2949132703313

Return of Private Foundation

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

2018

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

		THE Service GO TO WWW.IFS.gov/Form990PF TOF	instructions and ti			TI. Oper	to Public Inspection
Fo	r ćaler	dar year 2018 or tax year beginning		, and e	ending		
	me of fou				A Employer	dentification number	
HA	<u>RM</u> AN	FAMILY FOUNDATION	<u> </u>				
	•	street (or PO box number if mail is not delivered to street address)	Room	n/suite		45-6495102	
		SSLER'ASSOC, 10573 W PICO BLVD #168			B Telephone	number (see instruction	is)
		, state or province, country, and ZIP or foreign postal code					
LC	S ANG	ELES CA	90064			310-282-9936	·
Fo	reign cou	ntry name Foreign province/state/county	Foreign post	al code	C If exempt	ion application is pendin	g, check here 🕨 🔃
		all that apply	e	charity	2. Foreigi	n organizations, check h n organizations meeting here and attach compute foundation status was te	the 85% test,
		on 4947(a)(1) nonexempt charitable trust Other taxa		ition	section 50	07(b)(1)(A), check here	▶
1		arket value of all assets at f year (from Part II, col (c),	X Cash ☐ A	Accrual		idation is in a 60-month to ton 507(b)(1)(B), check	
		6) ▶ \$ 41,405,854 (Part I, column (d) must be	on cash basis)				_
P	art l	Analysis of Revenue and Expenses (The total of		<u> </u>			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books		investment come	(c) Adjusted net income	for chantable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	9,250,000		AR STATE OF	is a mapingy sails	
	2	Check ▶☐ if the foundation is not required to attach Sch B	Salar Maritin	200	21927 2019	the following the same in	The car had
-	3	Interest on savings and temporary cash investments					, 4 4 ° ° 7 1 4
•	4	Dividends and interest from securities	784,468		784,468		
	5a	Gross rents					2
	ь	Net rental income or (loss)	with the same	10	er , pt.	, t 1125	* * 1. 4.
<u>a</u>	6a	Net gain or (loss) from sale of assets not on line 10	853,074	4 ,		•	,
Revenue	ь	Gross sales price for all assets on line 6a 12,478,216	The property to the total	: 1 Apr .	4 12 4 14 14 14 14 14 14 14 14 14 14 14 14 1		
Š	7	Capital gain net income (from Part IV, line 2)	AF 1 2 17 17 17 17 17 17 17 17 17 17 17 17 17		853,074		1
æ	8	Net short-term capital gain	- 4444	44.5	4.4.4		1
	9	Income modifications	7	, ". E			
_	10a	Gross sales less returns and allowances	the same of the same of the same	1 , 5 4 , 04	7.00	と できる できる これ できる こうしゅう こうしゅう こうしゅう こうしゅう しゅうしゅう しゅう	material of
3	b	Less Cost of goods sold	True of at 300 465mg		ىن ئىن دىلىنۇد	2. · · · · · · · · · · · · · · · · · · ·	for there is
Į,	С	Gross profit or (loss) (attach schedule)		λ _γ -α	4		Se se
8	11	Other income (attach schedule)					\$ 18 A
₹	12	Total. Add lines 1 through 11	10,887,542		1,637,542	0	ı , ,
Received in	13	Compensation of officers, directors, trustees etc. Other employee salaries and wages CEIVED	307,608				307,608
Se	14	Other employee salaries and wayes CEIVED	106,080				106,080
- e	15	Pension plans, employee benefits 100	3,138				3,138
5 S	16a	Pension plans, employee benefits Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule)			_		
- Ш	b	Accounting fees (attach schedule)	16,765				16,765
- ≧	С	Other professional fees (aftach schedule)	191,098		175,848		15,250
3 6	17	Other professional fees (attach schedule) Interest Taxes (attach schedule) (see instructions)	لمر				
<u>3</u> ;€	18	Taxes (attach schedule) (see headenship)	108,648	ļ	80,208		28,440
Operating and Administrative Exper	19	Depreciation (attach schedule) and depletion		<u> </u>	-		A
두	20	Occupancy	4,913				4,913
₹	21	Travel, conferences, and meetings .	8,555				8,555
2	22	Printing and publications		<u> </u>	-		
<u> </u>	23	Other expenses (attach schedule)	23,815	 			23,815
Ë	24	Total operating and administrative expenses.		}		=	
<u>ra</u>		Add lines 13 through 23	770,620		256,056		514,564
pe	25	Contributions, gifts, grants paid		T	S. Harris =	AND CALL TO THE	2,552,925
0	26	Total expenses and disbursements. Add lines 24 and 25.	3,323,545		256,056	. 0	3,067,489
	27	Subtract line 26 from line 12 Excess of revenue over expenses and disbursements	7,563,997	16.7	and of the state o		1 2 2 1 2 1 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	a	Net investment income (if negative, enter -0-)	1,505,997		1,381,486	47 4 3 4	. A.4 · I
	b	Adjusted net income (if negative, enter -0-)	CON PARTIES		编 - 64	0	
		Autosteu net moonie (ii negatite, cittel "0")	in the season from the	~ " "".	-734	ı	

