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

OMB No. 1545-0052

2009

Department of the Treasury Internal Revenue Service

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

For cal	lendar year 2009, or tax year beginning 1	.2/21 , 2009	, and ending $12/3$	1 , 2009	
G Ch	eck all that apply: X Initial return Initi	al Return of a former p	oublic charity	Fin	al return
	Amended return	Address	change Name o	change	
Use t	he		A	Employer (dentification nur	mber
IRS la	bel. HARAD FAMILY FOUNDATION			27-6366249	
Otherw prin	, Torr william brimber wood		В	Telephone number (see the	instructions)
or typ				208-429-0606	
See Spe	ecific		С	If exemption application is	pending, check here
Instruct	lons.		D	1 Foreign organizations, che	ck here 🟲 🗌
H C	Check type of organization: X Section 50	(c)(3) exempt private	foundation	2 Foreign organizations mee	ting the 85% test, check
	Section 4947(a)(1) nonexempt charitable t		private foundation	here and attach computation	
I F		ounting method: X C	ash Accrual E	If private foundation status under section 507(b)(1)(A)	s was terminated
		Other (specify)	F	If the foundation is in a 60	
► \$		column (d) must be o	n cash basis.)	under section 507(b)(1)(B)), check here
Part I	Analysis of Revenue and	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	income	income	for charitable
	sarily equal the amounts in column (a)				purposes (cash basis only)
	(see the instructions).)	100 200	<u> </u>		
	1 Contributions, gifts, grants, etc, received (att sch).	493,693.	4	2-11 3117	7
	2 Ck I if the foundn is not req to att Sch B 3 Interest on savings and temporary	The Table of	L=1.20	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	cash investments				
	4 Dividends and interest from securities				The party of the state of
	5a Gross rents				
_	b Net rental income or (loss)		13 19 19 19	7	
贮	6a Net gain/(loss) from sale of assets not on line 10. b Gross sales price for all		ta.		
₹	assets on line 6a	三、 一、	#6" J . 147-	* 4 to 1 to 1	
Æ.	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain			-,	
ď	9 Income modifications.	م المان الما	2 425		
۴E	10a Gross sales less returns and		. н. т.	7 7 1 3 10	
᠐ᢉᡯᢆᡱᡸᡴᢟᢔᢙ	allowances .	1 de			
$\tilde{\circ}$	b Less Cost of goods sold .			200	
SCANNED	c Gross profit/(loss) (att sch)				177
3	11 Other income (attach schedule)				
4					
<u>es</u>	12 Total. Add lines 1 through 11	493,693.	0.	0.	
(C)	13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages	0.			
	15 Pension plans, employee benefits.	 			
А	16a Legal fees (attach schedule)	· · · · · · · · · · · · · · · · · · ·			
ĥ	b Accounting fees (attach-some (2013)	<u>n</u>			
Ï	b Accounting fees (attach-set) ECEIVE c Other prof fees (attach schi	<u> </u>			
Q î	las en la	1001	. ,		
ĒŤ	18 Taxes (attach scheduleX egynsty) QCT. 0 1.20 19 Depreciation (attach		•		
RRAATT	19 Depreciation (attach	8			
1 i	scn) and depletion				
N V G E	20 Occupancy		······································	<u> </u>	
A E	22 Printing and publications				
N X D P	23 Other expenses (attach schedule)	····	-		
E N					
SE	24 Total operating and administrative				
S	expenses. Add lines 13 through 23 . 25 Contributions, gifts, grants paid			7	
	26 Total expenses and disbursements.			2 5	
	Add lines 24 and 25	0.	0.	0.	0.
	27 Subtract line 26 from line 12:		7-1-1-1		100
	a Excess of revenue over expenses and disbursements	493,693.			
	b Net investment income (if negative, enter -0-)	493,693.	0.		रेक कि मिल्लाहरू रेकिट मिल्लाहरू
	C Adjusted net income (if negative, enter -0-)			0.	
	or Privacy Act and Panenyork Reduction Ac			<u></u>	F 000 PF (0000)

