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SCANNED AUG 12 2010

Form **990-PF**

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2009

OMB No 1545-0052

For	calen	dar year 2009, or tax year beginning	, and ending			
G Check all that apply: Initial return			Initial return of a fo	ormer public charity	Final retu	rn ———
		Amended return	Address chan	ge	Name change	
	the				A Employer identification	on number
	abel. erwis	L	ION, INC		20-811436	9
	print	Number and street (or P O box number if mail is not de		Room/suite	B Telephone number	-
0	r type	420 CIVIC BOULEVARD			919-833-3	609
	Spec	ific City or town, state, and ZIP code			C If exemption application is	
inst	ructio	ns RALEIGH, NC 27610			D 1. Foreign organization	
Н (heck	type of organization: X Section 501(c)(3) ex	kempt private foundation		Foreign organizations in check here and attach	neeting the 85% test,
	_	• • • • • • • • • • • • • • • • • • • •	Other taxable private found	ation		
l Fa		rket value of all assets at end of year J Account		Accrual	E If private foundation st under section 507(b)(
		· 1	ther (specify)		1 ' '	a 60-month termination
	\$	169,636. (Part I, colu	mn (d) must be on cash	basis.)	under section 507(b)(
		Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	50,000.		N/A	7-7-136-12 47-13
	2	Check In the foundation is not required to attach Sch. B	· 1877 / 1885年 11月 -		Part of the Control	1 87 13 8 15 14 15 1
	3	Interest on savings and temporary cash investments	13.	13		STATEMENT 1
	4	Dividends and interest from securities	2,235.	2,235		STATEMENT 23
	5a	Gross rents	,	_ ,		1. 15. 20. 20. 20. 20. 20. 20. 20. 20. 20. 20
	'.	Net rental income or (loss)	· · · · · · · · · · · · · · · · · · ·	ALL THE RESERVE	感觉是"也不不。"	10000000000000000000000000000000000000
•	6a	Net gain or (loss) from sale of assets not on line 10		のあれては強	91 700	1000 智慧達賞
Ē	Ь	Gross sales price for all assets on line 8a	11、金型新工程	(1) (1) (1) (1)		1
Revenue	7	Capital gain net income (from Part IV, line 2)	建 原料的工作。	0	10 1	The to Hope and
Be	8	Net short-term capital gain	14年の確認は発記室			(1) 人名英格兰
	9	Income modifications	新工作的 医多种性	· 網路	<u> </u>	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	10a	Gross sales less returns and allowances	图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图 图	(5) 均数3	17.14	(た) たけがい(数)
	Ь	Less. Cost of goods sold	情報 · はがらから	1.53	14000000000000000000000000000000000000	र्भें भूक होता अ
	C	Gross profit or (loss)		14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		CANAGES AT
	11	Other income			1	1 120 130 14 14 14 15
	12	Total. Add lines 1 through 11	52,248.	2,248		
	13	Compensation of officers, directors, trustees, etc	0.	0		0.
	14	Other employee salaries and wages				
	15	Pension plans, employee benefits				
ses	16a	Legal fees				
eu	b	Accounting fees STMT 3	600.	300	•	0.
Expenses	C	Other professional fees				
ě.	17	Interest				
Operating and Administrative	18	Taxes STMT 4	267.	204		0.
nist	19	Depreciation and depletion				1 2 2
<u>=</u>	20	Occupancy				
- Ac	21	Travel, conferences, and meetings				
and	22	Printing and publications				
ğ	23	Other expenses STMT 5	28.	14	•	0.
ati	24	Total operating and administrative	1			
<u>b</u> e		expenses. Add lines 13 through 23	895.	518	•	0.
0		Contributions (Fig. 6) The Water D	14,000.		٠	14,000.
	26	Total expenses and disbursements.				
		Add lines 24 and 25 6 2010	14,895.	518	•	14,000.
	27	Subtract line 26 from fine 12:				,
	a	Excess of revenue expenses and distursiments	37,353.		ļ	
	b	Net investmen () () () () () () () () ()		1,730		
0235	C	Adjusted net mcome (if negative, enter -0-)	<u> </u>		N/A	- 000 PF (000)

