

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



, Form 990-PF

Department of the Treasury

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.

2010

OMB No 1545-0052

mer	nai Ke	venue Service Note. The Touridation may	be able to use a copy of this	return to sausiy state repu	rung requirements.					
For calendar year 2010, or tax year beginning , and ending										
G Check all that apply: Initial return Initial return of a former public charity Final return										
[N.	Amended return Address change Name change									
Name of foundation A Employer identification number										
		WILLIAM M. HARRIS FAM	TTACINIDATT	ON	58-142260	1				
Nu	nber a	and street (or P O box number if mail is not delivered to street			B Telephone number					
		600 HOUZE WAY, SUITE	D-9		770-740-9	782				
Cit	v or t	own, state, and ZIP code			C If exemption application is					
	,	ROSWELL, GA 30076			D 1. Foreign organization					
H (Check	type of organization: X Section 501(c)(3) ex	rempt private foundation		Foreign organizations m check here and attach or	eeting the 85% test,				
	_	· ·	Other taxable private founda	ition						
l Fa		arket value of all assets at end of year J Accounti		Accrual	E If private foundation st under section 507(b)(1	Atus was terminated				
		·	her (specify)		F If the foundation is in a					
	\$	7,599,520. (Part I, colu.		basis.)	under section 507(b)(1					
Pa	art I		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements				
		Analysis of Revenue and Expenses (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	18,084.	,	N/A					
	2	Check if the foundation is not required to attach Sch. B	`		* * * * * * * * * * * * * * * * * * * *	. 11-11-11				
	3	Interest on savings and temporary, cash investments		 						
	4	Dividends and interest from securities	305,238.	305,238.		STATEMENT 1				
	5a	Gross rents				* * * * * * * * * * * * * * * * * * * *				
	b	Net rental income or (loss)	, , , , ,	· · · · · · · · · · · · · · · · · · ·	- / / / /					
0	6a	Net gain or (loss) from sale of assets not on line 10	-194,083.	· · · · · · · · · · · · · · · · · · ·	. , , ,					
aun	b	Gross sales price for all assets on line 6a 2,716,396.			* /					
Revenue	7	Capital gain net income (from Part IV, line 2)	· 3 - 4 - 1	0.						
ш	8	Net short-term-capital gain								
	9	Income modifications EIVED Gross sales less returns				· · · · · · · · · · · · · · · · · · ·				
	10a	and allowances			· * ; • * * * * * * * * * * * * * * * * *					
	b	Less Sst of goods sold 1 8 2011 O		* , , , , , , , , , , , , , , , , , , ,		17. 1				
	C	Gross profit of (loss)	4-4-4	···		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	11	Other income	-3,310.	-3,310.		STATEMENT 2				
	12	Total. Add Ings Chrough 1 U !	125,929.	301,928.		A Charles and a second				
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.				
	14	Other employee salaries and wages	13,500.	6,750.		6,750.				
ses	15	Pension plans, employee benefits	80.							
nse		Legal fees STMT 3		0.		80.				
xpe		Accounting fees	6,850.	3,425.		3,425.				
INU V ③ (J ZUII) Operating and Administrative Expen	17	Interest								
aţi	17	- ama -	1,045.	522.		523.				
str	19	Depreciation and depletion	T,0#3.	344.		343.				
<u>=</u>	20	• • • • • • • • • • • • • • • • • • • •	8,418.	0.		8,418.				
5	21	Travel, conferences, and meetings	275.	0.		275.				
'귤	22	Printing and publications	273.	· · ·		213.				
_ <u>a</u>	23	Other expenses STMT 6	45,619.	37,515.		8,104.				
E E	24	Total operating and administrative		J/,J±J•		0,104.				
expenses. Add lines 13 through 23 75,787. 48,212.										
expenses. Add lines 13 through 23 75,787. 48,212. 27,575 25 Contributions, gifts, grants paid 488,441. 488,441.										
2	26 Total expenses and disbursements.									
	Add lines 24 and 25									
	27	Subtract line 26 from line 12:	, , , , , , , , , , , , , , , ,	13	1	320,020.				
		Excess of revenue over expenses and disbursements	-438,299.		- , `					
))		Net investment income (if negative, enter -0-)		253,716.	· · · · · · · · · · · · · · · · · · ·					
		Adjusted net income (if negative, enter -0-)	•		N/A	1				

023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions. Form 990-PF (2010)

Fo	rm 9	90-PF(2010) WILLIAM M. HARRIS FAMIL	Y FOUNDATION	58-	1422604 Page 2
[Part	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
Ŀ			(a) Book Value	(b) Book Value	
	1	Cash - non-interest-bearing.	202,304.	164,778.	164,778.
		Savings and temporary cash investments			
	3	Accounts receivable ►		····	
		Less: allowance for doubtful accounts			
	4				
	1_	Less: allowance for doubtful accounts		-	
	1]	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	۱_	disqualified persons			
	1	Other notes and loans receivable			
		Less: allowance for doubtful accounts	-		
Assets		Inventories for sale or use		- 	
Ass		Prepaid expenses and deferred charges			
-		Investments - U.S. and state government obligations	1 000 106	1 702 272	0 140 551
		Investments - corporate stock STMT 7	2 220 062	1,793,272.	2,148,551.
	1.5	Investments - corporate bonds	2,449,003.	2,345,130.	2,387,942.
	''	Investments - land, buildings, and equipment basis	_ , , , ,	and and a second and a second	
	12	Less accumulated depreciation			
	13	Investments - mortgage loans Investments - other	3,929,142.	2,781,898.	2 973 602
		Land, buildings, and equipment basis \(\sum_{2,373} \).	3,323,142.	2,701,030.	2,873,602.
	''	Less accumulated depreciation STMT 10 2,373.	*- *- **	was an end of the second	
	15	Other assets (describe LOAN RECEIVABLE)	94 919	24,647.	24,647.
	"	TOTAL TELESTRATE		24,047	22,02/•
	16	Total assets (to be completed by all filers)	7,547,554.	7,109,725.	7,599,520.
_	$\overline{}$	Accounts payable and accrued expenses	323.	793.	7733373200
	1	Grants payable	323.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<i>*</i> * * * * * * * * * * * * * * * * * *
ģ	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
api	21	Mortgages and other notes payable			
=	22	Other liabilities (describe ▶)			Kirch Congression St.
_	23	Total liabilities (add lines 17 through 22)	323.	793.	
	}	Foundations that follow SFAS 117, check here			() () () () () ()
/A		and complete lines 24 through 26 and lines 30 and 31.			
ĕ	24	Unrestricted	7,547,231.	7,108,932.	
alar	25	Temporarily restricted			
Fund Balances	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
		and complete lines 27 through 31.			*
Net Assets or	27	Capital stock, trust principal, or current funds			
286	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
et A	29	Retained earnings, accumulated income, endowment, or other funds	7 547 001	7 100 022	
ž	30	Total net assets or fund balances	7,547,231.	7,108,932.	-
	24	Total liabilities and net assets/fund balances	7,547,554.	7,109,725.	ry was subjected to
_				1,109,125.	<u> </u>
LP	art	Analysis of Changes in Net Assets or Fund Ba	nances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	10		
		t agree with end-of-year figure reported on prior year's return)			7,547,231.
2	Enter	amount from Part I, line 27a		2	-438,299.
3	Othe	increases not included in line 2 (itemize)		3	0.
4	Add i	ines 1, 2, and 3			7,108,932.
5	Decr	eases not included in line 2 (itemize)		5	0.
6_	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30		7,108,932.
				 -	Form 990-PF (2010)