Balance Sheets Assurate Johnstines and amounts in the description (b) Book Value (c) Book Value (d) For Market Value (d) Book	Form 990-PF (2009) HARAD FAMILY FOUNDATION 27-6366249							
Cash = non-interest-bearing Cash membrane Cash membrane Cash = non-interest-bearing Savings and temporary cash investments Savings and temporary cash investments Savings are receivable Less: allowance for doubtful accounts Savings receivable Less: allowance for doubtful accounts Savings receivable Less: allowance for doubtful accounts Savings receivable Cash = Sav	Pari		Ralance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only					
2 Savings and temporary cash investments. 3 Accounts receivable. Less: allowance for doubiful accounts * 4 Piedges receivable. Less: allowance for doubiful accounts * 5 Grants receivable. Less: allowance for doubiful accounts * 5 Grants receivable. 6 Receivable dee from fifties, drectors, trustes, and other disqualified person (status schedule) cells in each process of disqualified person (status schedule) cells and process of disqualified person (status schedule). 10 Investments – U.S. and state government obligations (status clarks schedule). 11 Investments – U.S. and state government obligations (status schedule). 11 Investments – U.S. and state government obligations (status schedule). 12 Investments – onlying global constants, interest of cash of the schedule). 13 Investments – onlying global constants, interest of the schedule o	38611		(See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
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A Pledges receivable. Less: allowance for doubtful accounts = 5 Grants receivable 6 Receivables due from efficiers, directus, trustees, and other doubtful persons (tathor shoeling) (see the instructions). 7 Other rotes and floars receivable (attach schol). Less: allowance for doubtful accounts = 9 Preparid expenses and deferred charges 10 Investments — U.S. and state powerment obligations (attach schoeling). 10 Investments — corporate stock (attach schoeling). 11 Investments — corporate stock (attach schoeling). 12 Investments — corporate stock (attach schoeling). 13 Investments — corporate stock (attach schoeling). 14 Land, buildings, and equipment: basis. 15 Less: accumulated depression (attach schoeling). 16 Total assets (do be completed by all fillers — 16 Total assets (do be completed by all fillers — 16 Total assets (do be completed by all fillers — 17 Accounts payable and accrued expenses. 18 Grants payable 19 Deferred revenue 20 Loss from efficers, directus, schoeling). 21 Investments — other completed by all fillers — 22 Investments — other completed by all fillers — 23 Total liabilities (add lines 17 through 22). 20 Total from efficers, directus, schoeling). 21 Mertippes and other mote payable (attach schoelule). 22 Total rome fillers, directus, schoeling by a schoe		3						
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10 Investments - U.S. and state government obligations (attach schedule). Statement 1 319,412. 320,527.	ŝ							
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Cattach schedule 12 investments - mortgage loans		11	Investments – land, buildings, and equipment: basis					
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16 Total assets (to be completed by all filers — see instructions Also, see page 1, item 1)			Less: accumulated depreciation (attach schedule)					
See Instructions Also, see page 1, item 1)		15	Other assets (describe ►					
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Rectangle of the property of	<u> </u>	17		, U.	493,693.	495,315.		
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Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Function Variable Variable	Ţ	22	• • • • • • • • • • • • • • • • • • • •					
Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted 25 Temporarily restricted	Ė							
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B B A B B A B B A B B A B B A B B B A B B B B A B B B B B B B A B			and complete lines 24 through 26 and lines 30 and 31.					
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(see the instructions)		30	Total net assets or fund balances (see the instructions)	0.				
Total net assets or fund balances at beginning of year − Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return). Enter amount from Part I, line 27a			(see the instructions)		493,693.			
2 Enter amount from Part I, line 27a	Part	川樓	Analysis of Changes in Net Assets or Fund Balance	es				
2 Enter amount from Part I, line 27a	1	Total	net assets or fund balances at beginning of year — Part II, colu	mn (a), line 30 (must a	gree with	0		
3 Other increases not included in line 2 (itemize)	2	Enter	amount from Part I, line 27a		2			
4 Add lines 1, 2, and 3						233,033.		
5 Decreases not included in line 2 (itemize)	4	Add I				493,693.		
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 493, 693.			• •		· · · · · · · · · · · · · · · · · · ·			
	6	Total	net assets or fund balances at end of year (line 4 minus line 5)	- Part II, column (b), I	ne 30 6	493,693.		

Form 990-PF (2009) HARAD FAMILY FOUNDATION

Ra	(a) List and describ	Losses for Tax on Investment be the kind(s) of property sold (e.g., re ise; or common stock, 200 shares ML	eal estate.	(b) How acquired P — Purchase D — Donation	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1:	a N/A					
	,					
	<u> </u>					
	d					
	0			<u> </u>	<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or (e) plus (f) m	
	a					
1	b					
	c					
	d					
	e					
		ving gain in column (h) and owned by			(I) Gains (Col	
	(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column over column (j), if a		gain minus column (an -0-) or Losses (f	k), but not less rom column (h))
	a					
	<u> </u>					
	<u>: </u>					
	<u>. </u>					
		et capital loss) If gain, also	enter in Part I, line 7 er -0- in Part I, line 7	_		
3		(loss) as defined in sections 1222(5)		. 2		
	, -	ne 8, column (c) (see the instructions)	``´ ¬	_		
	ın Part I, line 8			3		
		r Section 4940(e) for Reduced to foundations subject to the section 4			N/A	
Was	es,' the foundation does not qua	this part blank. ction 4942 tax on the distributable am alify under section 4940(e). Do not co in each column for each year; see th	mplete this part.	•	. Yes	☐ No
<u> </u>		T	(a)	ig any entries.	(d)	
	(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as:	sets (col	Distribution umn (b) divided	
	2008	,··	·····			
	2007					
	2006					
	2005					
	2004					
	Tatal of him 1 column (d)					
3	Total of line 1, column (d) Average distribution ratio for t	he 5-year base period – divide the to	tal on line 2 by 5, or by the	. 2		
•	number of years the foundation	n has been in existence if less than 5	years	3		
4	Enter the net value of nonchar	ritable-use assets for 2009 from Part	X, line 5	4		
5	Multiply line 4 by line 3			5		
6	Enter 1% of net investment in	come (1% of Part I, line 27b)		6_		
7	Add lines 5 and 6			. 7		
8	Enter qualifying distributions fi	rom Part XII, line 4		8		
	If line 8 is equal to or greater the Part VI instructions.	than line 7, check the box in Part VI,	line 1b, and complete that	part using a 19	6 tax rate. See t	he

