

#### 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



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

OMB No 1545-0052

2010

Department of the Treasury In⊜rnal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2010, or tax year beginning 3/01 2/28 , 2010, and ending

For cale	endar year 2010, or tax year begini	ning	3/01	, 2010,	and ending	2/2	8 , 2011	
G Che	eck all that apply Initial return	Initi	al Return	of a former p	ublic charity		Fina	al return
	Amended re	eturn		Address	:hange <sup>*</sup> [	Name	<b>—</b>	
						A	Employer identification nur	nber
HARR:	INGTON FAMILY FOUNDATI	ON					26-1469601	
	FREMONT AVENUE B					В	Telephone number (see the	instructions)
LOS A	ALTOS, CA 94022						650-934-4181	
						c	If exemption application is	pending, check here
						D	1 Foreign organizations, chec	· •
H CI	heck type of organization: X S	ection 501	(c)(3) ex	empt private for	oundation		2 Foreign organizations meet	
Γ	Section 4947(a)(1) nonexempt ch			Other taxable p		tion	here and attach computation	on ` ►
	air market value of all assets at end of year	J Acc	ounting r	method C	ash X Acc	rual	If private foundation status	
(fr	rom Part II, column (c), line 16)		Other (spec	cify)		JF	under section 507(b)(1)(A) If the foundation is in a 60	
▶\$		(Part I,	column	(d) must be on	cash basis.)		under section 507(b)(1)(B)	
Part I			(a) Re	evenue and	(b) Net inve	estment	(c) Adjusted net	(d) Disbursements
	Expenses (The total of amount	nts in		es per books	incom		income	for charitable
	columns (b), (c), and (d) may no sarily equal the amounts in colu	neces- mn (a)						purposes
	(see the instructions))	(4)						(cash basis only)
	1 Contributions, gifts, grants, etc, receive			450,000.				
	2 Ck lifthe foundn is not req to		<u>-</u>					
	3 Interest on savings and temp cash investments	orary		4,530.		<u>4,5</u> 30.	4,530.	
	4 Dividends and interest from securitie	s		15,286.	1.	5,286.	15,286.	
	5a Gross rents					<u> </u>	20,200.	
	<b>b</b> Net rental income or (loss)							
R E	6a Net gain/(loss) from sale of assets not			22,309.	_			
\$	b Gross sales price for all 3,57	7,600.						
	7 Capital gain net income (from Part IV,	line 2)			2:	2,309.		
E N U	8 Net short-term capital gain						22,309.	
Ĕ	9 Income modifications				· · · · · · · · · · · · · · · · · · ·			
	10a Gross sales less returns and allowances		L					
	b Less Cost of Control of Control	VIED						
	c Gross profit (loss) (att.sch)	<u> </u>	101					
	11 Other income (attach schedu	le)	8					
	& SEE NSTATE	MENT\11		420.				
	12 Total. Add lines 1 through 11		12	492,545.	4:	2,125.	42,125.	
	13 Compensation of officers, directors, tru			0.			•	
	14 Other employee salaries and wages							
	15 Pension plans, employee bei	nefits						
A	16a Legal fees (attach schedule)							
M	- '	E ST 2		1,000.				
Ņ	c Other prof fees (attach sch)							
PS	17 Interest	CENA C	ļ	466				
₩E Τ		STM 3		465.				
A A	19 Depreciation (attach sch) and depletion							İ
oh 🖞	20 Occupancy							
<sub>Q</sub> G È	21 Travel, conferences, and me	etings.						
€₹₽ ⊌×₽	22 Printing and publications	!						
P P	23 Other expenses (attach sche			÷				
J. K	SEE STATE			75.				
	24 Total operating and adminis expenses. Add lines 13 throu			1,540.				
<u>"</u>	25 Contributions, gifts, grants paid PA			60,500.				60,500.
3	26 Total expenses and disburs						<u> </u>	00,300.
OFMERT-SE AND DENNING	Add lines 24 and 25.			62,040.		0.	0.	60,500.
Ŵ	27 Subtract line 26 from line 12							
	a Excess of revenue over expended and disbursements.	enses		430,505.				
	b Net investment income (if negative, e	ator (0.)	<del></del>	<del>1</del> 30,303.	1	2,125.	-	
	C Adjusted net income (if negative, enter				4.	<u>, 123.</u>	42,125.	
	1 - e majastes net mesme (il negative, ente	0-1	1				74,143.	I