_					
_	2009	618,493.	5,624,839.		.10995
	2008	484,847.	5,092,348.		.09521
	2007	376,718.	5,232,077.		.07200
	2006	313,683.	4,297,041.		.07300
_	2005	291,782.	4,477,299.		.06516
				2	.41533
3		ase period - divide the total on line 2 by 5, or by s than 5 years		3	.08306
4	Enter the net value of noncharitable-use as	ssets for 2010 from Part X, line 5		4	7,335,216
5	Multiply line 4 by line 3			5	609,322
6	Enter 1% of net investment income (1% o	f Part I, line 27b)		6	2,537
7	Add lines 5 and 6		·	7	611,859
8	Enter qualifying distributions from Part XI	l, line 4		8	516,016
_	If line 8 is equal to or greater than line 7, c See the Part VI instructions.	heck the box in Part VI, line 1b, and complete th	at part using a 1% tax rate.		
_			eat part using a 170 tax fate.		

Form **990-PF** (2010)

	1990-PF (2010) WILLIAM M. HARRIS FAMILY FOUNDATION 58-142	<u> 2604</u>	<u> </u>	Page 4
Pa	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instn	uctio	ns)
18	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🛄 and enter "N/A" on line 1.		-	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		. , .	4
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%		5,0	74.
	of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).	, 1		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
3	Add lines 1 and 2 3		5,0	74.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5,0	74.
6	Credits/Payments:			
a	2010 estimated tax payments and 2009 overpayment credited to 2010	-	7	
b				_
C	Tax paid with application for extension of time to file (Form 8868).		`.	,
đ			,	<u>۽`</u> د
7	Total credits and payments. Add lines 6a through 6d		3.2	94.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		<u> </u>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1.7	80.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<u> </u>	
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax			
Pa	rt VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	T	Yes	No
	any political campaign?	18		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1 1	\$~	7
	distributed by the foundation in connection with the activities.	1		"
C	Did the foundation file Form 1120-POL for this year?	10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	7.	1.	-5 ,
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$	1		l l
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		121	3 ,24
	managers. ▶ \$ 0.		7	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	If "Yes," attach a detailed description of the activities			5.7 ;
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		-, ·	1. ,
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.	1		· .
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	,	*	* :
	By language in the governing instrument, or		, ,	1.
	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	32	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	х	
	If "Yes," complete Part II, col. (c), and Part XV		3	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		:	' -
	GA		, , <u>î</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)	1		, ;
_	of each state as required by General Instruction G? If "No," attach explanation	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 2010 or the taxable year beginning in 2010 (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

_	1990-PF (2010) WILLIAM M. HARRIS FAMILY FOUNDATION 58-142	2604		Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		Х
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	 -
	Website address ► EAGLESFOUNDA@MINDSPRING.COM			L
14	The books are in care of ► JANE GOODWIN Telephone no. ► (770)	641_	192	7
•	Located at ► 600 HOUZE ROAD, SUITE D-9, ROSWELL, GA ZIP+4 ►3			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	0070		
			 '/A	-
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,	14	Yes	No
.0	assumbles as other financial assumble a faction country.	ا مو	162	
		16	<u> </u>	X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	1		ļ. '
D۵	the foreign country▶ art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	C 2.75		<u> </u>
			V	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	, <u>.</u> , .,	Yes	No
18	During the year did the foundation (either directly or indirectly):	.,**,		1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1.3	2 5	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		3	, !
	a disqualified person? Yes X No	*** * * * * * * * * * * * * * * * * *	X-1	į .
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	/,,*	, .	ر ا
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	`4 m	,	
	(5) Transfer any income or assets to a disqualified person (or make any of either available		× , 4	
	for the benefit or use of a disqualified person)? Yes X No	3,000	Ť	3
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	\ \		٠ - ﴿
	if the foundation agreed to make a grant to or to employ the official for a period after	\(\lambda - \)		, ,
	termination of government service, if terminating within 90 days.)	' .		
þ	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		- , .	- :
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here	71.2	٠,	3 1
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	. i	ا د سرار	التنك ــ
	before the first day of the tax year beginning in 2010?	10		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	[' p'	4	1
	defined in section 4942(j)(3) or 4942(j)(5)):			3
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		3,25	
	before 2010? Yes X No	150° W.	· ¿' , ; ;	, ž., -
	If "Yes," list the years \blacktriangleright ,,,,,	, I	172	34
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	1 3/4		
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	اعتا	,	
	statement - see instructions.)	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		**	. 1
	>	~y	3.4	1 1
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	٠٠٠,		1
	during the year? Yes X No		×3.5	() () () 1
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	4 5	î	-, -
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	ا عند	· .	
	Form 4720, to determine if the foundation had excess business holdings in 2010.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	2.5%		7-7
	had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

Form 990-PF (2010) WILLIAM M. HARRIS FAMILY			<u>58-1422</u>	04	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	nued)		··
5a During the year did the foundation pay or incur any amount to:			i		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		🗀 Y	es 💹 No 📗		
(2) Influence the outcome of any specific public election (see section 4955); (· · · · · · · · ·			1.	"
any voter registration drive?			es 🗓 No 📗		. '
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y	es 🗶 No 📗		
(4) Provide a grant to an organization other than a charitable, etc., organization				· .	
509(a)(1), (2), or (3), or section 4940(d)(2)?			es LXI No	İ	
(5) Provide for any purpose other than religious, charitable, scientific, literary,					. .
the prevention of cruelty to children or animals?		L Y	es LXL No	- 1	İ
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify uni	-	-			/
section 53.4945 or in a current notice regarding disaster assistance (see instru	ictions)?		<u>N</u> / <u>A</u> ,	5b	
Organizations relying on a current notice regarding disaster assistance check h				-	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f			l	,	, -
expenditure responsibility for the grant?		N/A ∟ Y	es L 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		г 	. [· /
a personal benefit contract?		Yo	es L&L No		الشيوب السا
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	iersonai denem contract?			6b	X
If "Yes" to 6b, file Form 8870.	.h.e		च्हिन		ا الم
7a At any time during the tax year, was the foundation a party to a prohibited tax s				76	
b If "Yes," did the foundation receive any proceeds or have any net income attribution. Decay VIII Information About Officers, Directors, Trust				7b	
Part VIII Paid Employees, and Contractors	ees, roundation wa	mayers, mym	у		
1 List all officers, directors, trustees, foundation managers and their	compensation.		····		
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acci	ount, other lowances
	to position	Cite V-j	compensation	- u	ovances
SEE STATEMENT 11		0.	J 0.		0.
		•			
				†	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		,	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(cl) Contributions to employee benefit plans and deferred	(e)	Expense ount, other
(a) Name and address of each employee paid more than 450,000	devoted to position	(C) Compensation	and deferred compensation	all	owances
NONE					
					·
					-
				<u> </u>	
	 				