Eart-Willian Excise Tax Based on Investment Income (Section 49400, 4940(b), 4940(b), or d494—see the instructions) Date of nileg or determination letter: Date of nileg or determination letter: Date of nileg or determination letter: Oat Date of nileg or determination letter: Oat		1 990-PF (2009) HARAD FAMILI FOUNDATION					aye 4
b Domestic Oundations that meet the section 4947(a)(1) trusts and taxable foundations only. Others enter 1% of Part I, line 27b. 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0. 3 Add lines 1 and 2 4 Subtitle A (nocome) 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/Payments: 5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0. 6 Credits/Payments: 6 Basetup withholding erroneously withheld. 7 Total credits and payments. Add lines 6a through 6d. 8 Enter any penalty for underpayment of estimated tax. Check here ☐ of Form 2220 is attached. 8 Enter any penalty for underpayment of estimated tax. Check here ☐ of Form 2220 is attached. 8 Enter any penalty for underpayment of estimated tax. Check here ☐ of Form 2220 is attached. 9 Tax due. If the total of lines 5 and 8 is nore than line 7, enter anomation well. 10 Overgyment, line 7 is nore has the total of lines 5 and 8 is nore than line 7, enter anomation well. 10 Tenter the amount of line 19 be: Credited to 2010 estimated tax. 11 During the lax year, did the foundation alternate to influence any national, state, or local legislation or did it participate or richerven en any political campaign? 10 In graph of the same of the foundation of the comment of the participate or richerven en any political campaign? 12 During the lax year, did the foundation alternate to enterpayment of the schivines and copies of any materials published or distributed by the foundation in commercion with the activities. 12 During the lax year, did the foundation of the activities. 13 During the lax year, did the foundation of the commercion of the activities and copies of the changes. 14 During the lax year is filed a tax return on Form 390-1 for this year? 15 During the same of the foundation in the powering of the changes. 16 Enter th	Rar	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see	the ir	ıstructi	ions)	-	
b Domestor Coundations that meet the section 4940(e) requirements in Part V, check here. } and enter 1% of Part I, line 27b. c All other domestic toxidations rater 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12 column (b). 2 Tax under section 511 (clomestic section 4947(a)(1) trusts and taxable foundations only Others enter -0. 3 Add lines 1 and 2 . 4 Subtille A (noncime) tax (clomestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0. 5 Tax based on investment income. Subtract time 4 from line 3. If zero or less, enter -0. 5 Tax based on investment income. Subtract time 4 from line 3. If zero or less, enter -0. 5 Tax based on investment incomes. Subtract time 4 from line 3. If zero or less, enter -0. 5 Tax based on investment incomes. Subtract line 4 from line 3. If zero or less, enter -0. 5 Tax based on investment incomes. Subtract line 4 from line 3. If zero or less, enter -0. 5 Tax based on investment incomes. Subtract line 4 from line 3. If zero or less, enter -0. 5 Tax based on investment incomes. Subtract line 4 from line 3. If zero or less, enter -0. 5 Tax based on investment and 2008 everyprined credited a source or Tax paid with application or extension of time to file (Form 8868). 6 Tax paid with application for extension of time to file (Form 8868). 6 Tax paid with application for extension of time to file (Form 8868). 7 Total credits and payments. Add lines 5 and 8, enter the amount overpaid. 10 Total credits that bid line 5 and 8, enter the amount overpaid. 11 Extra the amount of line 10 be Cerdited to 2010 elemented tax. 12 Part (b) It is benefit to the 10 the state of the amount overpaid. 13 During the tax year, did the foundation alterngt to influence any national, state, or local legislation or did it participated or intervene in any prolicical campaign? 12 During the tax year, did the foundation alterngt to influence any national, state, or local legislation or did it participated or intervene in any prolicical campaign? 15	1 a						
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of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes. 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If 'Yes,' has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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, column (c), and Part XV 7 X 8a Enter the states to which the foundation reports or with which it is registered (see the instructions) ID 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 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. 5 Example 10 X	9	Use the foundation made any changes, not provide the reported to the IDS, in its governing instrument, articles					
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b if 'Yes,' has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T. 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? Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV The states to which the foundation reports or with which it is registered (see the instructions) ID 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 'Wo,' attach explanation See Statement 3 8b X 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) or calendar year 2009 or the taxable year beginning in 2009 (see 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 names and addresses. See Statement 4 10 X	3	of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes.		.	3		X
Was there a liquidation, termination, dissolution, or substantial contraction during the year? If 'Yes,' attach the statement required by General Instruction T. 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? Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV. TO be fit the answer is 'Yes' to line 7, has the foundation reports or with which it is registered (see the instructions) ID 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 See Statement 3. By It the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV y X Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses. See Statement 4.	4 a			. [4a		X
If 'Yes,' attach the statement required by General Instruction T. 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?	ŧ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?		[4ь	N	/A
If 'Yes,' attach the statement required by General Instruction T. 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?	5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		[5		X
 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?) 46°59	
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?	6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					4
with the state law remain in the governing instrument?		By language in the governing instrument, or			7. F.		-124
with the state law remain in the governing instrument?		By state legislation that effectively amends the governing instrument so that no mandatory directions that co	nflict				
Ba Enter the states to which the foundation reports or with which it is registered (see the instructions) ID 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		with the state law remain in the governing instrument?			6	Χ	
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	7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV			7	<u>X</u>	
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. See Statement. 3 10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses. 10 X	8 8	Enter the states to which the foundation reports or with which it is registered (see the instructions)		_			- 32
(or designate) of each state as required by General Instruction G? If 'No,' attach explanation See Statement 3 8b X 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 2009 or the taxable year beginning in 2009 (see 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 names and addresses. See Statement 3 8b X 9 X 10 X		ID		_			
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 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. See Statement 4 10 X	Ŀ	If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	_	ļ	300	7 438	
for calendar year 2009 or the taxable year beginning in 2009 (see 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 names and addresses. See Statement 4. 10 X		(or designate) of each state as required by General Instruction G? If 'No,' attach explanation See Statement	. د .			क्षेत्र _{िक}	
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses. See Statement 4. 10 X	9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	4942	いハン・ド			
and addresses. See Statement 4 10 X				Г	3		
	10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their r	ames 4	;	10	y	
	BAA	and addresses		For			(2009)

