - JEWISH ACTIVITIES	10,000
BADER HILLEL ACADEMY 6401 N SANTA MONICA BLVD MILWAUKEE, WI 53217		PC	EDUCATION	10,000
Total ▶ 3a				485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHUDNOW MUSEUM839 N ELEVENTH ST MILWAUKEE, WI 53233				
GIGI'S PLAYHOUSE 8685 N PORT WASHINGTON RD FOX POINT, WI 53217				
INT'L INSTITUTE FOR GLOBAL LEADERSH 11537 N LAKESHORE DR MEQUON, WI 53092				
Total	▶ 3a			485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JEWISH EDUCATION TEXAS 17819 DAVENPORT RD STE 110 DALLAS, TX 75252		PC	EDUCATION	10,000
JEWISH HOME CARE CENTER 1414 N PROSPECT AVE MILWAUKEE, WI 53202		PC	PROGRAM SUPPORT - SOCIAL SERVICES	15,000
LUX CENTER FOR CATH JEW STUDIES 7335 S HIGHWAY 100 HALES CORNERS, WI 53130		PC	EDUCATION	8,000
Total ▶ 3a				485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHALVAPO BOX 46375 CHICAGO, IL 60646		PC	PROGRAM SUPPORT - JEWISH ACTIVITIES	10,000
TEENS GROW GREENS 322 E MICHIGAN ST STE 204 MILWAUKEE, WI 53202		PC	PROGRAM SUPPORT	5,000
UPSTREAM ARTS 3501 CHICAGO AVE SOUTH MINNEAPOLIS, MN 55407		PC	PROGRAM SUPPORT	10,000
Total			▶ 3a	485,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
YESHIVA ZICHRON PALTIL 278 HAROLD ST STATEN ISLAND, NY 10314		PC	PROGRAM SUPPORT - SOCIAL SERVICES	10,000
Total			▶ 3a	485,000

TY 2019 Accounting Fees Schedule**Name:** HARRI HOFFMANN FAMILY FOUNDATION INC**EIN:** 39-1537228**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	2,000	800	0	1,200

TY 2019 General Explanation Attachment**Name:** HARRI HOFFMANN FAMILY FOUNDATION INC**EIN:** 39-1537228**Software ID:** 19009920**Software Version:** 2019v5.0**General Explanation Attachment**

Identifier	Return Reference	Explanation	
1		General Explanation Supplemental Information for Form 990-PF	FORM 990-PF, PART VII-B1A(4)During the year compensation with a value of \$54,392 were provided to disqualified persons, Alan Matsoff and Tobias Libber. Payment for personal services that are reasonable and necessary to carry out the exempt purpose of the private foundation is not considered an act of self-dealing if the compensation is not excessive.

TY 2019 Investments Government Obligations Schedule**Name:** HARRI HOFFMANN FAMILY FOUNDATION INC**EIN:** 39-1537228**Software ID:** 19009920**Software Version:** 2019v5.0**US Government Securities - End
of Year Book Value:**

349,395

**US Government Securities - End
of Year Fair Market Value:**

349,395

**State & Local Government
Securities - End of Year Book
Value:****State & Local Government
Securities - End of Year Fair
Market Value:**

TY 2019 Investments - Other Schedule**Name:** HARRI HOFFMANN FAMILY FOUNDATION INC**EIN:** 39-1537228**Software ID:** 19009920**Software Version:** 2019v5.0**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
STATE OF ISRAEL BONDS	FMV	85,000	85,000
LUBAX - LORD ABBETT ULTRA SHORT BOND CL	FMV	765,008	765,008
DFA EMERGING MARKETS CORE EQUITY I	FMV	655,010	655,010
SCHWAB S&P	FMV	5,501,343	5,501,343
VANGUARD TOT INT ST IDX ADM	FMV	1,593,650	1,593,650
CRESCENT SHORT DURATION HIGH INC	FMV	1,099,667	1,099,667
BAIRD INTER BOND FD INSTL CL	FMV	3,322,024	3,322,024
NUVEEN SYMPHONY FLOATING I	FMV	1,096,160	1,096,160
GROUP PRIVATE EQUITY II LLC	FMV	1,195,304	1,195,304
DGV ENHANCED US EQUITY FUND LLC	FMV	2,468,083	2,468,083
RREEF AMERICAN REIT II INC	FMV	233,245	233,245

TY 2019 Legal Fees Schedule**Name:** HARRI HOFFMANN FAMILY FOUNDATION INC**EIN:** 39-1537228**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
LEGAL FEES	575	0	0	575

TY 2019 Other Expenses Schedule**Name:** HARRI HOFFMANN FAMILY FOUNDATION INC**EIN:** 39-1537228**Software ID:** 19009920**Software Version:** 2019v5.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
information technology	4,687			4,687
Insurance	2,062			2,062
Office Expenses	572			572

TY 2019 Other Income Schedule**Name:** HARRI HOFFMANN FAMILY FOUNDATION INC**EIN:** 39-1537228**Software ID:** 19009920**Software Version:** 2019v5.0**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other Investment Income	176,882	176,882	

TY 2019 Other Professional Fees Schedule**Name:** HARRI HOFFMANN FAMILY FOUNDATION INC**EIN:** 39-1537228**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT FEES	8,170	8,170	0	0
PAYROLL FEES	602	0	0	602

TY 2019 Taxes Schedule**Name:** HARRI HOFFMANN FAMILY FOUNDATION INC**EIN:** 39-1537228**Software ID:** 19009920**Software Version:** 2019v5.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL EXCISE TAX	433			
FOREIGN TAX	71	71		

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

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

OMB No. 1545-0047
2019

Name of the organization
HARRI HOFFMANN FAMILY FOUNDATION INC

Employer identification number
39-1537228

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

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
HARRI HOFFMANN FAMILY FOUNDATION INC

Employer identification number
39-1537228

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LORRAINE L HOFFMAN ESTATE PO BOX 170320 MILWAUKEE, WI 53217	\$ 22,202,713	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization HARRI HOFFMANN FAMILY FOUNDATION INC	Employer identification number 39-1537228
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Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	(see instructions). Use duplicate copies of Part II if additional space is needed. MUTUAL FUNDS AND OTHER INVESTMENTS	\$ 13,702,713	2019-01-01
.	_____ _____ _____	\$ _____	_____
.	_____ _____ _____	\$ _____	_____
.	_____ _____ _____	\$ _____	_____
.	_____ _____ _____	\$ _____	_____
.	_____ _____ _____	\$ _____	_____

Name of organization
 HARRI HOFFMANN FAMILY FOUNDATION INC

Employer identification number
 39-1537228

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and 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 gift			
Transferee's name, address, and 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 gift			
Transferee's name, address, and 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 gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	