Part	11	Balance Sheets  Attached scriedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		or year
		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	_	Cash – non-interest-bearing			
	2	Savings and temporary cash investments .	313,903.	626, 269.	626,269.
	3				J
	_	Less: allowance for doubtful accounts	_	<del></del>	
	4	Pledges receivable			
	_	Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see the instructions).	į		
	7	Other notes and loans receivable (attach sch).			
A		Less. allowance for doubtful accounts			
S	8	Inventories for sale or use			
A S E T	9	Prepaid expenses and deferred charges		<u> </u>	<del></del>
Ś	10	a Investments – U.S. and state government		<u> </u>	
	İ	obligations (attach schedule)			
		b Investments — corporate stock (attach schedule) STATEMENT 5	379,793.	497,932.	494,650.
	•	c Investments — corporate bonds (attach schedule)		·	
	11	Investments — land, buildings, and equipment: basis			
		Less: accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	, and the same same same same same same same sam		· · · · · · · · · · · · · · · · · · ·	·
	14	Land, buildings, and equipment. basis.			
		Less. accumulated depreciation (attach schedule)	_		
		Other assets (describe - Total assets (to be completed by all filers -	_)		
	10	see instructions. Also, see page 1, item I)	693,696.	1,124,201.	1,120,919.
Ŀ	17	Accounts payable and accrued expenses.			
Å	18	Grants payable			1
A B I	19	Deferred revenue			]
Ľ	20	Loans from officers, directors, trustees, & other disqualified persons			
I T	21	Mortgages and other notes payable (attach schedule)			
- 1	22	Other liabilities (describe	.)		
E S	23	Total liabilities (add lines 17 through 22).	0.	0.	1
		Foundations that follow SFAS 117, check here	<del>                                     </del>	<u> </u>	j
		and complete lines 24 through 26 and lines 30 and 31.			
N F E U	24				-
E U T N D	25	Temporarily restricted			1
Α	26	Permanently restricted	V	<del></del>	ļ ;
A B S A L T A		and complete lines 27 through 31.	X		
ΤĀ	27	Capital stock, trust principal, or current funds			}
SNC	28	Paid-in or capital surplus, or land, building, and equipment fund			
OE	29	Retained earnings, accumulated income, endowment, or other funds	693,696.	1,124,201.	
R S	30	Total net assets or fund balances (see the instructions)	693,696.	1,124,201.	
	31	Total liabilities and net assets/fund balances (see the instructions)	693,696.	1,124,201.	
Parl	HI	Analysis of Changes in Net Assets or Fund Balar			
		I net assets or fund balances at beginning of year - Part II, o	<del></del>	ree with	
•	end-	of-year figure reported on prior year's return)	· ·	. 1	693,696.
2	Ente	er amount from Part I, line 27a		. 2	430,505.
3	Other	increases not included in line 2 (itemize)		3	
4	Add	lines 1, 2, and 3		<b>4</b>	1,124,201.
5	Decre	eases not included in line 2 (itemize)		5	<u> </u>
6	Tota	I net assets or fund balances at end of year (line 4 minus line	5) – Part II, column (b), li	ne 30. <b>6</b>	1,124,201.