				1	
				<u> </u>	
	<u> </u>	<u> </u>	<u> </u>	1	
Total number of other employees paid over \$50,000	<u> </u>		<u></u>		0
			Form	990-F	PF (2010)

023551 12-07-10

Form 990-PF (2010) WILLIAM M. HARRIS FAMILY FOUNDATION	58-14 <u>2</u> 2	604 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-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	;e	(c) Compensation
NONE		
		<u> </u>
Total number of others receiving over \$50,000 for professional services		0
Part IX-A Summary of Direct Charitable Activities	<u> 1</u>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the		F
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 THE ORGANIZATION PROMOTES CHIROPRACTIC EDUCATION THROUGH IT	'S	
GRANTS AND CONTRIBUTIONS TO VARIOUS CHIROPRACTIC COLLEGES		
AND EDUCATIONAL ORGANIZATIONS.		488,441.
2		
	_	
2		
S		
	_	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 <u>N/A</u>		
	 	
·	\dashv	
All other program-related investments. See instructions.		
3		
Fotal. Add lines 1 through 3		0.
	Form	990-PF (2010)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	7,263,382.
b	Average of monthly cash balances	1b	183,538.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	7,446,920.
е			
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	7,446,920.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	111,704.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	7,335,216.
6	Minimum investment return. Enter 5% of line 5	6	366,761.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an foreign organizations check here ▶ ☐ and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	366,761.
2a	Tax on investment income for 2010 from Part VI, line 5	٠	
b	Income tax for 2010. (This does not include the tax from Part VI.)	-	
C	Add lines 2a and 2b	2c	5,074.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	361,687.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	361,687.
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	361,687.
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	516,016.
Ь	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:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	516,016.
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	516,016.
_	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	<u> </u>	
	4940(e) reduction of tax in those years.	,==,	

Form **990-PF** (2010)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,	Corpus	Teals prior to 2009	2009	2010
line 7				261 607
			,	361,687.
2 Undistributed income, if any, as of the end of 2010 a Enter amount for 2009 only		ļ-		
- " " " " " " " " " " " " " " " " " " "			0.	
ь Total for prior years:				,
- Tuesda distributions are sense of any 4s 0040s		0.	, · · · · · · · · · · · · · · · · · · ·	
3 Excess distributions carryover, if any, to 2010:		,	. ,	-
a From 2005 71,166.				1
b From 2006 102,773.	•	-		
c From 2007 . 133,954.			*	•
d From 2008		- '	·	
e From 2009 340,887.		, ,	,	
f Total of lines 3a through e	883,160.	,		· + · · · · · · · · · · · · · · · · · ·
4 Qualifying distributions for 2010 from				, ,
Part XII, line 4: ► \$ 516,016.		, "		
a Applied to 2009, but not more than line 2a	- 4. *	· ,	0.	\$ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	it with a	The same of
c Treated as distributions out of corpus			,	
(Election required - see instructions)	0.	« ° ′ ,	Ž. ,	
d Applied to 2010 distributable amount				361,687.
e Remaining amount distributed out of corpus	154,329.	* * * * * * * * * * * * * * * * * * * *		***************************************
5 Excess distributions carryover applied to 2010	0.		. 5 4 ***	0.
(If an amount appears in column (d), the same amount must be shown in column (a).)	*		, ,	50
6 Enter the net total of each column as				
indicated below:			()	
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,037,489.	The second secon	-,*	
b Prior years' undistributed income. Subtract				
line 4b from line 2b	<u>, , , , , , , , , , , , , , , , , , , </u>	0.		
c Enter the amount of prior years' undistributed income for which a notice of	70 / & _ TORNS, * x			
deficiency has been issued, or on which	ار از از از از از از از از از از از از از		(1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Kale Arma ar i
the section 4942(a) tax has been previously	1 X X X X X X X X X X X X X X X X X X X			
assessed		0.	* * * * * * * * * * * * * * * * * * * *	
d Subtract line 6c from line 6b. Taxable		_		
amount - see instructions		0.	27\$ £	
e Undistributed income for 2009. Subtract line		* *		
4a from line 2a. Taxable amount - see instr.	<u> </u>	3 . 10	0.	**************************************
f Undistributed income for 2010. Subtract			, ^. , , , , , , , , , , , , , , , , , ,	
lines 4d and 5 from line 1. This amount must	** · · · · · · · · · · · · · · · · · ·	, , , , , ,	,~ >* · *	_
be distributed in 2011	,	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	, . ~	0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by	_	,	, , , , , , , , , , , , , , , , , , , ,	xet, i . ve .
section 170(b)(1)(F) or 4942(g)(3)	0.			,
8 Excess distributions carryover from 2005			` ``	A 1
not applied on line 5 or line 7	71,166.	`		,
9 Excess distributions carryover to 2011.		•	,	
Subtract lines 7 and 8 from line 6a	966,323.	i i		, , , , , , , , , , , ,
10 Analysis of line 9:	, ,	ŕ	, .	**.
a Excess from 2006 102,773.	, ,	, ,	. , .	
b Excess from 2007 133,954.	* ' ' '			
c Excess from 2008 234,380.	1. July 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
d Excess from 2009 340,887.	•	•		
e Excess from 2010 154, 329.			* .	× , ,

	M. HARRIS				22604 Page 10
Part XIV Private Operating F			I-A, question 9)	<u>N/A</u>	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective fo			▶ ∟	<u> </u>	
b Check box to indicate whether the foun		ig foundation described		4942(j)(3) or4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year (a) 2010	(b) 2009	Prior 3 years	(4) 2007	/e) Tetal
income from Part I or the minimum	(a) 2010	(0) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for			1	}	
each year listed			 	 	<u> </u>
b 85% of line 2a			 	 	
e Qualifying distributions from Part XII,					
line 4 for each year listed			 	 	
d Amounts included in line 2c not	1				
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					
			·	<u> </u>	
(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	Ì			Ì	
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	l				
an exempt organization		·	<u> </u>	 	
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or m	ore in assets
at any time during t				40,000 0	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	_	than 2% of the total con	tributions received by the	foundation before the clo	se of any tax
year (but only if they have contributed r	nore than \$5,000). (See se	ection 507(d)(2).)			
NONE					
 List any managers of the foundation who other entity) of which the foundation ha 			(or an equally large porti	on of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here ▶ 🗶 if the foundation o	inly makes contributions t	o preselected charitable	organizations and does	not accept unsolicited req	uests for funds. If
the foundation makes gifts, grants, etc.	(see instructions) to indiv	iduals or organizations (under other conditions, c	omplete items 2a, b, c, an	d d
a The name, address, and telephone num JANE GOODWIN, $770-64$	•	n applications should be	addressed:		
600 HOUZE WAY, SUITE		T.T. GA 300°	76		
b The form in which applications should I					
N/A	·				
c Any submission deadlines:					
N/A		, , , , , , , , , , , , , , , , , , , ,			
d Any restrictions or limitations on award	s, such as by geographica	i areas, charitable fields	, kinds of institutions, or	other factors:	
N/A					