	4 74	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	. [End of	year
Pá	rt il	should be for end-of-year amounts only (See instructions.)	(a) Book Value	(b) Book Value	,	(c) Fair Market Value
	1	Cash—non-interest-bearing	67,622	33	,140	33,140
٠	2	Savings and temporary cash investments	6,304,742	9,253	488	9,253,488
	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) 1,060,000	#10.5	Jec 14 5	-	• • •
	•	Less allowance for doubtful accounts	1,060,000	1,060	000	1,060,000
S	8	Inventories for sale or use	1,000,000	1,000	-	1,000,000
Assets	9	Prepaid expenses and deferred charges			\dashv	
188		·	4,541,777	4,624	268	4,571,481
7	10a	Investments—U.S. and state government obligations (attach schedule)	17,008,839	21,751		23,296,527
	b	Investments—corporate stock (attach schedule)			_	
	C	Investments—corporate bonds (attach schedule)	3,179,349	3,253	,999	3,191,218
	11	Investments—land, buildings, and equipment basis	1	* '	-	
		Less accumulated depreciation (attach schedule)		 		
	12	Investments—mortgage loans	270,000		-+	
	13	Investments—other (attach schedule)	278,628		-+	
	14	Land, buildings, and equipment basis		r v l	-	
		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)	32,440,957	39,976	<u>,890 </u>	41,405,854
	17	Accounts payable and accrued expenses				ac (, "
S	18	Grants payable .				v- ,
tie	19	Deferred revenue .				- 1
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				, (
ia.	21	Mortgages and other notes payable (attach schedule)				+
_	22	Other liabilities (describe ► TAX/BOOK DIFFERENCE)	28,064			to c
	23	Total liabilities (add lines 17 through 22)	28,064		0	·
' 0		Foundations that follow SFAS 117, check here			l	•
alances		and complete lines 24 through 26, and lines 30 and 31.				
ŭ	24	Unrestricted .				_ 1
	25	Temporarily restricted				
	26	Permanently restricted				<u>, , , , , , , , , , , , , , , , , , , </u>
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here				· .
Ē		and complete lines 27 through 31.				•
ō	27	Capital stock, trust principal, or current funds				·
ţ	28	Paid-in or capital surplus, or land, bldg , and equipment fund				
Se	29	Retained earnings, accumulated income, endowment, or other funds	32,412,893	39,976	,890	
Ă	30	Total net assets or fund balances (see instructions)	32,412,893	39,976	,890	. :
et	31	Total liabilities and net assets/fund balances (see				
Z	• •	instructions)	32,440,957	39,976	890	
Рa	rt 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 30 (must agree w	/ith		
•		of-year figure reported on prior year's return)	,	l	1	32,412,893
2		amount from Part I, line 27a		. t	2	7,563,997
		increases not included in line 2 (itemize)		· · · · · · · · · · · · · · · · · · ·	3	
		nes 1, 2, and 3		·	4	39,976,890
5		eases not included in line 2 (itemize)	•	ļ ,	5	
		net assets or fund balances at end of year (line 4 minus line 5)—Part	t II, column (b), line 30		6	39,976,890

Part	a) List and describe the k	und(s) of property sold (for example, real estudes, or common stock, 200 shs MLC Co)	tate,	(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo , day, y		(d) Date sold (mo , day, yr)
1a	PUBLICLY TRADED SEC	URITIES			6/15/	/2015	12/31/2018
<u> </u>			·				
<u>c</u>							
<u>d</u>	Orantel Orana Bartabata			 			
е	Capital Gains Distributions			1			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		(h) Gain e) plus (f)	or (loss) minus (g))
<u>a</u>	11,904,341			11,625,142			279,199
<u> </u>							··
<u>c</u> d					,		
<u></u>							573,875
	Complete only for assets sl	howing gain in column (h) and owned	bv the foundation	n on 12/31/69			
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (ı)	col (k),	but not le	(h) gain minus ess than -0-) or m col (h))
a							279,199
b							
С							
d							
е_							573,875
2	Capital gain net income or	r inet canital locel 4	also enter in Pa , enter -0- in Pa	·	2		853,074
3		n or (loss) as defined in sections 1					
	- ·	, line 8, column (c) See instruction	ns If (loss), ente	er -0- in }			
Part	Part I, line 8	der Section 4940(e) for Redu	· 		3		0
Was t		section 4942 tax on the distributal ualify under section 4940(e) Do n			period?		☐ Yes ☒ No
1		ount in each column for each year,			g any entries		
	(a)	(b)	1 1000 1110 110	(c)	g any chance		(d)
Cal	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value	of nonchantable-use as:	sets (c		bution ratio vided by col (c))
	2017		5,216	35,374			0 076473
	2016	2,49	1,984	33,174	,565		0 075117
	2015	2,309	5,564	37,459	,474		0 061548
	2014		3,908	39,490			0 057962
	2013	2,867	7,039	36,212	,312		0 079173
•	Tat 1 (1) 4 /d/						0.250272
2 3	Total of line 1, column (d)	for the E year base period - divide	the total on line	2 by 5.0 or by	2		0 350273
3		for the 5-year base period—divide oundation has been in existence if			3		0_070055
4	Enter the net value of non-	charitable-use assets for 2018 fro	m Part X, line 5		4		38,134,192
5	Multiply line 4 by line 3				5	<u>_</u>	2,671,491
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6		13,815
7	Add lines 5 and 6				7		2,685,306
8	Enter qualifying distribution	ns from Part XII. line 4			8		3,067,489
		ter than line 7, check the box in P	art VI, line 1b, a	nd complete that p	art using a 1	% tax r	