<u>                                     </u>	. (a) List and describe	the kind(s) of property sold (e.g., ree, or common stock, 200 shares MI	real estate.	(b) How acc	nase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1 2	SEE STATEMENT 6			D — Dona	เนอก		
		·					
e	· · · · · · · · · · · · · · · · · · ·						
<u> </u>	(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other ba	515		(h) Gain or	(loss)
	(c) areas sales price	(or allowable)	plus expense of sa			(e) plus (f) m	inus (g)
a	1						
						-	
	· · · · · · · · · · · · · · · · · · ·						
	Complete only for assets show	ing gain in column (h) and owned b	v the foundation on 12/31/69	9		(I) Cours (Colu	ıma (h)
	(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	) (I)	g tha	(I) Gains (Colu ain minus column (k an -0-) <b>or</b> Losses (fr	(), but not less
a							
t							
	:						
	<u> </u>						
2	Capital gain net income or (net	capital loss) — If gain, also If (loss), en	o enter in Part I, line 7 liter -0- in Part I, line 7	-	2		22,309.
3	Net short-term capital gain or (	loss) as defined in sections 1222(5)	and (6)				
	in Part I, line 8	e 8, column (c) (see the instructions	<u></u>	-	3		22,309.
Par		Section 4940(e) for Reduce foundations subject to the section					
Was If 'Ye	es,' the foundation does not qual	tion 4942 tax on the distributable ar	omplete this part			Yes	☐ No
_1_	Enter the appropriate amount i	n each column for each year, see th	ne instructions before makin	g any entr	ıes		
	(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as:	sets	(colı	<b>(d)</b> Distribution umn (b) divided	
	2009						
	2008						
	2007			-			
	2006						
	2005						
2	Total of line 1, column (d)				2		
3	Average distribution ratio for the number of years the foundation	e 5-year base period — divide the to has been in existence if less than	otal on line 2 by 5, or by the 5 years	:	3		
4	Enter the net value of nonchard	table-use assets for 2010 from Part	X, line 5		4		
5 Multiply line 4 by line 3				5			
6	Enter 1% of net investment inc	ome (1% of Part I, line 27b)			6		
7	Add lines 5 and 6				7		
8	Enter qualifying distributions from	om Part XII, line 4			8		
	If line 8 is equal to or greater to Part VI instructions	han line 7, check the box in Part VI	, line 1b, and complete that	part using	a 1%	6 tax rate. See t	he

Form 990-PF (2010) HARRINGTON FAMILY FOUNDATION 26-1469			P	age 4
Part-VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the in	nstructio	ns)		
1 a Exempt operating foundations described in section 4940(d)(2), check here				
Date of ruling or determination letter: (attach copy of letter if necessary - see instr.)				
b Domestic foundations that meet the section 4940(e) requirements in Part V,	<u> </u>		8	<u>343.</u>
check here ► and enter 1% of Part I, line 27b.	ł			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (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	<u> </u>			<u> 343.</u>
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	<u> </u>			0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			8	343.
6 Credits/Payments:				
a 2010 estimated tax pmts and 2009 overpayment credited to 2010  6a 870.				- 1
b Exempt foreign organizations — tax withheld at source  6b				İ
c Tax paid with application for extension of time to file (Form 8868)  d Backup withholding erroneously withheld  6d				
	<del> </del>			<u>370.</u>
8 Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<del> </del>			0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	<del> </del>			27.
11 Enter the amount of line 10 to be Credited to 2011 estimated tax   27. Refunded	<del> </del>			0.
Part VII-A Statements Regarding Activities		_		_ <del>_</del>
		T	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		1a		Х
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes		$\exists$		
(see the instructions for definition)?	<u> </u>	1 b		X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe or distributed by the foundation in connection with the activities	ed			
c Did the foundation file Form 1120-POL for this year?	<u> </u>	1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation ►\$  0. (2) On foundation managers ►\$	ا م			
(1) On the foundation \$ 0. (2) On foundation managers \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	0.			
foundation managers >\$ 0.				
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
If 'Yes,' attach a detailed description of the activities.				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	_			
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	<u></u> :	3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<u> </u>	4a		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year? .	<u> </u>	4b	N	/ A
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	<u> </u>	5		X
If 'Yes,' attach the statement required by General Instruction T				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				
● By language in the governing instrument, or				
<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict</li> </ul>				
with the state law remain in the governing instrument?	<u> </u>	6	17	X
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	<u> </u>
8a Enter the states to which the foundation reports or with which it is registered (see the instructions)  CA			:	
<b>b</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 <i>General Instruction G</i> ? If 'No,' attach explanation		8b		
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942	1	_		
for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If 'Yes,' complete Par	YXY [	9		Х
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names				,,
and addresses		990	.PF	<u>  X</u> (2010)
				(-viv)