ΓĎ	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	of year
<u></u>	art	Balatice Streets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	31,859.	67,180.	67,180.
	2	Savings and temporary cash investments			
	3	Accounts receivable	·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 10 10 10 10
		Less; allowance for doubtful accounts ▶	*		
	4	Pledges receivable ►			7
		Less: allowance for doubtful accounts ▶	* * * * * * * * * * * * * * * * * * * *		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons			
	7	Other notes and loans receivable		13-14	1 -4 63 () 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
	'	Less; allowance for doubtful accounts) > "' * ' , \$ ~ \$ ~ \$ ~ " ~ "	1 10	" " " " " " " " " " " " " " " " " " "
(A	8	Inventories for sale or use			 -
Assets		Prepaid expenses and deferred charges			<u> </u>
As	1	Investments - U.S. and state government obligations			
	1	Investments - corporate stock			
		Investments - corporate stock			
			2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	11	Investments - land, buildings, and equipment, basis	Tap or all	A 25' '	
	40	Less accumulated depreciation			
	l .	Investments - mortgage loans Investments - other STMT 6	125 226	127,368.	102 456
	13		125,336.	141,300.	102,456.
	14	Land, buildings, and equipment basis	· · · · · · · · · · · · · · · · · · ·		, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Less accumulated depreciation			
	15	Other assets (describe			
		The transfer of the transfer of the self-transfer o	157 105	104 540	1.00 .00
		Total assets (to be completed by all filers)	157,195.	194,548.	169,636.
		Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			31.333.33
iat	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
				•	
_	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
G	1	and complete lines 24 through 26 and lines 30 and 31.			
Ç		Unrestricted	157,195.	194,548.	\$ \$1 (3) - 1 (5) (5)
alar	25	Temporarily restricted		· · · · · · · · · · · · · · · · · ·	
Net Assets or Fund Balances	26	Permanently restricted			and the second s
Ĕ		Foundations that do not follow SFAS 117, check here			
Ē		and complete lines 27 through 31.			
ts o	27	Capital stock, trust principal, or current funds			
se,	28	Paid-in or capital surplus, or land, bldg., and equipment fund	· · · · · · · · · · · · · · · · · · ·		
Ž	29	Retained earnings, accumulated income, endowment, or other funds			
Ż	30	Total net assets or fund balances	157,195.	194,548.	
					The state of the s
_	31	Total liabilities and net assets/fund balances	157,195.	194,548.	
F	art	Analysis of Changes in Net Assets or Fund B	alances		
=					
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	st agree with end-of-year figure reported on prior year's return)		1	157,195.
2	Ente	r amount from Part I, line 27a		2	37,353.
3	Othe	r increases not included in line 2 (itemize)	<u> </u>	3	0.
4	Add	lines 1, 2, and 3		4	194,548.
5	Decr	eases not included in line 2 (itemize)		5	0.
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	194,548.
					Form 990-PF (2009)

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HARRIS FAMILY FOUNDATION, INC

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		IS FAMILY FOUNT nd Losses for Tax on I						20	-811	<u> 1369</u>	Page 3
<u> </u>	(a) List and describe	e the kind(s) of property sold (e. house; or common stock, 200 st	g., real estate,	it moonle	1, b	How ac	quired hase	(c) Date acc	quired yr.)	(d) Date (mo., da	sold y, yr.)
					╁╌	- Dona	111011	3,			
<u></u> -	NON				t						
c	1,011.				t						-
ď					†						
_ <u>-</u>					†	-			-		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		ost or other basis expense of sale				(h) Gain (e) plus (f	or (loss)) minus (
a											
b											
C		· · · · · · · · · · · · · · · · · · ·									
<u>d</u>											
<u>e</u>	·		<u> </u>						_		
	Complete only for assets showing (gain in column (h) and owned by	the foundatio	п оп 12/31/69				(I) Gains (Col.	(h) gain i	ninus	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		xcess of col. (1) r col. (1), if any			С	ol. (k), but not Losses (fr	less than om col. (f	-0-) or ı)) 	
<u>a</u>			ļ								
<u>b</u>		 			_						
C											
<u>d</u>			ļ								
<u>e</u>											
2	Capital gain net income or (net capit	al loss) $\left\{ egin{array}{l} ext{lf gain, also enter} \ ext{lf (loss), enter-} \end{array} ight.$			}	2					
	Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co		ınd (6):		}						
	If (loss), enter -0- in Part I, line 8 art V Qualification Und	der Section 4940(e) fo	r Reduced	d Tax on Net	Inv	estm	ent In	come			
_	r optional use by domestic private fo									N/A	
	ection 4940(d)(2) applies, leave this					 ,					
If "Y	s the foundation liable for the section 'es," the foundation does not qualify	under section 4940(e). Do not c	omplete this p	art.						Yes [No
1_	Enter the appropriate amount in each	h column for each year; see inst	ructions before	e making any entri	es.			- ,			
	(a) Base period years Calendar year (or tax year beginning	in) Adjusted qualifying di	stributions	Net value of no	(c) oncha	ritable-	use asset	s (co	Distribu	(d) ution ratio ded by col. (c))
	2008										
	2007										
	2006										
	2005										
	2004			<u> </u>							
2	Total of line 1, column (d)							2			_
	Average distribution ratio for the 5-y		on line 2 by 5,	, or by the number	of ye	ars					
1	the foundation has been in existence	e if less than 5 years						3	_		
4	Enter the net value of noncharitable-	use assets for 2009 from Part X,	, line 5					4			
5	Multiply line 4 by line 3			•				5			
6 I	Enter 1% of net investment income ((1% of Part I, line 27b)						6			
7	Add lines 5 and 6							7			
8 1	Enter qualifying distributions from P	art XII, line 4						8			
ļ	If line 8 is equal to or greater than lin See the Part VI instructions.	ne 7, check the box in Part VI, line	e 1b, and com	plete that part usir	ig a 1	% tax r	ate.				