Page 4

participate or intervene in any political campaign? b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 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 c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation \$ \$ (2) On foundation managers \$ \$ \$ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers \$ \$ \$ Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of norioprotation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes of incorporation, or bylaws, or other similar instruments	-orm 99	0-PF (2018) HARIMAN FAMILY FOUNDATION	3-0433102 Pa	ge 4
Delie of ning of determination letter Domestic Coundations that meet the section 494(0e) requirements in Part V, check here ► ☑ and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b) Tax under section 511 (omestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2 Add lines 6 and in investment fincome. Subtract line 4 from line 3 if zero or less, enter -0-) Tax based on investment fincome. Subtract line 4 from line 3 if zero or less, enter -0-) Tax based on investment fincome. Subtract line 4 from line 3 if zero or less, enter -0-) Tax based on investment fincome. Subtract line 4 from line 3 if zero or less, enter -0-) Tax based on investment fincome. Subtract line 4 from line 3 if zero or less, enter -0-) Tax based on investment fincome. Subtract line 4 from line 3 if zero or less, enter -0-) Tax based on investment fincome. Subtract line 4 from line 3 if zero or less, enter -0-) Tax due. If the bott of lines or extension of time to file (Form 888) Eac. Basekup withholding erroneously withheld Total credits and payments Add lines 6 at brough 6d Each and payments Add lines 6 at brough 6d Each and payments Add lines 6 at brough 6d Each and payments Add lines 6 at brough 6d Each and payments a file to bot of lines 5 and 8 in enter the amount overpaid Did overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Did overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Did the foundation of the bott of lines 6 and 8, enter the amount overpaid Did the foundation of the bott of lines 5 and 8, enter the amount overpaid Did the foundation of the bott of lines 6 and 8, enter the amount overpaid Did the foundation of the bott of lines 6 and 8, enter the amount overpaid Did the foundation of the bott of lines 6 and 8, enter the amount ov	Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instruction	ons)	
b Domestic foundations that meet the section 494(p) requirements in Part V, check here P E3 and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 5 Subtitle A (incomes) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 6 Credits/Pyments a 2018 estimated tax payments and 2017 overpayment credited to 2018 7 Total credits and payments and 2017 overpayment credited to 2018 8 Backup withholding erroneously withheld 8 Backup withholding erroneously withheld 9 Tax apad with application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8888) 9 Error application for extension of time to file (Form 8220 is attached 10 Overpayment. If line 7 is more than line 7, enter amount ower 11 Overpayment. If line 7 is more than line 7, enter amount ower 12 Error application for the file of the fil	1a			, [
here ► ☑ and enter 1% of Part I, line 27b All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b) Part I, l			_	
All other domesure foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 3 Ja. 13,815 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) 6 Credits/Payments 2 O18 estimated tax payments and 2017 overpayment credited to 2018 6 Exempt foreign organizations—tax withheld at source 7 Tax pass with application for extension of time to file (Form 8868) 6 Exempt foreign organizations—tax withheld at source 7 Tax due 11 file 12 in file results of time 4 from 8868) 6 Exempt foreign organizations—tax withheld at source 7 Tax due 11 file 12 in file results and 2 in the 15 file (Form 8868) 6 Exempt foreign organizations—tax withheld at source 7 Tax due 11 file 12 in file results and 12 in the 15 file (Form 8868) 6 Exempt foreign organizations—tax withheld at source 7 Tax due 11 file 12 in file results of time 5 in a file smooth of time to 16 in (Form 8868) 6 Exempt foreign organizations—tax withheld at source 7 Tax due 11 file 12 in file	b			
Part I, line 12, col. (b) Tax base section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) Tax based on investment memore. Subtract line 4 from line 3 if zero or less, enter -0-) Tax based with application for extension of time to file (Form 8858) Each grain and the subtract line 5 and 5 is uncer than line 7 enter amount ower. Section 4953 is a section 4954 in a section 4955 in				1
2 Tax under section \$11 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 3 Add lines 1 and 2 3 Add lines 1 and 2 3 Subtitle A (mocme) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 6 Exempt froerigin organizations—tax withheld at source 6 Tax due, if the fold of line 5 and 8 is more than 1 line 7 is more than 4 line 7, enter amount overpaid 7 Tax based with application of or extension of time 6 file (Form 8868) 8 Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached 9 Tax due, if the total of lines 5 and 8, enter the amount overpaid 9 Tax due, if the total of lines 5 and 8, enter the amount overpaid 9 Tax due, if the total of lines 5 and 8, enter the amount overpaid 9 Tax due, if the total of lines 5 and 8, enter the amount overpaid 9 Tax due, if the total of lines 5 and 8, enter the amount overpaid 9 Tax due, if the total of lines 5 and 8, enter the amount overpaid 9 Tax due, if the total of lines 5 and 8, enter the amount overpaid 9 Tax d	С			
3 Add lines 1 and 2 4 Subtitle A (norm) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0- 5 Credits/Payments 6 Credits/Payments 2 2018 estimated tax payments and 2017 overpayment credited to 2018 5 Exempt foreign organizations—tax withheld at source 6 B 6 Credits/Payments 6 Tax bard with application for extension of time to file (Form 8868) 6 Expert foreign organizations—tax withheld at source 6 B 8 Exempt foreign organizations—tax withheld at source 6 B 8 Exempt foreign organizations—tax withheld at source 6 B 8 Expert any penalty for underpayment of restinated tax 6 Credits/Payments 7 Z0,000 8 Expert any penalty for underpayment of estimated tax 8 Description of the statement Regarding Activities 10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 10 Did its pend more than 5100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition 11 If the reminuting the state is the foundation of the activities and copies of any materials published or distributed by the foundation mononection with the activities and copies of any materials published or distributed by the foundation mononection with the activities 1 Enter the amount (if any) and by the foundation during the year for political expenditure tax imposed on foundation managers 1 Expert embrusement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers 1 Has the foundation have unrelated business gross income of \$1,000 or mo		· ·		
Subtile A (nocone) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-) Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) Text based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-) Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Bexempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Bexempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Bexempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) Bexempt foreign organizations—tax withheld at source Tax due if the total of lines 5 and 8 is more than line 7, enter amount ower and the paid of the foundation at the file of the file		(2)(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Tax based on investment income. Subtract line 4 from line 3 if zero or less, enter -0-		7.66 11.100 7.61.10 2	13,815	
a 2018 estimated tax payments and 2017 overpayment credited to 2018 be Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) declared Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Total credits and payments. Add lines 6a through 6d Tax dive. If the total of lines 5 and 8 is more than line 7, enter amount owed Tax dive. If the total of lines 5 and 8 is more than line 7, enter amount owed Toverpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid The left extended to be Credited to 2019 estimated tax to 6, 185 Eater the amount of line 10 to be Credited to 2019 estimated tax to 6, 185 Burlet the amount of line 10 to be Credited to 2019 estimated tax to 6, 185 Burlet the amount of line 10 to be Credited to 2019 estimated tax to 6, 185 Burlet the amount of line 10 to be Credited to 2019 estimated tax to 6, 185 Burlet the amount of line 10 to be Credited to 2019 estimated tax to 10 to 10 through the 10 to 10 through 11 to 10 to 10 through 11 to 10 to 10 through 11 through 11 through 12 through 13 through 13 through 13 through 14 t		Substition (income) tax (definestic section in the (a)(i) alone and taxable restriction only, stately since a	40.045	
a 2018 estimated tax payments and 2017 overpayment credited to 2018 b Exempt foreign organizations—tax withheld at source c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of setimated tax Check here			13,815	•
b Exempt foreign organizations—tax withheld at source		Credits/Payments	; , .	7
Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax Check here	_	· · · · · · · · · · · · · · · · · · ·		
d Backup withholding erroneously withheld 8 Enter any penalty for underpayment of estimated tax Check here		1. In the state of		•
Total credits and payments Add lines 6a through 6d Enter any penalty for underpayment of estimated tax Check here				
8 Enter any penalty for underpayment of estimated tax. Check here			20,000	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ○ Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid □ Enter the amount of line 10 to be Credited to 2019 estimated tax ○ (1,85) Refunded □ 10 6.185 □ 11 0 0 □ 2nt*VIIA □ Statements Regarding Activities □ During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? □ During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? □ During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? □ During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? □ During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? □ During the tax year, did the foundation and participate or indirectly) for political purposes? See the instruction or the activities of the answer is "Yes" to 1 a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation inconnection with the activities □ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ (2) On foundation managers ▶ \$ (2) On foundation managers ▶ \$ (2) On foundation managers ▶ \$ (3) On foundation managers ▶ \$ (4) On the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conflored copy of the changes □ During the feet of the participation of the activities of inco			20,000	
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6 Are the requirements of section 508(e) (relating to sections 4941 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 remain in the governing instrument? 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 8a Enter the states to which the foundation reports or with which it is registered. See instructions CALIFORNIA, MASSACHUSETTS, NEW YORK, WASHINGTON DC b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	5			<u> </u>
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CALIFORNIA, MASSACHUSETTS, NEW YORK, WASHINGTON DC If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			 ' ^ 	
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(or designate) of each state as required by <i>General Instruction G?</i> If "No," attach explanation 1 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_		. , .	٠, ١
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or 4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	_		X d8	٠.
"Yes," complete Part XIV 10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	 -	
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		*···		v
			9	Х_
	10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .	10	Х