11

Grants and Contributions Paid During the Y	ear or Approved for Future	rayment	· - · · · · · · · · · · · · · · · · · ·	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
				,
SEE STATEMENT 12		_		
Total	<u>, , , , , , , , , , , , , , , , , , , </u>		▶ 3a	488,44
Approved for future payment				
NONE				
HONE				
	1	1		l
		Į į		ļ

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless other	wice indicated	Unrelated	business income	Exclud	led by section 512, 513, or 514	(e)
	viso indicated.	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:		code		code		
8						
b		 	·	+-+		· · · · · · · · · · · · · · · · · · ·
<u> </u>				+		·
d						
e		 		1		
- Food and contracts from an						
g Fees and contracts from gov	•					
2 Membership dues and assessm				\dashv		
3 Interest on savings and tempora investments						
4 Dividends and interest from sec	curities			14	305,238.	
5 Net rental income or (loss) from				:		, , , , , ,
Data Comment and a						
b Not debt-financed property						
6 Net rental income or (loss) from						· · · · ·
property	·				j	
7 Other investment income			· - · · · · · · · · · · · · · · · · · ·	14	-3,310.	
8 Gain or (loss) from sales of asse				 	<u> </u>	
than inventory				18	-194,083.	
9 Net income or (loss) from speci	al events			1-5	232/0001	
O Gross profit or (loss) from sales						
1 Other revenue:				<u> </u>		
_						
		· · · · · · · · · · · · · · · · · · ·				
b		 				
c		<u> </u>				
d						
2 Subtotal. Add columns (b), (d),	and (e)	7,).	107,845.	0.
3 Total. Add line 12, columns (b),						
See worksheet in line 13 instruction		• • • • • •				107,043.
		. 41			D	
Part XVI-B Relation	ship of Activities to	o tne Acco	mplisnment of	⊏xempt	Purposes	
Line No. Explain below how	each activity for which incom	ne is reported in	column (e) of Part XV	I-A contrib	uted importantly to the accom	plishment of
▼ the foundation's ex-	empt purposes (other than b	y providing fun	ds for such purposes).			
			· · · · · · · · · · · · · · · · · · ·		·	
						
						
						·· ·
						

	and ¢	r penalties of pecury, I declare that I have examined this complete Declaration of preparer (other than expayer or Signature of officer or trustee		ation of which	preparer has any know	viedge SEC/TRE	ge and belief, it is true, correct,
Paid			reparen's signature	Date (Date // // // // // // // // // // // // //	Title / Check if self- employed	PTIN
Prepar Jse Or		Firm's name ► HABIF, AROGET	I, & WYNNE,	L.L.	P./ /	Firm's EIN ►	
		Firm's address ► FIVE CONCOUR ATLANTA, GA	SE PARKWAY, 30328	SUITE	1000	Phone no.	404-892-9651
						-	Form 990-PF (2010)

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

2010

Employer identification number

WILLIAM M. HARRIS FAMILY FOUNDATION 58-1422604 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 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** 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, charitable, 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).

' Name of organization

Employer identification number

WILLIAM M. HARRIS FAMILY FOUNDATION

58-1422604

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THE ESTATE OF DR. WILLIAM T. HARRIS 600 HOUZE ROAD, SUITE D-9 ROSWELL, GA 30076	\$ 17,984.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	DR. SHELBY ELLIOTT 3603 BROADMOOR STREET PASADENA, TX 77505	\$100.	Person X Payroll
(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 Occash (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.)

of Part II

· Name of organization

Employer identification number

of

WILLIAM M. HARRIS FAMILY FOUNDATION

58-1422604

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
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			00 000 F7 000 PF\ (0040\)

Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2010)		Page of of Part									
Name of org			Employer identification number									
	AM M UNDDIC EXMIT V FOI	INTO A TOT ONT	58-1422604									
Part III	AM M. HARRIS FAMILY FOU Exclusively religious, charitable, etc., i	ndividual contributions to section	501(c)(7), (8), or (10) organizations aggregating									
7	more than \$1,000 for the year. Complet Part III, enter the total of exclusively religi	te columns (a) through (e) and the fo	llowing line entry. For organizations completing									
_	\$1,000 or less for the year. (Enter this int	formation once. See instructions.)	\$									
(a) No.												
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
			_									
			-									
-		(e) Transfer of gift										
İ		(e) transier of gift										
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee									
ſ												
(a) No.												
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
raiti												
	(e) Transfer of gift											
1	Transferee's name, address, a	Relationship of transferor to transferee										
<u> </u>	rransieree s name, auuress, a	III ZII TA	Helauonship of Gansteror to Gansteree									
(a) Na												
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
Part I												
-												
		(e) Transfer of gift										
	Transferencia nome address a	and 71D + 4	Polationship of transferor to transferor									
-	Transferee's name, address, a	nd ZIF + 4	Relationship of transferor to transferee									
,												
(-)).												
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held									
Part I												
Ĭ												
		(e) Transfer of gift										
	<u>.</u>	1 TIN . 4										
-	Transferee's name, address, a	<u>Ina ∠IP + 4</u>	Relationship of transferor to transferee									

FORM 990-PF DIVIDEN	DS AND	INTER	EST	FROM	SEC	TRITIES	STATEMENT	1
SOURCE		GROSS				PITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT	
LOAN RECEIVABLE STOCKS, BONDS & MUTUAL FUNDS	-	4,736. 300,502.				0.	4,7 300,5	
TOTAL TO FM 990-PF, PART I, LN 4			305,	238.		0.	305,2	238.
FORM 990-PF	O'	THER I	NCOM	Œ			STATEMENT	2
DESCRIPTION			REV	A) ENUE BOOKS	5	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO	
PLAINS ALL AMERICAN PIPELINE 76-0582150	EIN#			-3,3	310.	-3,310.	•	
TOTAL TO FORM 990-PF, PART I	, LINE	11		-3,3	310.	-3,310.	,	
FORM 990-PF		LEGAL	FEE	S			STATEMENT	3
	(/ EXPEN PER F	A)	NET	(B)		(C) ADJUSTED NET INCOME	(D) CHARITA	BLE
DESCRIPTION .	EXPEN	A) NSES	NET	(B)		ADJUSTED NET INCOME	(D) CHARITA	BLE
DESCRIPTION LEGAL	EXPEN	A) NSES BOOKS	NET	(B)	COME	ADJUSTED NET INCOME	(D) CHARITA	BLE
DESCRIPTION LEGAL TO FM 990-PF, PG 1, LN 16A	PER I	A) NSES BOOKS	NET MEN	(B) 'INVE	OME 0.	ADJUSTED NET INCOME	(D) CHARITA	BLE ES
DESCRIPTION LEGAL TO FM 990-PF, PG 1, LN 16A FORM 990-PF	PER I	A) NSES BOOKS 80. 80. COUNTI	NET MEN	(B) 'INVE	O.	ADJUSTED NET INCOME	(D) CHARITA E PURPOS STATEMENT (D) CHARITA	BLE 80. 80.
FORM 990-PF DESCRIPTION LEGAL TO FM 990-PF, PG 1, LN 16A FORM 990-PF DESCRIPTION ACCOUNTING	ACC (A EXPEN PER I	A) NSES BOOKS 80. 80. COUNTI	NET MEN	(B) INVE	O.	ADJUSTED NET INCOME (C) ADJUSTED NET INCOME	CHARITA E PURPOS STATEMENT (D) CHARITA E PURPOS	BLE 80. 80.