	1990-PF (2009) HARRIS FAMILY FOUNDATION, INC		8114			Page 4
	int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	948	- see i	nstru	ictio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1.	ł	1	•	•	•
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	ĺ	į			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	_1_	ļ			<u>35.</u>
	of Part I, line 27b	3	. , •	. , ,,	,	3
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-)	2				0.
3	Add lines 1 and 2	3	<u> </u>			<u>35.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				35.
6	Credits/Payments:	33	, ,	, ,	, ,	
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a	, "	4		*	,
	Exempt foreign organizations - tax withheld at source 6b	1			<i>4</i> ,	•
	Tax paid with application for extension of time to file (Form 8868) 6c		!) 2	14	,
	Backup withholding erroneously withheld 6d		1	. , ,	• , `	
	Total credits and payments. Add lines 6a through 6d	7	1			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				35.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	 			
	Enter the amount of line 10 to be: Credited to 2010 estimated tax	11	-			
	rt VII-A Statements Regarding Activities	1 11	<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interven			Ī	Yes	No
Ia	any political campaign?	: 11.1		1	1.00	X
_	· · · · · · · · · · · · · · · · · · ·			1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?			1b	 	_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	a or				
	distributed by the foundation in connection with the activities.					.,
	Did the foundation file Form 1120-POL for this year?			10		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					l
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.	-		1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			1		İ
	managers. > \$O.			٠.	-	l
2	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.			2	ļ	X
2	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation,	nr.		٠.	٠	
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	J1		3		x
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	 	X
	If "Yes." has it filed a tax return on Form 990-T for this year?	N	I/A	4b		-
_	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	1,	1/ A	5		X
J	If "Yes," attach the statement required by General Instruction T.			\ \ \		<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
U	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. 	n law				
		5 IAW			l	v
	remain in the governing instrument?			6	Х	X
′	Did the foundation have at least \$5,000 in assets at any time during the year?			7	_ <u>^</u>	
_	If "Yes," complete Part II, col. (c), and Part XV.					
ga	Enter the states to which the foundation reports or with which it is registered (see instructions) NC					
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)					1
_	of each state as required by General Instruction G? If "No," attach explanation			8b	х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cal	endar			· ·	
•	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X
<u></u>	a 100, bittori a contessa inting men mende and addresses		For	m 990	-PF	

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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 2009?