Part	VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		Yes	No
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions.	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u> </u>
	Website address ► HARMAN-FOUNDATION ORG			
14	The books are in care of ► DRESSLER & ASSOCIATES INC Telephone no ► 310-282	-9936		
45	Located at ► 10573 W PICO BLVD #168 LOS ANGELES CA ZIP+4 ► 90025			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here and enter the amount of tax-exempt interest received or accrued during the year 15			▶ ∟
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the		-	
	name of the 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.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)	·		1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	١. ١		.
	disqualified person?	,		-
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	,	•	4
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	-	,	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No	, ,		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	ł.]
	foundation agreed to make a grant to or to employ the official for a period after	.		• 1
	termination of government service, if terminating within 90 days)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in			اند
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here	1b	N/A	1
				. 1
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		×
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		• •	-
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	-	Ì	Ì
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2018?	-		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	ŀ		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	. `.		, .
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			لـنـا
	all years listed, answer "No" and attach statement—see instructions)	2b	N/A	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
20	▶ 20, 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
3a	at any time during the year? Yes X No			l
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			•
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse			'
	of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			<u>[· , ,</u>]
	foundation had excess business holdings in 2018)	3b	N/A	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		_X_
	For	m 990	-PF	(2018)

Part	VII-B Statements Regarding Activities	tor W	hich Form	4/20 N	nay Be Ke	quirec	ı (COHUI	iueu) _			
5a	During the year, did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to it	y amou	nt to				Yes	X No		Yes	No
•	(2) Influence the outcome of any specific public ele- directly or indirectly, any voter registration drive	ection (,	☐ Yes	X No			
	(3) Provide a grant to an individual for travel, study		er sımılar pur	ooses?			Yes	X No	i		
	(4) Provide a grant to an organization other than a section 4945(d)(4)(A)? See instructions				n described	ın	Yes	∑ No			
	(5) Provide for any purpose other than religious, ch purposes, or for the prevention of cruelty to chil			terary, c	or education	al	Yes	X No		,	,
b	If any answer is "Yes" to 5a(1)–(5), did any of the t Regulations section 53 4945 or in a current notice		·	-				d ın	5b	N/A	
С	Organizations relying on a current notice regarding If the answer is "Yes" to question 5a(4), does the for because it maintained expenditure responsibility for If "Yes," attach the statement required by Regulation	oundati or the gi	on claim exer rant?	nption fi			☐ Yes	► □			
6a	Did the foundation, during the year, receive any fur on a personal benefit contract?				oay premiur	ns	Yes	X No			
b	Did the foundation, during the year, pay premiums, If "Yes" to 6b, file Form 8870	directl	y or indirectly	on a pe	ersonal ben	efit con	tract?		6b		<u> </u>
7a b	At any time during the tax year, was the foundation a pa If "Yes," did the foundation receive any proceeds o					e transa	Yes action?	X No	7b	N/A	
8	Is the foundation subject to the section 4960 tax or remuneration or excess parachute payment(s) during	ing the	year? .		_		☐ Yes				
Part	VIII Information About Officers, Directors	ors, Tı	rustees, Fo	undati	on Manag	jers, H	lighly P	aid En	ploye	es,	
1	List all officers, directors, trustees, and foundat	ion ma	anagers and			n. See	instructi	ons.			
1		(b) Titl	e, and average urs per week ted to position	(c) Co	mpensation mpensation not paid, ter -0-)	(d) emplo	instructi Contribution lyee benefit erred comp	s to plans	(e) Expe	ense acc allowan	
1 See A	List all officers, directors, trustees, and foundate	(b) Titl	e, and average urs per week	(c) Co	mpensation ot paid,	(d) emplo	Contribution	s to plans			
See A	List all officers, directors, trustees, and foundate (a) Name and address	(b) Titl	e, and average urs per week ted to position	(c) Co	mpensation iot paid, ter -0-)	(d) emplo	Contribution	s to plans			
1 See A	List all officers, directors, trustees, and foundate (a) Name and address	(b) Titl	e, and average ars per week ted to position	(c) Co	mpensation lot paid, ter -0-)	(d) emplo	Contribution	s to plans			
See A	List all officers, directors, trustees, and foundate (a) Name and address	(b) Titl	e, and average urs per week ted to position 00 00	(c) Co	mpensation lot paid, ter -0-)	(d) emplo	Contribution	s to plans			
See A	List all officers, directors, trustees, and foundate (a) Name and address	(b) Titl hou devo	e, and average urs per week ted to position 00 00 .00	(c) Coi (If n en	opensation lot paid, ter -0-)	(d) emplo and def	Contribution yee benefit erred comp	ns to plans ensation	other	allowan	
	List all officers, directors, trustees, and foundat (a) Name and address ttached Statement Compensation of five highest-paid employees ((b) Titl	e, and average urs per week ted to position 00 00 .00	(c) Col (If r en	opensation lot paid, ter -0-)	(d) emplo	Contribution yee benefit erred comp	s). If no	ne, ent	er	count,
2	List all officers, directors, trustees, and foundat (a) Name and address Ittached Statement Compensation of five highest-paid employees ("NONE." (a) Name and address of each employee paid more than \$50,000	(b) Titl	e, and average urs per week ted to position 00 00 00 .00 han those in	cluded verage reek sistion	on line 1—	(d) emplo and defe	ctruction (d) Contribe employee plans and	s). If no	ne, ent	ense acc	count,
2	List all officers, directors, trustees, and foundat (a) Name and address Ittached Statement Compensation of five highest-paid employees ("NONE."	(b) Titl	e, and average urs per week ted to position 00 00 00 .00 han those in devoted to position	cluded verage reek sistion	on line 1—	(d) emplo	ctruction (d) Contribe employee plans and	s). If no	ne, ent	ense acc	count,
2	List all officers, directors, trustees, and foundat (a) Name and address Ittached Statement Compensation of five highest-paid employees ("NONE." (a) Name and address of each employee paid more than \$50,000	(b) Titl	e, and average urs per week ted to position 00 00 00 .00 han those in devoted to position	cluded verage eek sitton S MGF	on line 1—	(d) emplo and defe	ctruction (d) Contribe employee plans and	s). If no	ne, ent	ense acc	count,
2	List all officers, directors, trustees, and foundat (a) Name and address Ittached Statement Compensation of five highest-paid employees ("NONE." (a) Name and address of each employee paid more than \$50,000	(b) Titl	e, and average urs per week ted to position 00 00 00 .00 han those in devoted to position	cluded verage eek sitton S MGF 40 00	on line 1—	see ins	ctruction (d) Contribe employee plans and	s). If no	ne, ent	ense acc	count,
2	List all officers, directors, trustees, and foundat (a) Name and address Ittached Statement Compensation of five highest-paid employees ("NONE." (a) Name and address of each employee paid more than \$50,000	(b) Titl	e, and average urs per week ted to position 00 00 00 .00 han those in devoted to position	cluded verage reek sistion S MGF 40 00	on line 1—	see ins	ctruction (d) Contribe employee plans and	s). If no	ne, ent	ense acc	count,
2 NANC 26 SH	List all officers, directors, trustees, and foundat (a) Name and address Ittached Statement Compensation of five highest-paid employees ("NONE." (a) Name and address of each employee paid more than \$50,000	(b) Titl	e, and average urs per week ted to position 00 00 00 .00 han those in devoted to position	cluded verage leek sixton S MGF 40 00 00	on line 1—	see ins	ctruction (d) Contribe employee plans and	s). If no	ne, ent	ense acc	count,