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Form 990-PF (2009)

Form 990-PF (2009) HARAD FAMILY FOUN			27-63	66249 Page 6
PartiVII_B Statements Regarding Activit		n 4720 May Be Req	uired (continued)	CONTRACTOR OF STREET
5a During the year did the foundation pay or inco	•			
(1) Carry on propaganda, or otherwise attern			Yes X	No
(2) Influence the outcome of any specific put on, directly or indirectly, any voter registr	olic election (see section	n 4955); or to carry	Tyes X	No
(3) Provide a grant to an individual for travel				No No
-				
(4) Provide a grant to an organization other to in section 509(a)(1), (2), or (3), or section	han a charitable, etc, on 4940(d)(2)? (see instr	rganization described uctions)	Yes X	No
(5) Provide for any purpose other than religion educational purposes, or for the prevention	ous, charitable, scientific on of cruelty to children	c, literary, or or animals?	Yes X	No
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53.4945 or ii (see instructions)?	the transactions fail to n a current notice regar	qualify under the excep ding disaster assistance	tions .	5ы N/A
Organizations relying on a current notice rega	ardıng disaster assistanı	ce check here	▶ [
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure response of 'Yes,' attach the statement required by Reg	sibility for the grant?		N/A. Yes] No
6a Did the foundation, during the year, receive a on a personal benefit contract?			Yes X	No S
b Did the foundation, during the year, pay prem	iums, directly or indirec	ctiy, on a personal bene	rit contract?	. 6b X
If 'Yes' to 6b, file Form 8870.				
7a At any time during the tax year, was the foun	· -			No No
b If yes, did the foundation receive any proceed RattyIII Information About Officers, D				. 7b N/A
and Contractors	mectors, Trustees,	roundation manag	gers, riigiliy raid t	-inployees,
1 List all officers, directors, trustees, foundation	on managers and their	compensation (see inst	ructions).	
(a) Name and address	(b) Title and average hours per week devoted to position	T ** - * * * * * * * * * * * * * * * * *	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
GEORGE J. HARAD	Trustee	0.	0.	0
3675 W. Quail Heights Ct.	5.00		0.	
Boise, ID 83703	1			
BEVERLY M. HARAD	Trustee	0.	0.	0
3675 W. Quail Heights Ct.	5.00		0.	
BOISE, ID 83703	3.00			
2 Compensation of five highest-paid employe	es (other than those inc	luded on line 1 – see ir	structions). If none, e	nter 'NONE.'
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense account,
paid more than \$50,000	hours per week devoted to position	(b) Compensation	employee benefit plans and deferred compensation	other allowances
None				
			·· ·	
				
Total number of other employees paid over \$50,000	<u>. </u>			0
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27-6366249 Form 990-PF (2009) HARAD FAMILY FOUNDATION Page 7 PartVIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.' (b) Type of service (a) Name and address of each person paid more than \$50,000 (c) Compensation None Total number of others receiving over \$50,000 for professional services 0 Part IX A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. Expenses 3 Part IX-B: Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. Amount

Form 990-PF (2009)

0.

All other program-related investments. See instructions.