Orm 990-PF (2009) HARRIS FAMILY FOUNDATION		Dominad ()	<u> </u>	69 Page 6		
Part VII-B Statements Regarding Activities for Which I	orm 4/20 May Be F	sequirea (contin	ued)			
5a During the year did the foundation pay or incur any amount to:		_				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • •		es 🗶 No			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly,						
any voter registration drive?			es X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes?						
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section			- [] , < `\bar{\bar{\bar{\bar{\bar{\bar{\bar{		
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	es 🗶 No 📙			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f	or		· · · · · · · · · · · · · · · · · · ·		
the prevention of cruelty to children or animals?		Y6	es 🗓 No 🖯			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations				
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b		
Organizations relying on a current notice regarding disaster assistance check h	· · · · · · · · · · · · · · · · · · ·		▶□□	131 144 (193)		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ned				
expenditure responsibility for the grant?		/A 🔲 Ye	s No			
If "Yes," attach the statement required by Regulations section 53.494		,				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	• •		1.			
a personal benefit contract?	pa, promisino on	□ v₂	es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal henefit contract?	16	١١٥ لحف و،	6b X		
If "Yes" to 6b, file Form 8870.	COSCINAL DEHELIK CUHU ACL!		 	VI 2. 1 1 1 2		
ŕ	holtos troncostica 2		s X No			
7a At any time during the tax year, was the foundation a party to a prohibited tax s		TE	<u> </u>			
b If yes, did the foundation receive any proceeds or have any net income attribut		nogoro Highly		7b		
Rart VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roungation wa	nagers, nigniy	,			
List all officers, directors, trustees, foundation managers and their	compensation					
List all officers, directors, disters, foundation finanagers and their		(c) Compensation	(d) Contributions to	(a) Eyponeo		
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other		
· ·	to position	enter -0-)	and deferred compensation	allowances		
	PRESIDENT	1				
420 CIVIC BOULEVARD		_	_	_		
RALEIGH, NC 27610	0.00	0.	0.	0.		
ANN HARRIS	SECRETARY/TRE	ASURER				
120 CIVIC BOULEVARD						
RALEIGH, NC 27610	0.00	0.	0.	0.		
JOSEPH WARREN III	ASSISTANT SEC	RETARY				
219 GREENWICH ROAD						
CHARLOTTE, NC 28211	0.00	0.	0.	0.		
Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."				
	(b) Title, and average hours per week		(d) Contributions to employee benefit plans	(e) Expense account, other		
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deterred	account, other allowances		
NONE	dovoted to position		сотрензавол	unowanios		
HONE						
				 		
		1				
				Į.		
	l					
Total number of other employees paid over \$50,000			▶	0		

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Part VIII	Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	undation Managers, Highly	
3 Five high	est-paid independent contractors for professional services. If none,	enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensa
1	NONE		
			1
	of others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
List the found number of org	ation's four largest direct charitable activities during the tax year. Include relevanganizations and other beneficiaries served, conferences convened, research pape	t statistical information such as the rs produced, etc.	Expenses
· 1	N/A		
			_
!			\exists
Part IX-B	Summary of Program-Related Investments		<u> </u>
	two largest program-related investments made by the foundation during the tax y	ear on lines 1 and 2.	Amount
ı <u>1</u>	N/A		
:			-
	ram-related investments. See instructions.		
·			-
Total Add lis	and 1 through 2		-

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	84,789.
	Average of monthly cash balances	1b	49,708.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	134,497.
е	Reduction claimed for blockage or other factors reported on lines 1a and	5	
	1c (attach detailed explanation)	Be S	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	134,497.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,017.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	132,480.
6	Minimum investment return. Enter 5% of line 5	6	6,624.
,P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	6,624.
2a	Tax on investment income for 2009 from Part VI, line 5	i,	
b	Income tax for 2009. (This does not include the tax from Part VI.)	, ,	
C	Add lines 2a and 2b	2c	35.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,589.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	6,589.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	6,589.
P	art 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	14,000.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	ļ,`	
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	14,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	14,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for t	he section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