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Pa	rt VIII Information About Officers, Directors, Trustees, Foun	dation Managers, Highly Paid E	mployees,
	and Contractors (continued)		
3	Five highest-paid independent contractors for professional services.		<u> </u>
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	ITAL GUARDIAN TRUST COMPANY		
<u>6455</u>	5 IRVINE CENTER DRIVE, IRVINE, CA 902618	INVESTMENT MANAGEMENT	175,848
		-	
			}
			
		··	
		-	
Tota	I number of others receiving over \$50,000 for professional services		
			1
Pa	rt IX-A Summary of Direct Charitable Activities		
List	the foundation's four largest direct charitable activities during the tax year. Include relevant statistics	I information such as the number of	Eventes
orga	anizations and other beneficianes served, conferences convened, research papers produced, etc		Expenses
1	SEE STATEMENT ATTACHED		
2			
3			
J		***************************************	
	•		
4			
•			
Pa	rt IX-B Summary of Program-Related Investments (see instr	uctions)	
De	scribe the two largest program-related investments made by the foundation during the tax year on li	nes 1 and 2	Amount
1	N/A	·	
			
2			
ΔII	other program-related investments. See instructions		-
_	actor pragram radiod introduction and addidition		
3			
Total	I. Add lines 1 through 3		0
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Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign	founda	tions,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	44.7	
	purposes		
а	Average monthly fair market value of securities .	1a	30,620,714
b	Average of monthly cash balances	1b	8,094,202
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	38,714,916
е	Reduction claimed for blockage or other factors reported on lines 1a and	٠.	
	1c (attach detailed explanation)	احت	
2	Acquisition indebtedness applicable to line 1 assets .	2	
3	Subtract line 2 from line 1d	3	38,714,916
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	580,724
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	38,134,192
6	Minimum investment return. Enter 5% of line 5	6	1,906,710
Part		S	
	and certain foreign organizations, check here and do not complete this part)		
1	Minimum investment return from Part X, line 6 .	1	1,906,710
2a	Tax on investment income for 2018 from Part VI, line 5 . 2a 13,815		
b	Income tax for 2018 (This does not include the tax from Part VI)		
С	Add lines 2a and 2b	2c	13,815
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,892,895
4	Recoveries of amounts treated as qualifying distributions .	4	
5	Add lines 3 and 4	5	1,892,895
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	1,892,895
Part	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	3,067,489
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	_ _	
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	3,067,489
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	13,815
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3,053,674
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth	er the fo	undation
	qualifies for the section 4940(e) reduction of tax in those years		