Total. Add lines 1 through 3

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27-6366249 Form 990-PF (2009) HARAD FAMILY FOUNDATION Page 8 Part Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes: 1 a 494,504. a Average monthly fair market value of securities..... 1_b 1 c 1 d 494,504 d Total (add lines 1a, b, and c). e Reduction claimed for blockage or other factors reported on lines 1a and 1c Acquisition indebtedness applicable to line 1 assets. . . . 494, 504 3 Subtract line 2 from line 1d . . Cash deemed held for charitable activities. Enter 1-1/2% of line 3 7,418. 4 487,086. Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 Minimum investment return. Enter 5% of line 5 ... Short Year Modified Percentage 0.1507 % 734. 6 Part-XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part.) 734. 1 Minimum investment return from Part X, line 6 2a Tax on investment income for 2009 from Part VI, line 5....... 2a 2b **b** Income tax for 2009. (This does not include the tax from Part VI.) 2c c Add lines 2a and 2b 734. 3 3 Distributable amount before adjustments. Subtract line 2c from line 1. 4 734. 5 Deduction from distributable amount (see instructions)..... 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1..... 734. |Part XIII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26..... 1a 1 b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required) 3a 3ь

Adjusted qualifying distributions. Subtract line 5 from line 4...... 6

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

Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

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Form 990-PF (2009)

4

5

0.

0.

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		Age was and and a second		734.
2 Undistributed income, if any, as of the end of 2009:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a Enter amount for 2008 only			0.	
b Total for prior years: 20, 20, 20	(L. , T.)	0.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
3 Excess distributions carryover, if any, to 2009:				
a From 2004	. '	7	-	- v-
b From 2005			* *	
c From 2006				,
d From 2007		•		
e From 2008			, , ,	- !
f Total of lines 3a through e	0.	· · · · · · · · · · · · · · · · · · ·		
4 Qualifying distributions for 2009 from Part			,	
XII, line 4: ► \$				
a Applied to 2008, but not more than line 2a		<u> </u>	0.	
b Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required — see instructions)	0.			
d Applied to 2009 distributable amount	1975		रकी. र र र र र र	0.
e Remaining amount distributed out of corpus .	0.			1 " 40.00 -
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the	4	-3, 1, 10		- Arm 10 1
same amount must be shown in column (a).)	in the second of		, , , , ,	_ ` **
6 Enter the net total of each column as	an major manana and section in	, and a second as	and the second s	ا . اوال ، -مصحح-وعات
indicated below:	3 4			• • •
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.		d ac.	
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut-	40, 6			-
ed 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	, ,		- 10 -	,
amount - see instructions		0.	1 400	
e Undistributed income for 2008 Subtract line 4a from				-
line 2a. Taxable amount — see instructions	· · · · · · · · · · · · · · · · · · ·	•	0.	, 1
f Undistributed income for 2009 Subtract lines				
4d and 5 from line 1. This amount must be		· .=	*	724
distributed in 2010	-		<u> </u>	734.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed			•	
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.		, <u>.</u>)
				=7
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see instructions).	0.		ر - به کار از کیا	
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a .	0.	·, ·		
10 Analysis of line 9:		- 3 (<u>)</u>		
a Excess from 2005.	·	3		
b Excess from 2006 .			7 7	
c Excess from 2007		, ,	,	
d Excess from 2008	,	· · · · · · · · · · · · · · · · · · ·	ا بد ر - ا	
e Excess from 2009				

Form 990-PF (2009) HARAD FAMILY FOU	NDATION			27-6366249	Page 10			
Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A								
1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling								
b Check box to indicate whether the foundar	t <u>ion is a private ope</u>	rating foundation de	scribed in section	4942(j)(3) or	4942(j)(5)			
2a Enter the lesser of the adjusted net	Tax year		Prior 3 years					
income from Part I or the minimum investment return from Part X for each year listed	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total			
b 85% of line 2a								
c Qualifying distributions from Part XII, line 4 for each year listed								
d Amounts included in line 2c not used directly for active conduct of exempt activities								
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c. 								
3 Complete 3a, b, or c for the alternative test relied upon:								
a 'Assets' alternative test — enter:								
(1) Value of all assets								
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)								
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed								
c 'Support' alternative test - enter:								
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)								
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)								
(3) Largest amount of support from an exempt organization								
(4) Gross investment income								
Supplementary Information assets at any time during the	<u>ne year – see in</u>	part only if the structions.)	organization ha	ad \$5,000 or moi	re in 			
1 Information Regarding Foundation Mana a List any managers of the foundation who close of any tax year (but only if they hav	have contributed mo	ore than 2% of the to than \$5,000). (See s	otal contributions re section 507(d)(2))	eceived by the found	lation before the			
None								
b List any managers of the foundation who a partnership or other entity) of which the None	own 10% or more of foundation has a 10	f the stock of a corp 0% or greater intere	oration (or an equa st.	ally large portion of t	he ownership of			
2 Information Regarding Contribution, Gra Check here In the foundation only in requests for funds. If the foundation make	makes contributions	to preselected char	itable organizations					
complete items 2a, b, c, and d.								
a The name, address, and telephone number	er of the person to v	vhom applications s	hould be addressed	1:				
b The form in which applications should be	submitted and infor	mation and material	s they should ınclu	de:				
c Any submission deadlines:					,			
d Any restrictions or limitations on awards,	such as hy geograph	hical areas charitat	ale fields kinds of	nstitutions or other	factors:			
a Any resulctions of inflications on awards,	audii aa by yeogiapi	moar arcas, chantat	ne neius, kinus UFI	nonunding, or other				