-	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7	, ,	· , ,		6.589.
2 Undistributed income, if any, as of the end of 2009	· · · · · · · · · · · · · · · · · · ·		SE TO SEC	111
a Enter amount for 2008 only	NSG S		0.	人為 化 似为一致人
b Total for prior years:	11.24 1.31 1	A CONTRACTOR OF THE CONTRACTOR	· 人名马达纳格里克	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
,,,	F. S.	0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	The state of the s			
b From 2005		は彼れておい		1线电子 一种
c From 2006		设备级的 人		物數 鼠的复数形式人
d From 2007 4,360.		大部分 こうこう		国家自己会会
eFrom 2008 13,360.	图的。 经工程	* 1 3 3 6 7 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
f Total of lines 3a through e	17,720.		and the second	17 - 4 18 - 4 1 4
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 14,000.				
a Applied to 2008, but not more than line 2a		·李等级学 [1]	0.	10,78,75,75
b Applied to undistributed income of prior		_		「大きな
years (Election required - see instructions)		0.	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount		18 18 18 18 18 18 18 18 18 18 18 18 18 1	**************************************	6,589.
e Remaining amount distributed out of corpus	7,411.	****		1 60 to 12 to the
Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount	0.	* * * * * * * * * * * * * * * * * * * *	-3/ 1-2/13/5 Pr	0.
must be shown in column (a).)		k 2호 (* 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 1945 - 194 현수 및 공통한 기계		(水蓝) 对为别的人类()
6 Enter the net total of each column as				
indicated below:	(於) () () () () () () () () ()			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	25,131.	रिचें िन्दे अले र र र र	, \{ \(\) \	2001 1523 5
b Prior years' undistributed income. Subtract		•		
line 4b from line 2b	7 /A 7	0.	ا مِنْ الْمِنْ br>الله الله الله الله الله الله الله الله	
c Enter the amount of prior years' undistributed income for which a notice of		•		
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line	F- 7'4'	(1) (株式) (1)	13	<u> </u>
4a from line 2a. Taxable amount - see instr.			0.	3
f Undistributed income for 2009. Subtract		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7.18	
lines 4d and 5 from line 1. This amount must		St. St. Landing I		
be distributed in 2010	18.7			0.
7 Amounts treated as distributions out of		\$ 0° 2		,
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.		J. 2. 3.	,
8 Excess distributions carryover from 2004			, ;	
not applied on line 5 or line 7	0.		· ·	
9 Excess distributions carryover to 2010.			ţ	
Subtract lines 7 and 8 from line 6a	25,131.	1		
10 Analysis of line 9		,	٠,	
a Excess from 2005	. >	,		
b Excess from 2006				
c Excess from 2007 4,360.		,		
d Excess from 2008 13,360.				
e Excess from 2009 7,411.		<u> </u>		<u></u>

Form 990-PF (2009) HARRIS	FAMILY FOUN	DATION, INC	<u> </u>		.14369 Page 10
Part XIV Private Operating F	-		A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo	or 2009, enter the date of t	he ruling	▶		
b Check box to indicate whether the found	dation is a private operatir	ng foundation described in		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	<u> </u>	
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
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					<u> </u>
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.	1				
Subtract line 2d from line 2c				·	
3 Complete 3a, b, or c for the	1				
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(1)(3)(B)(1)					
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					i
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 Info	rmation (Comple	te this part only i	f the foundation	had \$5 000 or me	ore in assets
at any time during t				, παα φο,σοσ στ πι	ore iii assets
1 Information Regarding Foundation					
a List any managers of the foundation wh	_	than 2% of the total contr	hutions received by the	foundation before the clo	se of any tay
year (but only if they have contributed n			ibadons received by the	Todiladion belore inc cio	oc or any tax
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e stock of a corporation (or an equally large portion	on of the ownership of a o	artnership or
other entity) of which the foundation ha			or arrequent targe per ar		artiroromp or
NONE					
2 Information Regarding Contribut	ion. Grant. Gift. Loan.	Scholarship, etc., Pro	ograms:		
Check here X if the foundation of				not accept unsolicited requ	iests for funds, if
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations ur	nder other conditions, co	omplete items 2a, b, c, and	d d.
a The name, address, and telephone num	ber of the person to whor	n applications should be a	addressed:		
, , , , , , , , , , , , , , , , , , , ,					
b The form in which applications should be	e submitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines:					
1 A and and a	a analysis and the second				
d Any restrictions or limitations on awards	s, such as by geographica	ii areas, charitable tields, l	kinds of institutions, or (otner factors:	

Part XV Supplementary Information	(continued)		20 011	1307 / 1301.
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment	,	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year SEE STATEMENT 7	or substantial contributor	recipient		
Total			▶ 3a	14,000.
b Approved for future payment NONE Total			► 3b	0.