Part	XIII Undistributed Income	(see instructions	9)			1 190 0
, are	· Ondistributed modific	(See mondone	(a)	(b)	(c)	(d)
1	Distributable amount for 2018 from	Part XI.	Corpus	Years prior to 2017	2017	2018
•	line 7				*****	1,892,895
2	Undistributed income, if any, as of the	end of 2018				.,
a	Enter amount for 2017 only	3.14 3.1 20.10			0	
b	Total for prior years 20 ,	20 , 20			<u></u>	
3	Excess distributions carryover, if a		-			
а	From 2013	1,089,279				
b	From 2014	339,272				
c	From 2014	481,518			•	
d	From 2016	843,996				
e	From 2017 .	1,018,459				
f	Total of lines 3a through e	1,010,100	3,772,524			
4	Qualifying distributions for 2018 fro	m Part XII	0,772,024			
7	line 4 ▶ \$ 3,067,489	ant are XII,				
а	Applied to 2017, but not more than	line 2a				
	Applied to undistributed income of					
	(Election required—see instruction					
С	Treated as distributions out of corp					
·	required—see instructions)	us (Licction				
d	Applied to 2018 distributable amou	nt	· · · · · · · · · · · · · · · · · · ·			1,892,895
	Remaining amount distributed out		1,174,594	,		1,002,000
е 5	Excess distributions carryover app	·	1, 177,007		· · · · · · · · · · · · · · · · · · ·	
9	(If an amount appears in column (c					
	amount must be shown in column	•				
6	Enter the net total of each column					
•	indicated below:	ii as				
	Corpus Add lines 3f, 4c, and 4e S	ubtract line 5	4,947,118			
a b	Prior years' undistributed income		4,347,110			
U	line 4b from line 2b	Jubliaci		0		
_	Enter the amount of prior years' un	distributed		0		
С	income for which a notice of deficie					
	been issued, or on which the section	•				
	tax has been previously assessed	711 4042(a)				
d	Subtract line 6c from line 6b Taxat	Ne				
u	amount—see instructions	ne .				1
•	Undistributed income for 2017 Sul	tract line				
-	4a from line 2a Taxable amount—					
	instructions .	300			0	
f	Undistributed income for 2018 Sul	ntract lines				
•	4d and 5 from line 1. This amount					
	distributed in 2019					0
7	Amounts treated as distributions of	it of cornus				
	to satisfy requirements imposed by					
	170(b)(1)(F) or 4942(g)(3) (Election					
	required—see instructions)					
8	Excess distributions carryover from	2013 not				
•	applied on line 5 or line 7 (see insti		1,089,279	,		,
9	Excess distributions carryover to	·		• • •		
•	Subtract lines 7 and 8 from line 6a		3,857,839			}
10	Analysis of line 9		2,20.,1000			-
а	Excess from 2014 .	339,272				
b	Excess from 2014	481,518				
c	Excess from 2016	843,996				!
ď	Excess from 2017	1,018,459				
e	Excess from 2018	1,174,594				
<u> </u>		, ., ., ., .,	 			Form 990-PF (2018)

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Part	XIV Private Operating Foundati	ions (see instru	ictions and Part	VII-A, question 9)		N/A
1a	If the foundation has received a ruling o		•	ate operating		
	foundation, and the ruling is effective for		-	▶		
b	Check box to indicate whether the foundation	n is a private opera	ating foundation des	cribed in section	4942(j)(3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
	each year listed					0
b	85% of line 2a					0
С	Qualifying distributions from Part XII, line 4 for each year listed			ļ		0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					0
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets					0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
С	"Support" alternative test—enter					
Ū	(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			1		0
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
	(3) Largest amount of support from					
	an exempt organization					0
,	(4) Gross investment income	<u></u>				0
Part				ne foundation ha	d \$5,000 or more	e in assets at
	any time during the year—		1S.)			
1	Information Regarding Foundation M		d Ab 00/ -6	ومرفر والمقصم ومقملا	na raaawad bu tha f	oundation.
а	List any managers of the foundation who before the close of any tax year (but only					oundation
b	List any managers of the foundation who ownership of a partnership or other entit					of the
2	Information Regarding Contribution, Check here ► X if the foundation on unsolicited requests for funds If the four conditions, complete items 2a, b, c, and	ily makes contribundation makes gi	itions to preselecte	ed charitable organiz	ations and does not zations under other	t accept
а	The name, address, and telephone num	nber or email addi	ress of the person	to whom applications	s should be address	sed
b	The form in which applications should b	e submitted and i	nformation and ma	iterials they should in	nclude	-
С	Any submission deadlines					
d	Any restrictions or limitations on awards factors	s, such as by geog	graphical areas, ch	arıtable fields, kınds	of institutions, or ot	her

Form **990-PF** (2018)

Page **11**

Part XV Supplementary Information (conting) 3 Grants and Contributions Paid During	ued)	ed for Fut	ure Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year SEE DETAILED SCHEDULE ATTACHED		PC		2,552,925
Total		l	▶ 3a	2,552,925
b Approved for future payment				
Total			▶ 3b	0

		cuviues				
Ente	er gross amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1	Program service revenue					(Goo maradians)
	a			-		
	b					
	C					
	d					
	e			-		
	f					
_	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	704 469	
4	Dividends and interest from securities		A Property of	14	784,468	•
5	Net rental income or (loss) from real estate	• • • • • • • • • • • • • • • • • • • •	A 7 1 7 7 4			
	a Debt-financed propertyb Not debt-financed property					- · · - · ·
6	Net rental income or (loss) from personal property				· · · · · · · · · · · · · · · · · · ·	
7	Other investment income					
8	Gain or (loss) from sales of assets other than inventory		<u>.</u>	18	853,074	
9	Net income or (loss) from special events	}	-	10	000,074	
10	Gross profit or (loss) from sales of inventory					
11	Other revenue a					
••	L.	•			· ··- ·	
	c					
	d	•	·			
	e	•				
12	Subtotal Add columns (b), (d), and (e)	L-g	0	3 j.*	1,637,542	0
	Total. Add line 12, columns (b), (d), and (e)				13	1,637,542
	e worksheet in line 13 instructions to verify calculation	ıs)				
	rt XVI-B Relationship of Activities to the		ent of Exempt	Purposes		
	e No. Explain below how each activity for which inco				importantly to the	
•	 accomplishment of the foundation's exempt pu 	rposes (other than	by providing funds	for such purpos	es) (See instruction	ons)
		·-				
			•			
-						

Part	ΧVΙ	Information	Regarding Trans	fers to and Transa	actions and Re	lationships W	ith Noncharital	ole		
	•	Exempt Org								
1	Dıd	the organization d	lirectly or indirectly er	ngage in any of the foll	owing with any ot	ner organization	described		Yes	No
	ın s	ection 501(c) (othe	er than section 501(c)	(3) organizations) or ii	n section 527, rela	iting to political				
	org	anizations?								
а	Tra	nsfers from the rep	porting foundation to a	a noncharitable exemp	t organization of		<u> </u> _	_	.	
	(1)	Cash						a(1)		X
	(2)	Other assets					1:	a(2)		_ <u>X</u> _
b	Oth	er transactions					ļ	-	.	
			a noncharitable exen		•	•		b(1)		Χ_
				ole exempt organization	n .			b(2)		Х
			equipment, or other	assets				b(3)		_X_
		Reimbursement ar	-					b(4)		X
		Loans or loan guar			•	•		b(5)		X
				o or fundraising solicita				b(6)		X
C		•		s, other assets, or paid			<u></u>	1c		X
d				plete the following sche						
				iven by the reporting for						
		, 		nt, show in column (d) ti						
(a) Line	no	(b) Amount involved	(c) Name of nonc	haritable exempt organization	n (d) Des	cription of transfers, t	ransactions, and sharing	arrange	ement	.s
				·	· · · · · · · · · · · · · · · · · · ·					
										