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3 Grants and Contributions Paid During the Year or Approved for Future Payment						
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount		
	substantial contributor	recipient		 		
Name and address (home or business) a Paid during the year	substantial contributor	-				
Total			. ► 3a			
b Approved for future payment						

Excluded by section 512, 513, or 514

RankVIEAE Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

1 Progra	am service revenue:	Business code	Amount	Exclu- sion code	Amount	Related or exempt function income (see the instructions)
=						
С				<u> </u>		
d				<u> </u>		
e				 		
7 <u> </u>	and contracts from government agencies			 		
-	ership dues and assessments			 		
	on savings and temporary cash investments			1		
	ends and interest from securities .			1		-
5 Net re	ental income or (loss) from real estate:		医性性性性性			
	inanced property			ļ		
	ebt-financed property .			<u> </u>		
	tal income or (loss) from personal property					
	investment income			<u> </u>		
	(loss) from sales of assets other than inventory come or (loss) from special events.			 		
	profit or (loss) from sales of inventory			 		
	revenue:					
_	Tovolido.	The State of the S		The Contract of the Contract o		Control of the Contro
			-			
_						
e		man market many any art danset		CONTROL AMOUNT NA. 17.		
	tal. Add columns (b), (d), and (e)					
	Add line 12, columns (b), (d), and (e) neet in the instructions for line 13 to verify of				13	0.
	Relationship of Activities to the Explain below how each activity for which is accomplishment of the foundation's exemp				<u></u>	tly to the the instructions.)
N/A						
	· · · · · · · · · · · · · · · · · · ·					
1						

Unrelated business income

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

	relatii	ng to political organi	zations?	engage in any of the fol ther than section 501 (of a noncharitable exemp			n 327,	Yes	
	(I) C	Cash						1a (1)	X
	(2) C	Other assets						1a (2)	X
	b Other	r transactions:							
	สง ร	ales of assets to a r	oncharitable exe	empt organization				16(1)	Х
	• •			able exempt organization		. , ,,		1b(2)	X
	\- /							1 b (3)	X
		Rental of facilities, eq		er assets					$\frac{\Lambda}{X}$
	` '	Reimbursement arran	•					1b(4)	
	(5) L	oans or loan guaran	tees					1 b (5)	X
	(6) P	Performance of service	ces or membersh	ip or fundraising solicit	ations			1 b (6)	X
	c Shari	ing of facilities, equip	oment, mailing li	sts, other assets, or pa	ıd employees			1c	X
	the a	oods, other assets, o	or services given	complete the following by the reporting found how in column (d) the	ation If the foun	idation received le	ess than fair marke	et value in	
(;	a) Line no.	(b) Amount involved		of noncharitable exempt orga			sfers, transactions, and		nts
·	/A	(5)	(4)		· · · · · · · · · · · · · · · · · · ·	1-7		<u> </u>	
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				.,,					
	descr	foundation directly ibed in section 501(s,' complete the follo	c) of the Code (o	ated with, or related to ther than section 501 (c	, one or more ta (3)) or in section	x-exempt organiz on 527?	rations	Yes X]No
		(a) Name of organiz		(b) Type of or	ganization	(c) Description of re	ationship	
N	/A	.,		, , , , , , , , , , , , , , , , , , ,	-		· · · · · · · · · · · · · · · · · · ·	1	
	<i>,</i>								
						 			
				 		 	-		
				 			-		
_				<u> </u>				 	
	Under pena complete l	altres of perjury, I declare the Declaration of preparer (oth	nat I have examined the than taxpayer or find	nis return, including accompany ductary) is based on all informa	ying schedules and sta ition of which prepare	atements, and to the be r has any knowledge	est of my knowledge and	belief, it is true, corre	ect, and
s		//-	// lana			9/28/10	> Trusi	الر	
G	Signa	ature of officer or trastee	,	<u> </u>	Da	nte /	Title		
N			6/1	. la a-	Da	ate /	Pre	parer's Identifying nur	mber
Ħ	Paid	Preparer's signature	C.Cm	14 0 4 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		9/22/10	I self.	e Signature in the ins	strs)
Š	Pre-	E.	Chris Good			/ / / ·	employed ► N/	A	
E	parer's			ociates Charte			EIN - N/A		
	Use Only	yours if self- employed), ► 723		ld Street, Sui	te A				
	,			04-8600			Phone no ► (2)	08) 322-85	25
B/	AA			-				Form 990-PF	(2009)