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

nter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business code	d business income (b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
a	_				
b			ļ		
	1 1		+		
	1 1				
f	-		+		
g Fees and contracts from government agencies			+		
Membership dues and assessments					
Interest on savings and temporary cash					
investments	L.		14	13.	
Dividends and interest from securities			14	2,235.	
Net rental income or (loss) from real estate:			4	2,235.	
a Debt-financed property			_		
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income	ļ		_		
Gain or (loss) from sales of assets other					
than inventory			 		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory	-				
Other revenue:					
<u> </u>			-		
b	l I		-		-
d			+		
d	-	 -	-		
Subtotal. Add columns (b), (d), and (e)	\$4.55 °E .	0	· [2 7	2,248.	0
Total. Add line 12, columns (b), (d), and (e)	1		<u>• [</u>	13	
ee worksheet in line 13 instructions to verify calculations	.)				
Part XVI-B Relationship of Activitie		mplishment of E	xemp	t Purposes	
ine No. Explain below how each activity for which in the foundation's exempt purposes (other the	ncome is reported in	n column (e) of Part XVI-	A contrib	outed importantly to the accomp	plishment of
	and by providing for	Tab for basis par possoj.	_		
					
				 	
					-
				· · · · · · · · · · · · · · · · · · ·	

HARRIS FAMILY FOUNDATION, INC <u>20-8114369</u> Information Regarding Transfers To and Transactions and Relationships With Noncharitable Part XVII **Exempt Organizations**

1	Did th	e organization directly or indir	rectly engage in any of the following	ng with any other organizati	on described in sectio	n 501(c) of	,	Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									·· ·
í	a Trans	fers from the reporting founda	ation to a noncharitable exempt or	ganization of:				"(* ; `	.: :
	(1) C	Cash					1a(1)		X
	(2) (Other assets					1a(2)		X
ı	Other	transactions:					3	£.,	÷
	(1) S	Sales of assets to a noncharital	ble exempt organization				16(1)		<u>X</u>
	(2) P	Purchases of assets from a noi	ncharitable exempt organization				1b(2)		X
	(3) F	Rental of facilities, equipment,	or other assets				1b(3)		X
	(4) F	Reimbursement arrangements					1b(4)		X
	(5) L	oans or loan guarantees					1b(5)		X
	(6) P	erformance of services or me	embership or fundraising solicitation	ons			1b(6)		X
(s Sharii	ng of facilities, equipment, ma	uling lists, other assets, or paid em	ployees			1c		X
(d if the	answer to any of the above is	"Yes," complete the following sche	edule. Column (b) should al	ways show the fair ma	rket value of the goods, o	ther ass	ets,	
	or ser	vices given by the reporting fo	oundation. If the foundation receiv	ed less than fair market val	ue in any transaction o	or sharing arrangement, s	how in		
	colun	nn (d) the value of the goods,	other assets, or services received.						
(a)	Line no	(b) Amount involved	(c) Name of noncharitable	e exempt organization	(d) Description of	f transfers, transactions, and	sharing arr	angeme	nts
			N/A						
							_		
							_		
_									
				 					
_									
_									
			<u> </u>						
2	a Is the	foundation directly or indirect	tly affiliated with, or related to, one	or more tax-exempt organ	zations described				
	ın sec	tion 501(c) of the Code (other	r than section 501(c)(3)) or in sect	tion 527?			Yes	X	No
	b If Yes	s,* complete the following sch	edule.						
		(a) Name of org	janization	(b) Type of organization	(c) Description of relations	קור		
		N/A		ļ <u>.</u>					
				<u> </u>	L				
			have examined this return, including acco or than taxpayer or fiduciary) is based on			ny knowledge and belief, it is t	rue, correc	ct,	
	213 00.		a war aspaya a madda yy is based on			1 .			
~	_	Worth Ta	n	7/14/10		sident			
Sign Here	Sı	gnature of officer or trustee		Date	Title				
드	ω.	Preparer's	$\rho \cdot \rho$	(Date Cher	Ck if Prepare	r's identify	ıng num	iber
Sig	Paid Preparer's Use Only	signature	mes 1. fully C	1A	7/12/10 emp		0061	<u>638</u>	
	Paid eparel se On	Firm's name (or yours THOM	•		-	EIN ► 56-196!	804		
	Pre Us	If self-employed), 4505		ROAD SUITE	450				
		address, and ZIP code RALE	IGH, NC 27609			Phone no. (919			
						Fo	rm 990	-PF(2009)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

Employer identification number

2009

HARRIS FAMILY FOUNDATION, INC 20-8114369 Organization type (check one): Filers of: Section: ___ 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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 Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

schadula B.(F	form 980, 990-EZ, or 990-PF) (2009)		Page 1 of 1 of Part I	
Name of or		Emplo	yer identification number	
HARRI	S FAMILY FOUNDATION, INC	20)-8114369	
Part I	Contributors (see instructions)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
1	LARRY HARRIS 17537 SE CONCH BAR AVENUE	\$ 50,000.	Person X Payroll Noncash	
	TEQUESTA, FL 33469		(Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution	
		\$	Person Payroll Noncash	

(Complete Part II if there is a noncash contribution.)