			W- 11-11-							
						·—·				
										
			! <u>-</u>						-	
				· · · · · · · · · · · · · · · · · · ·	-					
			-							
2a	ls th	ne foundation direc	ctly or indirectly affiliat	ted with, or related to,	one or more tax-e	xempt organizat	ions			
				tion 501(c)(3)) or in se		, 3	. 🔲 Y	es 🛚] No)
b			following schedule							
		(a) Name of organ	ızatıon	(b) Type of orga	inization	(c)	Description of relationsh	р		·
							<u>,</u>			
	Und	der penalties of perjury I dec	lare that I have examined this rel	turn, including accompanying sche	dules and statements, and	to the best of my knowled	lge and belief, it is true,			
Sign	CON	1 1 1/2		ver) is based on all information of v	N	wieage	May the IRS di			
Here		rue XV	Mar	10/73/9	TRUSTEE		with the prepar See instruction		Yes	
	∫ ∕s	gnature of officer or thus		Date	Title			ت.يا		
Paid	\int_{-}^{-}	nnt/Type preparer's		Preparer's signature		Date	Check X if PTI			
Prepa	rbr	LARRY J DRES			<i></i>	10/22/2019		12317	790_	
Use C		Firm's name	DRESSLER & ASSO			Fim	's EIN ► 95-41980			
026 C	<u>יייע</u>	/Firm's address ▶	10573 W PICO BLV	D 168, LOS ANGELES	S, CA 90064	Pho	ne no 310-282-	9936		

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one)

Schedule of Contributors

OMB No 1545-0047

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number HARMAN FAMILY FOUNDATION 45-6495102

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	
Charles	and but the Commet Bule or a Smariel Bule	
• •	ered by the General Rule or a Special Rule. 8), or (10) organization can check boxes for both the General Rule and a Special Rule See	
instructions		
General Rule		
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 pperty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.	
Special Rules		
regulations under section 13, 16a, or 16b, and that	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the ns 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	
contributor, during the year	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, urposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ad of the contributor name and address), II, and III	
contributor, during the ye contributions totaled mor during the year for an ex	cribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ear, contributions exclusively for religious, charitable, etc., purposes, but no such re than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Don't complete any of the parts unless the this organization because it received nonexclusively religious, charitable, etc., contributions during the year.	1
990-EZ, or 990-PF), but it must a	n't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, inswer "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 rify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

Name of organization Employer identification number HARMAN FAMILY FOUNDATION 45-6495102

Part I	Contributors (see instructions) Use duplicate copie	es of Part I if additional space is i	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SIDNEY HARMAN ADMINISTRATIVE TRUST 10573 W PICO BLVD 168 LOS ANGELES CA 90064 Foreign State or Province Foreign Country	\$ 9,250,000	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
	Foreign State or Province Foreign Country	\$	Person Payroll Occupate Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroli Noncash (Complete Part II for noncash contributions)

Name of organization
HARMAN FAMILY FOUNDATION

Employer identification number 45-6495102

Part II	Noncash Property (see instructions) Use duplicate of	copies of Part II if additional spa	ace 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of org	ganization FAMILY FOUNDATION		Employer identification number 45-6495102
Part III	Exclusively religious, charitable, etc., contri (10) that total more than \$1,000 for the year of the following line entry. For organizations comp	rom any one contributor. Cor	cribed in section 501(c)(7), (8), or nplete columns (a) through (e) and
	contributions of \$1,000 or less for the year (En Use duplicate copies of Part III if additional spa	iter this information once See i	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<u> </u>	(e) Transfer of gift	
	Transferee's name, address, and ZIP +	4 Relation	nship of transferor to transferee
	For Prov Country		
(a) No. from Part I	For Prov Country (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 Relation	nship of transferor to transferee
(a) No. from Part I	For Prov Country (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and ZIP +	nship of transferor to transferee	
(a) No.	For Prov Country		
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 Relatio	nship of transferor to transferee
	Eor Prov. Country		

Part I, Line 6 (990-PF) - Gain/Loss from Sale of Assets Other Than Inventory

Cost of Utiler Basis, Expenses, Net Gain		Deprecation and Adjustments or Loss 853,074	142 or Losş	or Loss	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	01 Loss	or Loss 0 0 Net C Adjustments or Lo
					Expense of Sale	216 0 Expense of Sale and Cost of	Expense of Sale and Cost of Improvements Dep
Sales Depr	12,478,216		0	0	0 Expense	Valuaton	Valuation Method
Sales						Cost or	Cost or Other Basis
	Capital Gains/Losses	Other color	כחוכו אמוני	Cuici sale:	Onici sale:	Gross Sales	Gross Sales Price
	ొ					Date	Date Sold
						n Date	
						Acquisition	=
				Check "X" rf	Check "X" if Purchaser	Check "X" if Purchaser IS a	Check "X" if Purchaser Is a Business
							Purchaser
		•			Check "X"	Check "X" to include	Check "X" to include in Part IV
	573,875	0					CUSIP#
	Long Term CG Distributions	Short Term CG Distributions					Description

Part I, Line 16b (990-PF) - Accounting Fees

	· · · · · · · · · · · · · · · · · · ·	16,765	0	(16,765
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	DRESSLER & ASSOCIATES INC	5,500			5,500
2	HAN GROUP	10,995			10,995
3	MARGARET REZNIK	270			270

Part I, Line 16c (990-PF) - Other Professional Fees

		191,098	175,848	0	15,250
		Revenue and Expenses per	Net Investment	Adjusted Net	Disbursements for Charitable Purposes
	Description	Books	Income	Income	(Cash Basis Only)
1	CAPITAL GROUP INVIESTMENT MANAGEMENT	175,848	175,848		0
2	OUTSIDE CONSULTANTS	15,250			15,250

Part I, Line 18 (990-PF) - Taxes

		108,648	80,208	0	28,440
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	PAYROLL TAXES	28,430			28,430
2	FOREIGN TAXES W/H	37,208	37,208		
3	IRS	42,000	42,000		
4	OTHER	1,010	1,000		10