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Name of the organization		Employer identification number
HARAD FAMILY FOUNDATION		27-6366249
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not trea 527 political organization	ted as a private foundation
Form 990-PF	X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated (501(c)(3) taxable private foundation	as a private foundation
Check if your organization is covered by the Note: Only a section 501(c)(7), (8), or (10) o	General Rule or a Special Rule. rganization can check boxes for both the General Rule	e and a Special Rule. See instructions.
General Rule — [X] For an organization filing Form 990, 990- contributor (Complete Parts I and II.)	EZ, or 990-PF that received, during the year, \$5,000 o	or more (in money or property) from any one
Special Rules		
509(a)(1)/170(b)(1)(A)(vi) and received from a	g Form 990 or 990-EZ, that met the 33-1/3% support to my one contributor, during the year, a contribution of the gre n or (ii) Form 990-EZ, line 1. Complete Parts I and II.	est of the regulations under sections eater of (1) \$5,000 or (2) 2% of the
For a section 501(c)(7), (8), or (10) organ aggregate contributions of more than \$1, prevention of cruelty to children or anima	nization filing Form 990 or 990-EZ, that received from 000 for use <i>exclusively</i> for religious, charitable, scient ils. Complete Parts I, II, and III.	any one contributor, during the year, ific, literary, or educational purposes, or the
this box is checked, enter here the total of purpose. Do not complete any of the part	nization filing Form 990 or 990-EZ, that received from ous, charitable, etc, purposes, but these contributions contributions that were received during the year for an is unless the General Rule applies to this organization \$5,000 or more during the year.	exclusively religious, charitable, etc, because it received nonexclusively
3 ,		· · · · · · · · · · · · · · · · · · ·
Caution: An organization that is not covered 990-PF) but it must answer 'No' on Part IV, I 990-PF, to certify that it does not meet the fil	by the General Rule and/or the Special Rules does no ine 2 of their Form 990, or check the box on line H of ling requirements of Schedule B (Form 990, 990-EZ, o	of file Schedule B (Form 990, 990-EZ, or its Form 990-EZ, or on line 2 of its Form or 990-PF).
BAA For Privacy Act and Paperwork Reductor Form 990, 990EZ, or 990-PF.	ction Act Notice, see the Instructions	Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Schedule Name of orga	B (Form 990, 990-EZ, or 990-PF) (2009)	Page 1 Employe	OT 1 Of Part I
-	FAMILY FOUNDATION	' '	366249
Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	Boise, ID 83703	\$319,412.	(Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	George J. & Beverly M. Harad 3675 W. Quail Heights Ct. Boise, ID 83703	\$ <u>174,281.</u>	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) Number	(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) Number	(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) Number	(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) Number	(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)
D 4 4		Calcadata B /Car A000	000 E7 . 000 DE\ (0000\

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)	Page	1	of 1	of Part I
lame of organization			Employer identification nu	ımber
HARAD FAMILY FOUNDATION			27-6366249	

Part II	Noncash	Property	(see instructions.))
---------	---------	-----------------	---------------------	---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	500 Sh BIDU & 4,800 Sh Cisco Systems Public Stock		
		\$ 319,412.	12/21/09
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	4,225 Sh I-Shares MSCI Ex Japan Public Security		
		\$ 174,281.	12/30/09
(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
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) lo. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		s	l

BAA

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2009)

of 1

of Part III

Name of organization
HARAD FAMILY FOUNDATION

Employer identification number 27-6366249

Part III	Exclusively religious, charitable	e, etc, individual contributions to section 501(c)(7), (8), or (10)
	organizations aggregating more	than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry)

F	For organizations completing Part III, enter contributions of \$1,000 or less for the year.	total of exclusively religious, charm (Enter this information once - see	e instructions.) > \$ N/A	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	N/A			
	Transferee's пате, addres	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
-	Transferee's name, addres		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
-	Transferee's name, addres		Relationship of transferor to transferee	
F				

Form **8868** (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this box			► X
-	-	tomatic) 3-Month Extension, complete only Part II(o			
		ady been granted an automatic 3-month extension on		led Form 8868.	
Part I	Automatic 3-Month Extens	sion of Time. Only submit original (no copie	es needed).		
A corporation	required to file Form 990-T and	requesting an automatic 6-month extension — check	this box and o	complete Part I only	, . ► 🗀
All other corp income tax re	orations (including 1120-C filers turns.), partnerships, REMICS, and trusts must use Form 7	004 to request	an extension of tin	ne to file
the additional Form 990-T. I	not automatic) 3-month extens) nstead, you must submit the full	electronically file Form 8868 if you want a 3-month au on required to file Form 990-T). However, you cannot sion or (2) you file Forms 990-BL, 6069, or 8870, grou ly completed and signed page 2 (Part II) of Form 8868 e-file for Charities & Nonprofits.	tomatic extens file Form 8868 p returns, or a 8. For more de	ion of time to file o Belectronically if (1 composite or cons tails on the electron	ne of the) you want olidated nic filing of
	Name of Exempt Organization			Employer identification	number
Type or print		•			
1	HARAD FAMILY FOUNDAT			27-6366249	
File by the due date for	Number, street, and room or suite number				
TOTALL COO	877 W MAIN STREET #6	de For a foreign address, see instructions.			
ļ	•	de 1 of a foreign address, see instructions.			
	BOISE, ID 83702 f return to be filed (file a separa	to application for each return):			
Form 990	· •	Form 990-T (corporation)	Form 472	vn	
Form 990		Form 990-T (section 401(a) or 408(a) trust)	Form 522		
Form 990		Form 990-T (trust other than above)	Form 606		
X Form 990	<u> </u>	Form 1041-A	Form 887		
Telephone If the orga If this is fo	inization does not have an office or a Group Return, enter the org	FAX No FAX No or place of business in the United States, check this anization's four digit Group Exemption Number (GEN) the group, check this box.) If	this is for the whole	
the extens	sion will cover.				
until The exte	8/15, 20_10, to file ension is for the organization's recalendar year 20 or	hs for a corporation required to file Form 990-T) exter the exempt organization return for the organization return for:	named above.		
	x year is for less than 12 month		_	hange in accountin	g period
3a If this ap nonrefur	oplication is for Form 990-BL, 99 idable credits. See instructions	90-PF, 990-T, 4720, or 6069, enter the tentative tax, le		3a \$	0.
b If this apmade Ir	oplication is for Form 990-PF or nolude any prior year overpayme	990-T, enter any refundable credits and estimated ta ent allowed as a credit	x payments	3b\$	0.
c Balance deposit v See inst	with FTD coupon or, if required,	3a. Include your payment with this form, or, if require by using EFTPS (Electronic Federal Tax Payment Sy	ed, stem).	3c \$	0.
Caution. If you payment instru	u are going to make an electron uctions.	ic fund withdrawal with this Form 8868, see Form 845	3-EO and Forr	n 8879-EO for	