FORM 990-PF	TAX	ES		STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
PAYROLL TAXES	1,045.	522	•	523.
TO FORM 990-PF, PG 1, LN 18	1,045.	522		523.
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		
INVESTMENT ADVISORY FEES OFFICE EXPENSE TELEPHONE AND INTERNET	37,515. 1,645.			0. 1,645.
ACCESS UTILITIES INSURANCE	1,261. 3,246. 1,395.	0 0 0	•	1,261. 3,246. 1,395.
REPAIRS DUES, SUBSCRIPTIONS & REGISTRATION FEES MISCELLANEOUS	100. 141. 316.	0	•	100. 141. 316.
TO FORM 990-PF, PG 1, LN 23	45,619.	37,515	•	8,104.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB - STOCKS			1,793,272.	2,148,551.
TOTAL TO FORM 990-PF, PART I		1,793,272.	2,148,551.	

FORM 990-PF CO	RPORATE BONDS		STATEMENT	8	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE		
CHARLES SCHWAB - FIXED INCOME CORP	BONDS	2,345,130.	2,387,94	12.	
TOTAL TO FORM 990-PF, PART II, LIN	E 10C	2,345,130.	2,387,94	12.	
FORM 990-PF OTH	ER INVESTMENTS		STATEMENT	9	
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET	r	
CHARLES SCHWAB - MUTUAL FUNDS INVESTMENT IN P.C. ASSOCIATES	COST	2,723,316.	2,804,70	08.	
FEI#58-1903323 INVESTMENT IN PLAINS ALL AMERICAN	COST	5,027.	5,02	27.	
PIPELINE FEI#76-0582150 INVESTMENT IN CANTON JAMERSON PLAZ		63,867.	63,86	57.	
PTRS FEI#26-1663214	A COS1	-10,312.		0.	
TOTAL TO FORM 990-PF, PART II, LIN	E 13	2,781,898.	2,873,60)2.	
			*		
FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	R INVESTMENT	STATEMENT	10	
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	€	
DESK FAX MACHINE	630. 318.	630. 318.		0.	
TELEPHONE EQUIPMENT	1,425.	1,425.		0.	
TOTAL TO FM 990-PF, PART II, LN 14	2,373.	2,373.		0.	

NAME AND ADDRESS OR. DEANE MINK 109 NORTHSIDE DRIVE VALDOSTA, GA 31602 OR. VINCENT ERARIO 1269 BARCLAY CIRCLE 14ARIETTA, GA 30060 VANE GOODWIN 1500 HOUZE ROAD, SUITE D-9 180SWELL, GA 30076 OR. JERRY HARDEE 1269 BARCLAY CIRCLE 14ARIETTA, GA 30060 OR. TOM MORGAN 1350 YOUNG'S FARM ROAD 12EDARTOWN, GA 30125 EDWIN STAUB 1500 BOX 7200 15ESTNUT MTN, GA 30502 VAMES MCDONALD 1501 WEST 84TH STREET	LIST OF OFFICERS, D AND FOUNDATION MANA	STAT	EMENT 11	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
DR. DEANE MINK 409 NORTHSIDE DRIVE VALDOSTA, GA 31602	PRESIDENT 2.00	0.	0.	0.
DR. VINCENT ERARIO 1269 BARCLAY CIRCLE MARIETTA, GA 30060	VICE CHAIRMAN 2.00	0.	0.	0.
JANE GOODWIN 600 HOUZE ROAD, SUITE D-9 ROSWELL, GA 30076	SECRETARY/TREA	SURER 0.	0.	0.
DR. JERRY HARDEE 1269 BARCLAY CIRCLE MARIETTA, GA 30060	BOARD MEMBER 2.00	0.	0.	0.
DR. TOM MORGAN 1350 YOUNG'S FARM ROAD CEDARTOWN, GA 30125	BOARD MEMBER 2.00	0.	0.	0.
EDWIN STAUB P.O. BOX 7200 CHESTNUT MTN, GA 30502	BOARD MEMBER 2.00	0.	0.	0.
JAMES MCDONALD 2501 WEST 84TH STREET BLOOMINGTON, MN 55431	BOARD MEMBER 2.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	E 6, PART VIII	0.	0.	0.

FORM 990-PF

STATEMENT 12

PAII	D DURING THE YEAR		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ANGEL EXPRESS	NONE HUMANITARIAN	PUBLIC	3,000.
EAGLE RANCH	NONE HUMANITARIAN	PUBLIC	25,000.
HOLDING HANDS MINISTRIES	NONE HUMANITARIAN	PUBLIC	6,000.
LIFE UNIVERSITY	NONE HUMANITARIAN	PUBLIC	22,841.
LIFE UNIVERSITY	NONE OPERATIONS	PUBLIC	150,000.
NORTHWESTERN HEALTH SCIENCES UNIVERSITY	NONE EDUCATION	PUBLIC	100,000.
OKLAHAVEN CHILDREN'S CHIROPRACTIC	NONE RESEARCH	PUBLIC	10,000.
PALMER COLLEGE OF CHIROPRACTIC	NONE RESEARCH	PUBLIC	78,000.

GRANTS AND CONTRIBUTIONS

WILLIAM M. HARRIS FAMILY FOUND	DATION		58-1422604
TEMPLE BAPTIST CHURCH	NONE HUMANITARIAN	10,000.	
BIBLE BAPTIST COLLEGE	NONE HUMANITARIAN	PUBLIC	5,000.
CLEVELAND CHIROPRACTIC COLLEGE	NONE RESEARCH	PUBLIC	25,000.
INTERNATIONAL SPINE RESEARCH COLLEGE	NONE RESEARCH	PUBLIC	25,000.
SWEAT INSTITUTE	NONE RESEARCH	PUBLIC	25,000.
WOMENS ENRICHMENT CENTER	NONE HUMANITARIAN	PUBLIC	3,600.
TOTAL TO FORM 990-PF, PART XV, I	JINE 3A		488,441.