ORM 990-PF INTEREST ON SAVI	INGS AN	ID TEM	PORARY C	ASH IN	IVESTMENTS	STATEMENT	1
SOURCE			-			AMOUNT	
EAGLE MONEY MARKET FUND							13.
TOTAL TO FORM 990-PF, PART I,	, LINE	3, CO	LUMN A				13.
ORM 990-PF DIVIDENT	OS AND	INTER	EST FROM	SECUE	RITIES	STATEMENT	2
JOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN (A AMOUNT	.)
RAYMOND JAMES	_	2,235.			0.	2,235.	
COTAL TO FM 990-PF, PART I, I	LN 4 =		2,235.		0.	2,2	35.
ORM 990-PF	ACC	OUNTI	NG FEES			STATEMENT	3
DESCRIPTION	(A EXPEN PER B	-	(B) NET INV MENT IN	EST-		(D) CHARITA E PURPOS	
THOMAS, JUDY & TUCKER, PA		600.		300.			0.
TO FORM 990-PF, PG 1, LN 16B		600.		300.			0.
ORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION	(A EXPEN PER E		(B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOM		
*OREIGN TAXES PAID *EDERAL EXCISE TAXES		204. 63.		204.			0.
TO FORM 990-PF, PG 1, LN 18	. " "	267.		204.			0.

ORM 990-PF	OTHER I	EXPENSES		STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM				
BANK CHARGES	28.		4.	0.		
O FORM 990-PF, PG 1, LN 23	28.	1	4.	0.		
FORM 990-PF	OTHER IN	ESTMENTS		STATEMENT 6		
PORM 990-PF DESCRIPTION	V	ESTMENTS LUATION ETHOD	BOOK VALUE	STATEMENT 6 FAIR MARKET VALUE		
	V.	LUATION	BOOK VALUE 77,198. 22,986. 27,184.	FAIR MARKET		

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT 7	
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT
ALLIANCE MEDICAL MINISTRY 2610 NEW BERN AVENUE RALEIGH, NC 27610	NONE MEDICAL MINISTRY	PUBLIC	1,500.
PIRST BAPTIST CHURCH 39 N SALISBURY STREET RALEIGH, NC 27603	NONE RELIGIOUS MINISTRY AND MAINTENANCE OF FACILITIES	EXEMPT	1,500.
HOSPICE L300 ST. MARY'S STREET, SUITE 100 RALEIGH, NC 27605	NONE PROVIDE CARE AND SUPPORT TO THOSE WITH AN ILLNESS	PUBLIC	500.
RALEIGH RESCUE MISSION OBOX 27391 RALEIGH, NC 27611	NONE PROMOTION OF ACTIVITIES TO MINISTER TO PHYSICAL, EMO	PUBLIC	3,000.
SALVATION ARMY 215 S. PERSON STREET RALEIGH, NC 27603	NONE ADDRESS NEEDS OF HUNGER, HEALTHCARE CONCERNS AND HOM	PUBLIC	3,000.
SAVING GRACE ANIMAL & RESCUE ADOPTIONS L3400 OLD CREEDMOOR ROAD WAKE FOREST, NC 27587	NONE HELPING HOMELESS ANIMALS FIND PERMANENT, LOVING HOME	EXEMPT	500.
JRBAN MINISTRIES L390 CAPITAL BLVD RALEIGH, NC 27611	NONE ADDRESS NEEDS OF HUNGER, HEALTHCARE CONCERNS AND HOM	EXEMPT	2,000.
MCA 301 CORPORATE CENTER DR, SUITE 200 RALEIGH, NC 27607	NONE PROVIDE BUILDINGS, PROGRAMS AND SUPPORT FOR COMMUNITIES	PUBLIC	1,000.

HARRIS FAMILY FOUNDATION, INC			20-8114369
OUKE CANCER CENTER 512 S. MANGUM STREET, SUITE 400 OURHAM, NC 27701	NONE RESEARCH AND CARE FOR CANCER FOR PATIENTS	EXEMPT	1,000.
FOTAL TO FORM 990-PF, PART XV, LI	NE 3A		14,000.