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868	(Rev 4-2009)		Page 2
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete on	y Part II and check this box .	
Note. Only	complete Part II if you have already been granted an automatic 3-month extended	ension on a previously filed Fo	rm 8868.
_• If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page	: 1)	
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only		
	Name of Exempt Organization	Employer Id	entification number
Type or			
print	HARAD FAMILY FOUNDATION	27-636	
Ed. b. sb.	Number, street, and room or suite number If a P.O box, see instructions	For IRS use	only
File by the extended			
due date for filing the	877 W MAIN STREET #606		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	BOISE, ID 83702		
Check type	of return to be filed (File a separate application for each return):	<u></u>	_
Form 9	90 X Form 990-PF	☐ Form 1041-A	Form 6069
Form 9	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Form 8870
Form 9	90-EZ Form 990-T (trust other than above)	Form 5227	
	not complete Part II if you were not already granted an automatic 3-month e	xtension on a previously filed	Form 8868.
The boo	ks are in care of ► GEORGE J. HARAD		
•	one No. ► 208-429-0606 FAX No. ►		_
	ganization does not have an office or place of business in the United States		
If this is	s for a Group Return, enter the organization's four digit Group Exemption Nui		
whole group	p, check this box $ ightharpoonup$. If it is for part of the group, check this box $ ightharpoonup$	and attach a list with the nam	es and EINs of all
members ti	ne extension is for.		<u></u>
•	est an additional 3-month extension of time until $11/15$, 20		
		09 , and ending $12/31$, 20 _0 <u>9</u> .
	• —		e in accounting period
	in detail why you need the extension Taxpayer respectfully		
gat	her information necessary to file a complete and	accurate tax retur	<u>n</u>
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent	ative tax, less any	
	fundable credits. See instructions		0.
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable ents made. Include any prior year overpayment allowed as a credit and any	credits and estimated tax	
with F	orm 8868		5 \$ 0.
c Balan	ce Due. Subtract line 8b from line 8a. Include your payment with this form, of	or, if required, deposit	\$ 0.
WIUIT	TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Signature and Verificatio		<u> </u>
Under penalties correct, and co	s of perjury, I declare that I have examined this form, including accompanying schedules and statemen implete, and that I am authorized to prepare this form		belief, it is true,
Signature >	Title ▶		Date ►
	auc		

2009	Federal Stateme	nts		Pag	e 1
Client 13805	HARAD FAMILY FOUNDA	TION		27-6366	249
Statement 1 Form 990-PF, Part II, Line 10b Investments - Corporate Stocks					
Corporate Stocks	· 	ation thod	Book Value	Fair Market Value	
4,800 Sh Cisco Systems, In 500 Sh BIDU			\$ 113,52 205,89	20. \$ 114,912 22. 205,615	j.
Statement 2 Form 990-PF, Part II, Line 13 Investments - Other					
		ation thod	Book <u>Value</u>	Fair Market Value	
Other Publicly Traded Secu					-
4,225 Sh IShares MSCI	Cost		\$ 174,28	1. \$ 174,788	
		Total	\$ 174,28	1. \$ 174,788	- <u>-</u>
Statement 3 Form 990-PF, Part VII-A, Line 8b Copies of Form 990-PF to State O Idaho Attorney General required for inspection and prefers	uries only that Form 990	-PF is s not 1	available u furnish them	pon request a copy.	
Statement 4 Form 990-PF, Part VII-A, Line 10 Substantial Contributors During t	he Tax Year	***			

Name of Substantial Contributor Address of Substantial Contributor

3675 W. Quail Heights Ct. Boise, ID 83703

George J. & Beverly M. Harad