(a) Let and describe the kindig) of propenty soid, a.g., real estate, by the content of 2-strop yinds were shored sort of the content of th	Part IV Capital Gains and Losses for Tax on Investment Income	1011 1011	2004 F	AGE I OF Z							
CONAGRA POODS INC - 3,000 SIS P VARIOUS (1,131)		d, e.g., real estate,	(b) How acquired	(c) Date acquired (d) Date sold							
BAMERICAN FD CAPITAL INCOME BUILDER CL A - 2,139.5 P VARIOUS 02/18/10				(mo., day, yr.) (mo., day, yr.)							
BAMERICAN FD CAPITAL INCOME BUILDER CL A - 2,1182. P VARIOUS 0,12/12/10	1a CONAGRA FOODS INC - 3,000 SHS		P	VARIOUS 12/13/10							
AMERICAN FD CAPITAL INCOME BUILDER CL A - 2,139.5 P VARIOUS 02/18/10		LDER CL A - 2,118									
AMERICAN FD CAPITAL INCOME BUILDER CL A - 2,081.1 P VARIOUS 03/15/10	c AMERICAN FD CAPITAL INCOME BUI										
AMERICAN FD CAPITAL INCOME BUILDER CL A - 2,054.2 P VARIOUS 04/14/10	d AMERICAN FD CAPITAL INCOME BUI	LDER CL A - 2,081									
AMERICAN FD CAPITAL INCOME BUILDER CL A - 2,262.9 P VARIOUS 06/10/10											
Q AMERICAN FD CAPITAL INCOME BUILDER CL A - 2,092.9 P VARIOUS 06/10/10											
NAMERICAN FD CAPITAL INCOME BUILDER CL A - 2,092.9 P VARIOUS 08/06/10 FEDERATED GOV ULTRASHORT DURATION A - 10,090.82 S P VARIOUS 02/12/10 NAMERICAN FD INCOME FUND OF AMERICA CL A - 6,238.3 P VARIOUS 04/14/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,301.2 P VARIOUS 04/14/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,301.3 P VARIOUS 04/14/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,631.3 P VARIOUS 04/14/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,631.3 P VARIOUS 04/14/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,631.3 P VARIOUS 06/04/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,631.3 P VARIOUS 08/06/10 O AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 08/06/10 O AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 08/06/10 O AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 08/06/10 O AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 08/06/10 O AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 08/06/10 O O O O O O O O O	g AMERICAN FD CAPITAL INCOME BUI										
FEDERATED GOV ULTRASHORT DURATION A - 10,090,82 S P VARIOUS 01/25/10 FEDERATED GOV ULTRASHORT DURATION A - 10,282.08 S P VARIOUS 02/12/10 FEDERATED GOV ULTRASHORT DURATION A - 10,282.08 S P VARIOUS 02/12/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,238.3 P VARIOUS 04/14/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,301.2 P VARIOUS 04/29/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,631.3 P VARIOUS 06/04/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,631.3 P VARIOUS 06/04/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 9,836.0 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 9,836.0 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 07/15/10											
FEDERATED GOV ULTRASHORT DURATION A - 10,282.08 S	FEDERATED GOV ULTRASHORT DURAT										
KAMERICAN FD INCOME FUND OF AMERICA CL A - 6,238.3 P VARIOUS 04/14/10											
AMERICAN FD INCOME FUND OF AMERICA CL A - 6, 301.2 P VARIOUS 04/29/10	k AMERICAN FD INCOME FUND OF AME	RICA CL A - 6,238									
m AMERICAN FD INCOME FUND OF AMERICA CL A − 6, 631.3 P VARIOUS 06/04/10 n AMERICAN FD INCOME FUND OF AMERICA CL A − 9, 836.0 P VARIOUS 07/15/10 AMERICAN FD INCOME FUND OF AMERICA CL A − 6, 369.4 P WARIOUS 08/06/10 (a) Gross sales price (b) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (b) plus (f) minus (g) a 66, 398. 66, 526. -128. b 100,000. 108, 645. -8, 645. d 100,000. 104, 262. -4, 262. t 100,000. 114, 856. -14, 856. t 100,000. 106, 125. -6, 125. i 100,000. 106, 125. -6, 125. i 100,000. 100, 338. -338. 100,000. 100, 338. -1, 660. k 100,000. 111, 302. -11, 302. t 100,000. 112, 424. -12, 424. m 100,000. 113, 433. -338. t 100,000. 113, 302. -113, 302. t 100,000. 175, 216. <	I AMERICAN FD INCOME FUND OF AME	RICA CL A - 6,301									
n AMERICAN FD INCOME FUND OF AMERICA CL A - 9,836.0 P VARIOUS 07/15/10 o AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 08/06/10 (1) o AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 08/06/10 (1) o AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 08/06/10 (1) o AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 08/06/10 (1) o AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 08/06/10 (1) o AMERICAN FD INCOME FUND OF AMERICA CL A - 6,369.4 P VARIOUS 08/06/10 (1) o AMERICAN FD INCOME FUND OF AMERICAN FD INCOME FUND (1) o AMERICAN FD INCOME FUND (1) o AMERICAN FD INCOME FUND (1) o AMERICAN FD INCOME FUND (1) o AMERICAN FD INCOME FUND (1) o AMERICAN FD INCOME FUND (1) o AMERICAN FD INCOME FUND (1) o AMERICAN FD INCOME FUND (1) o AMERICAN FD INCOME FUND (1) o AMERICAN FD INCOME FUND (1) o AMERICAN FD INCOME FUND (1) o AMERICAN FD INCOME FUND (1) o AMERICAN FUND (1) o	m AMERICAN FD INCOME FUND OF AME										
O AMERICAN FD INCOME FUND OF AMERICA CL A - 6, 369.4 P VARIOUS 08/06/10 (e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other bass plus expense of sale (e) plus (f) minus (g) plus (f) minus (g) (e) plus (f) minus (g) (e) plus (f) minus (g) plus (f) plus (f) minus (g) (f) plus (f) minus (g) (f) plus (f) minus (g) (f) plus (f) pl	n AMERICAN FD INCOME FUND OF AME										
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis (e) plus (f) minus (g) (g) (g) (g) (g) (g) (g) (g) (g) (g)	o AMERICAN FD INCOME FUND OF AME	RICA CL A - 6,369	.4 P								
Containment Containment	(a) Gross sales price (f) Depreciation allowed	(g) Cost or other basis									
1.00,000	(or allowable)										
Document 100,000 107,564 -7,564	a 66,398.	66,526.		-128.							
100,000	b 100,000.		<u></u> _								
100,000 104,262 -4,262 -4,262 100,000 114,856 -14,85	c 100,000.	108,645.									
100,000.	d 100,000.										
1	e 100,000.	104,262.									
100,000	f 100,000.	114,856.									
h 100,000. 106,125. -6,125. i 100,000. 100,338. -338. k 100,000. 111,302. -11,302. i 100,000. 118,314. -12,424. m 100,000. 175,216. -25,216. o 100,000. 113,463. -13,463. Complete only for assets showing gain in column (h) and owned by the foundation on 123/69 (i) Losses (from cot. (h)) (i) F.M.V. as of 12/31/69 (k) Excess of cot. (i) (i) and over cot. (k), but not less than *0-*) a -7,564. c -8,645. d -5,683. e -4,262. f -14,856. g -14,856. h -14,856. i -338. j -14,242. g -14,243. m -12,244. m -12,242. g -14,856. g -14,856. g -14,856. g -13,463. (Capital gain net income or (net capital loss) (If gain, also enter in Part I, line 7, I	g 100,000.	114,856.									
1	h 100,000.	106,125.	··-								
101,998	i 100,000.	100,338.									
1	j 101,998.										
100,000.	k 100,000.	111,302.									
n 150,000. 175,216. −25,216. o 100,000. 113,463. −13,463. Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (k) Excess of col. (i) over col. (j), if any (ii) Losses (from col. (h)) and over col. (k), but not less than *-0-*) a -7,564. -7,564. c -8,645. -5,683. e -4,262. -14,856. g -14,856. -14,856. h -6,125. -338. i -338. -1,660. k -11,302. -12,424. m -25,216. -13,463.	100,000.										
100,000 113,463 -13,	m 100,000.			-18,314.							
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) F.M.V. as of 12/31/69 (i) Adjusted basis as of 12/31/69 (i) Losses (from col. (h)) Gains (excess of col. (i) but not less than "-0-") -128. -128. -128. -14, 262. -14, 262. -14, 856.	n 150,000.	175,216.		-25,216.							
(i) F.M.V. as of 12/31/69 (j) Adjusted basis as of 12/31/69 (k) Excess of col. (i) over col. (j), if any but not less than "-0-") a				-13,463.							
(i) F.M.V. as of 12/31/69	Complete only for assets showing gain in column (h) and owned by	the foundation on 12/31/69									
The state of the			Gains (excess of but no	f col. (h) gain over col. (k), t less than "-0-")							
b	a			_12R							
c -8,645. d -5,683. e -4,262. f -14,856. g -14,856. h -6,125. i -338. j 1,660. k -11,302. I -12,424. m -18,314. n -25,216. 0 -13,463. A Vet short-term capital gain net income or (net capital loss) . If gain, also enter in Part I, line 7 and I, line 8, column (c). 2											
Capital gain net income or (net capital loss) Capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If gain, also enter in											
Capital gain net income or (net capital loss) Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain, also enter in Part I, line 7 Capital gain, also enter in Part I, line 8, column (c). Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital				-5 683							
1				-4 262							
Capital gain net income or (net capital loss) If gam, also enter in Part I, line 7 Capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If gain, also enter in Part I, line 8											
The content of the											
1											
1,660. k	i										
Residue Capital gain net income or (net capital loss) Capital gain net income or (net capital loss) Capital gain net income or (net capital loss) Capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or (loss) as defined in sections 1222(5) and (6): Capital gain or	i										
The state of the s	k										
m — ——————————————————————————————————											
2 Capital gain net income or (net capital loss) . { If gam, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7											
2 Capital gain net income or (net capital loss) . { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7											
2 Capital gain net income or (net capital loss) . { If gain, also enter in Part I, line 7 }											
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).				T31403•							
If gain, also enter in Part I, line 8, column (c).	2 Capital gain net income or (net capital loss) . { If gain, also enter "-0 If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7	2								
	If gain, also enter in Part I, line 8, column (c).)	3								