Part I, Line 23 (990-PF) - Other Expenses

		23,815	0	0	23,815
		Revenue and			Disbursements
		Expenses	Net Investment	Adjusted Net	for Charitable
	Description	per Books	Income	Income	Purposes
1	INSURANCE	3,529	0		3,529
2	FILING FEES	150	0	_	150
3	MISCELLANEOUS OFFICE EXPENSES	12,666	0		12,666
4	PAYROLL SERVICE FEES	3,988	0		3,988
5	TELEPHONE/COMMUNICATIONS	3,482	0		3,482

			1,060,000	0	0	0	1,060,000								•	•
				Net Balance		Allowance for										
	Check TY Check TY I	ick "X" if	Ongmal	Ove Beginning	Balance Due	Doubtful Accts	FIAV of		Date of	Matumy	Repayment	Interest	Purpose	Consideration	Consideration	_
Borrower's Name	if Business 501((c)3 Org	Amount	of Year	End of Year	End of Year	Other Notes	Security Provided	Note	Date	Terms	Rate	of Loan	Description	FMV	Relationship .
I THE SHAKESPEARE THEATRE		×	1,060,000				1,060,000		12/19/2017	12/19/2019 AL	L DUE AT MATURITY	1 85%				

Part II, Line 22 (990-PF) - Other Liabilities

	•	28,064	0
		Beginning	Ending
	Description	Balance	Balance
1	TAX/BOOK DIFFERENCE	28,064	0

apital Gains and Losses for Tax on Investment Income
2
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ains and Losses for Tax on Inv
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•		279,199	, SE	/Over	Losses	279,199
) , , , 2	Gains Minus	Excess FMV Over	Adj Basis or Losses	2
•		0	Excess of FMV	Over	Adjusted Basis	0
	•	0	Adjusted Basis	as of	12/31/69	0
		0	FMV	as of	12/31/69	0
		279,199			Gain or Loss	279,199
	,	11,625,142	Cost or Other .	Basis Plus	Expense of Sale	11,625,142
		0			Adjustments	
		0		Depreciation	Allowed	
		11,904,341		Gross	Sales Price	11,904,341
				Date	Sold	12/31/2018
				Date	Acquired	6/15/2015
				Acquistion	Method	
Amount	573,875	0			CUSIP#	
	Long Term CG Distributions	Short Term CG Distributions			Description of Property Sold	PUBLICLY TRADED SECURITIES

Part VI, Line 6a (990-PF) - Estimated Tax Payments

	•	Date		Amount
1	Credit from prior year return		1	
2	First quarter estimated tax payment		2	
3	.Second quarter estimated tax payment	6/7/2018	3	10,000
4	Third quarter estimated tax payment	9/5/2018	4	5,000
5	Fourth quarter estimated tax payment	12/18/2018	5	5,000
6	Other payments		6	0
7	Total		7	20,000

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

			and forces of the control of	The same of the same		2						
										307,608	0 ,	Ĉ.
L		Check "X"							Avg Hrs			Expense
	Name	if Business	Street	Cıty	State	Zip Code	Foreign Country	Title	Per Week	Compensation	Benefits	7 Account
L	BARBARA HARMAN		10573 W PICO BLVD 168	LOS ANGELES	5	90064		TRUSTEE	40 00	186,900		•
<u> </u>	JANE HARMAN		10573 W PICO BLVD 168	LOS ANGELES	5	90064		TRUSTEE	4 00	6		
	MEGAN QUITKIN		10573 W PICO BLVD 168	LOS ANGELES	5	90064		TRUSTEE	40 00	120,708		
	1 LYNN HARMAN		10573 W PICO BLVD 168	LOS ANGELES	5	90064		TRUSTEE		0		
	DAN HARMAN		10573 W PICO BLVD 168	LOS ANGELES	5	90064		TRUSTEE		0		
	BRIAN FRANK		10573 W PICO BLVD 168	LOS ANGELES	5	90064		TRUSTEE		0		
_						_			_			

Ра	Part VIII, Line 2 (990-PF) - Compensation of Five Highest-Paid Employees	ation of Five	Highest-Paid Employees				
			Title, and average hours		Contributions to employee	Expense account,	_
	Name and address of each employee pard more than \$50,000	re than \$50,000	per week devoted to position	Compensation	benefit plans and deferred compensation	other allowances	
_	Name NANCY SWARTZ		Title GRANTS/OPS MGR				1
_	Street 26 SHADY LANE		Hr/WK 40 00	106,080		•	
<u>-</u>	City NEEDHAM ST MA Z	ZIP_02492					l
	Foreign Country		Explanation				ı
	Name		Title				l
	Street		HrWK				
	City	ZIP		!			İ
	Foreign Country		Explanation			•	
	Name		Title				1
•	Street		HrWK				
ઝં	City	ZIP					ı
	Foreign Country		Explanation				
	Name		Title				
_	Street		Hr/WK				
4	City	ZIP					ì
	Foreign Country		Explanation				
	Name		Title				ı
4	Street		HrWK				
ni —	Cıty	ZIP					
	Foreign Country		Explanation				

HARMAN FAMILY FOUNDATION 45-6495102 DECEMBER 31, 2018

STATEMENTS

PART IX-A SUMMARY OF DIRECT CHARITABLE ACTIVITIES

THE EXECUTIVE DIRECTOR AND THE GRANTS AND OPERATIONS MANAGER VOLUNTEER FIFTY PERCENT OF THEIR TIME PROVIDING SIGNIFICANT TECHNICAL ASSISTANCE TO THE FOUNDATION'S LEAD NONPROFIT PARTNER, THE CATALOGUE FOR PHILANTHROPY THE EXECUTIVE DIRECTOR OF THE FOUNDATION VOLUNTEERS AS THE CATALOGUE'S LEAD EXECUTIVE MANAGING ALL ORGANIZATIONAL ACTIVITIES, INCLUDING STRATEGIC PLANNING, FUNDRAISING, PUBLIC RELATIONS AND OPERATIONS MANAGEMENT. THE GRANTS AND OPERATIONS MANAGER VOLUNTEERS AS THE CATALOGUE'S EDITORIAL MANAGER, EVENT PLANNER AND COORDINATES THE OVERALL ADMINISTRATIVE OPERATIONS OF THIS NONPROFIT PARTNER