2 OF

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (c) Date acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) D - Donation 150,000 SHS 1a XEROX ~ 06/23/09|06/15/10 b DEUTSCHE TELEKOM - 150,000 SHS P 06/19/09|06/15/10 c CHARLES SCHWAB - 172,000 SHS P 09/10/09|03/01/10 d CMCSA - 150,000 SHS P 11/03/0911/15/10 e TOYOTA MOTOR CRD - 150,000 SHS P 12/16/0910/01/10 f MAY DEPARTMENT STORE - 100,000 SHS P 02/17/1011/01/10 g WRIGLEY JR - 100,000 SHS P 04/16/1007/15/10 h GAMESTOP - 50,000 SHS P 05/03/1010/29/10 i COX COMMUNICATIONS - 175,000 SHS 06/17/1011/01/10 P k m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 150,000 156,648. <u>-6,648.</u> а 150,000 158,954. b -8,954. 172,000. 177,913. -5,913. C 150,000. 160,304. -10,304.d 150,000. 153,401 -3,401.е 100,000. -8,427. 108,427. 100,000. 101,735. -1,735. 52,306. 51,000. h <u>-1,306.</u> 175,000 180,879. -5,879. n Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (k) Excess of col. (i) (j) Adjusted basis (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any -6,648. a -8,954. b -5,913. -10,304. d -3,401. <u>-8,427.</u> f -1,735.a -1,306.h -5,879. m 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter "-0-" in Part I, line 7 -194,083. 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 N/A

WILLIAM M. HARRIS FAMILY FOUNDATION

Asset								Descrip	tion of prope	rty						
ımber		Da plac in sei	ed	Method/ IRC sec.	Life or rate	Line No.	(ott	Cost or ner basis	,	Basis eduction	depre	Accumul eciation/ar	lated nortization	Cu de	rrent year	
2	DE	SK									.					
		1 ₁ 7 0			7.00	16	<u> </u>	63	0.				630.			(
3	FA			INE	B7.00	17		21	<u> </u>				210			
4	TF.	LEPI			JIPME			31	8.		1 .	"	318.	L		(
	_	011			7.00			1,42	5.				L,425.	<u> </u>		_(
	*	TOT	AL	990-1	PF PG	1 D	EPR				- ,					
			1				; `	2,37	3.		0.		2,373.			(
						7		 -						r		
	,			<u></u>	1				!							
			1		`	1.	· ·				/ ;	ξ,	•		, - :	1
-,, -		Т.	1] , 	-	<u></u>	······································		,		4		<u> </u>	, -	
, >				,,,	1 7-7	Т.	:		77.	, , ,	<u> </u>			<u> </u>	· ·	
	!	- 1	<u>'</u>		<u> </u>		<u> </u>		<u></u>	 -				<u> </u>	•	
					Ţ							-				
*	=	<u> </u>	· ·	7			* j. j., .	, 7			, «,	· , n · ·		\$75 T	2.5	٧,
			1	· _	J	<u> </u>	<u> </u>		<u> </u>			<u> </u>			<u>'{,</u> =	
			7 7		T .						-		·	I		_
7.	_^^	. ,	, , ,	, ,	', ,		•	,	, , , , , , , ,		3 - 52	´.		🖟		
		13	1 %	. ; ;	,		# 2 ·		_\'	-(-),		`	£`-			٠
ļ.	_				T		r									
		- -			سد ' پُم ' ل		, K. 69	, , , , , , , , , , , , , , , , , , , ,		ه س د			n_ () () (<u> </u> 		
		;		. ,	T - '	4		~ , 'c .			Ť:);	<u>, </u>
Ĺ																_
			, ý* -		1 - 1			>>		William All I	45 6	.			·····	,
		- ~ · · · · · · · · · · · · · · · · · ·		y Synge	T	1 7 3			2 .	St 02-53.		, ~ ,	12 × 1	, Y		, , *
<u>,,, ,</u> ,v		* <u>*</u>	[™] AGA	, v.,	1	1-20	S. 1 1/1	17\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, t	· · · · · · · · · · · · · · · · · · ·	1.3	- -		A (/) }	<u>~</u>	_
^^. ^^^;			<u> </u>		1 11	· · · ·	12			9.1	1 1/2	1 74g 5	. ', -			;
		Ĺ_	,	- >	,	1, 1,				- <u>); </u>	. · · · · · · · ·	1 1	<u> </u>		~	
F					T -						1					
٠ ۲	77.	, ,	1 ,	2 N eg .		,			- 	5 - A	1967 C.	î, . D		· · · ·		÷
		1.] , ,			1 . 1 - 5	.,,,				r	A. 25	
ļ					т								-			
-,. -	=		ᆜ				. ,			-		 		L _.	• ;	_
		17	, 1		7.,	12.5	,	* , 5	· ·	\(\frac{1}{2}\).	*. 7, *		* — –		· · · · · ·	-
														<u> </u>	70	_
			П													_
. :		` ;	6 3	~ · , · s	, ', * <i>,</i>	·′ T•				~ , ~	1	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			`	_
	=	_1_		3	.1 ,		, ',	* , ,		<u> </u>	, , , , , , , ,	`, _{ E ~	<u>.</u>	,	₂ %,	
			, T		Τ				<u> </u>							
1-	•		٠				-	· · · ·	, ,		1 2 1			, .		_
		<u> </u>			٢,	;	•			मा ३५ छी	. 6.		, 1/,	~ 36		,
					r	- -										
			. 1		1	ı i			1		1			l		

Form 8868 (Rev. 1-2011)				Page 2				
If you are filing for an Additional (Not Automatic) 3-Month Ext	tension, d	complete only Part II and check this bo	ox	X				
Note. Only complete Part II if you have already been granted an a								
• If you are filing for an Automatic 3-Month Extension, complet								
Part II Additional (Not Automatic) 3-Month Ex	xtensio	n of Time. Only file the original (no co	opies needed).					
Type or Name of exempt organization	Name of exempt organization			Employer identification number				
int WILLIAM M. HARRIS FAMILY FOUNDATION			58-1422604					
by the Number, street, and room or suite no. If a P.O. box, see instructions.								
ue date for 600 HOUZE WAY SUITE D-9								
turn See City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
ROSWELL, GA 30076								
Enter the Return code for the return that this application is for (file	a separa	te application for each return)		04				
Application	Return	Application		Return				
is For	Code	Is For		Code				
Form 990	01		<u>, , , , , , , , , , , , , , , , , , , </u>	, , , , ,				
Form 990-BL	02	Form 1041-A		08				
Form 990-EZ	03	Form 4720		09				
Form 990-PF	04	Form 5227		10				
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11				
Form 990-T (trust other than above)	06	Form 8870		12				
STOP! Do not complete Part II if you were not already granted	an autor	<u>natic 3-month extension on a previous</u>	sly filed Form 8868.					
JANE GOODWIN	a		20076					
• The books are in the care of ► 600 HOUZE ROAD,	SUI		30076					
Telephone No ► (770)641-1927		FAX No.						
If the organization does not have an office or place of business		****		· 🗀				
If this is for a Group Return, enter the organization's four digit C								
box . If it is for part of the group, check this box .			members the extension	is for.				
	AO A PINT	BER 15, 2011.						
	hook roop	on: Initial return	Final return	·				
If the tax year entered in line 5 is for less than 12 months, check Change in accounting period	ieck reas	on initial return	rınaı return					
7 State in detail why you need the extension								
THE ORGANIZATION IS REQUESTING	ADD.	ITIONAL TIME TO FILE	IN ORDER TO	<u> </u>				
OBTAIN CERTAIN INFORMATION THA								
ACCURATE RETURN.		11202001212 10 1222 11						
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069. e	nter the tentative tax, less any						
nonrefundable credits. See instructions.	8a \$	0.						
b If this application is for Form 990-PF, 990-T, 4720, or 6069, e		<u></u>						
tax payments made. Include any prior year overpayment allo	-		[·					
previously with Form 8868.		·	8b \$	3,294.				
c Balance due, Subtract line 8b from line 8a. Include your pay	yment wit	h this form, if required, by using						
EFTPS (Electronic Federal Tax Payment System). See instru	-		8c \$	0.				
		d Verification						
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this for	ng accomp rm.	panying schedules and statements, and to the	e best of my knowledge and	l belief,				
Signature ▶ Title ▶			Date >					
1100				Rev. 1-2011)				

023842

Form 886	8 (Rev. 1-2011)					Page 2		
• If you a	are filing for an Additional (Not Automatic) 3-Month E	Extension,	complete only Part II and check this b	ох		- X		
	ly complete Part II if you have already been granted ar				8868.			
	are filing for an Automatic 3-Month Extension, compl							
Part II	Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no o	opies i	needed).			
Type or	Name of exempt organization				Employer identification number			
print	WILLIAM M. HARRIS FAMILY FOUNDATION			5	58-1422604			
File by the extended	he Number street and record or life DO have an instruction							
due date for	600 HOUZE WAY, SUITE D-9							
filing your return See instructions	City, town or post office, state, and ZIP code. For a ROSWELL, GA 30076	foreign add	dress, see instructions.					
Enter the	Return code for the return that this application is for (f	file a separa	te application for each return)			0 4		
Applicati	pplication Return Application					Return		
ls For	· · · · · · · · · · · · · · · · · · ·	Code	Is For			Code		
Form 990		01	FLATENK TO THE TOTAL	* <i>-</i> - •	5、特性性最后分子。	`		
Form 990	-BL	02	Form 1041-A			08		
Form 990	-EZ	03	Form 4720			09		
Form 990	PF	04	Form 5227			10		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	-T (trust other than above)	06	Form 8870			12		
STOP! Do	not complete Part II if you were not already grante	ed an autor	natic 3-month extension on a previou	usly file	ed Form 8868.			
	JANE GOODWIN							
The bo	oks are in the care of 600 HOUZE ROAL), SUI	<u>TE D-9 - ROSWELL, GA</u>	<u> 30</u>	076			
Teleph	one No. ► <u>(770)641-1927</u>		FAX No. 🕨			_		
If the c	rganization does not have an office or place of busine	ss in the Ur	nited States, check this box		>			
	s for a Group Return, enter the organization's four digi					check this		
box ▶ [. If it is for part of the group, check this box	and atta	ich a list with the names and EINs of al	memb	ers the extension is	for.		
4 I red	quest an additional 3-month extension of time until				-			
5 For	calendar year 2010, or other tax year beginning	•	, and ending					
6 If th	e tax year entered in line 5 is for less than 12 months,	check reas	on: Initial return	Final r	return			
	Change in accounting period							
7 Stat	te in detail why you need the extension							
	E ORGANIZATION IS REQUESTIN	IG ADD	ITIONAL TIME TO FILE	IN I	ORDER TO			
OB	TAIN CERTAIN INFORMATION TH	IAT IS	NECESSARY TO FILE A	A CO	MPLETE ANI			
ĀC	CURATE RETURN.							
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720	, or 6069, e	nter the tentative tax, less any					
non	refundable credits. See instructions.		•	8a	\$	0.		
b If th	is application is for Form 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and estimated	٠,				
	payments made. Include any pnor year overpayment a			3				
	viously with Form 8868.		•	8b	s 3	3,294.		
	ance due. Subtract line 8b from line 8a. Include your p	payment wit	th this form, if required, by using					
	PS (Electronic Federal Tax Payment System). See inst	•	, , , , ,	8c	s	0.		
			d Verification			<u></u> <u>-</u>		
Under pena It is true, co	lities of perjury, I declare that I have examined this form, inclu prrect, and complete, and that I am authorized to prepare this	iding accomp		e best o	of my knowledge and b	relief,		
Signature	► Title ►			Date	•			
					· -			