Par	t-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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address • N/A			
14	The books are in care of ► THOMAS E. HARRINGTON Telephone no ► 650-9	34-4	181_	
	Located at ► 105 FREMONT AVE, SUITE B LOS ALTOS CA ZIP + 4 ► 94022			<b>—</b>
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — Check here	N/A	. •	
	and enter the amount of tax-exempt interest received or accrued during the year		,, I	N/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, securities, or other financial account in a foreign country?	16	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If 'Yes,' enter the name of the foreign country ▶			
<u>Par</u>	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	-		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	During the year did the foundation (either directly or indirectly)			ļ
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?  Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No	:		
	(6) Agree to pay money or property to a government official? (Exception. Check 'No' if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days )  Yes X No			
ŀ	If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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 the instructions)?		N	/A
	Organizations relying on a current notice regarding disaster assistance check here			
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
á	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 before 2010?			
	If 'Yes,' list the years ► 20, 20, 20			
ı	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)  (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer 'No' and attach statement — see the instructions )	2b	N	/A
(	of the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	► 20 , 20_ , 20			,
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?  Yes X No			
ı	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 May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or			
	(3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010.)	3b	N	/A
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its		14)	
	charitable purposes?	4a		_X
ı	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of			- <u>-</u>
D 4 -	the tax year beginning in 2010?	4b		X
BAA	N Fi	orm <b>99</b>	0-PF (	(2010)

Form 990-PF (2010) HARRINGTON FAMILY			26-146	9601	Page 6
Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Requ	iired (continued)		
5a During the year did the foundation pay or incur	-				
(1) Carry on propaganda, or otherwise attemp	t to influence legislation	n (section 4945(e))?	☐ Yes X	No	
(2) Influence the outcome of any specific publ on, directly or indirectly, any voter registra	ic election (see section tion drive?	4955), or to carry	Yes X	No	
(3) Provide a grant to an individual for travel,	study, or other similar	purposes?	Yes X	No	
(4) Provide a grant to an organization other th in section 509(a)(1), (2), or (3), or section	an a charitable, etc, or 4940(d)(2)? (see instru	ganization described ictions)	Yes X	No	
(5) Provide for any purpose other than religious educational purposes, or for the prevention	is, charitable, scientific n of cruelty to children	, literary, or or animals?	Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53 4945 or in (see instructions)?	he transactions fail to a current notice regard	qualify under the except ling disaster assistance	ions	5b	N/A
Organizations relying on a current notice regain	ding disaster assistanc	e check here	▶ 🗌		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure response	he foundation claim ex- sibility for the grant?	emption from the	N/A Yes	No	
If 'Yes,' attach the statement required by Regu	lations section 53.4945	5-5(d).			
6a Did the foundation, during the year, receive an on a personal benefit contract?	y funds, directly or ind	rectly, to pay premiums	Yes X	No	
<b>b</b> Did the foundation, during the year, pay premi	ums, directly or indirec	tly, on a personal benef	t contract?	6ь	X
If 'Yes' to 6b, file Form 8870					
7a At any time during the tax year, was the found	, , ,				
b If yes, did the foundation receive any proceeds  Part VIII Information About Officers, Di				7b	
Part VIII Information About Officers, Di and Contractors	rectors, trustees,	roungation Manag	ers, nighty Paid E	mpioyees	,
List all officers, directors, trustees, foundatio	n managers and their	rompensation (see inst	ructions)		
T Elst all officers, affectors, trastees, fouridation	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense	account.
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other allo	
SEE STATEMENT 7			· · · · · · · · · · · · · · · · · · ·		
		0.	0.		0.
	-				
					·
2 Compensation of five highest-paid employee	s (other than those inc	luded on line 1 – see ir	structions). If none, er	iter 'NONE.'	
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	e account, owances
NONE					
			<u>-</u>		
		<u> </u>	<u> </u>	ļ	
Total number of other employees paid over \$50,000 BAA	TEEA0306L	07/23/10			0 <b>0-PF</b> (2010)

## Partiville 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.' (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE Total number of others receiving over \$50,000 for professional services 0 Partix: 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 COMMUNITY FOUNDATION REMOTE AREA MEDICAL FOUNDATION SECOND HARVEST FOOD BANK DUKE UNIVERSITY Partix: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 2 All other program-related investments. See instructions

BAA

Total. Add lines 1 through 3.

Form 990-PF (2010)

·		
Form 990-PF (2010) HARRINGTON FAMILY FOUNDATION	26-146960	1 Page 8
Part X   Minimum Investment Return (All domestic foundations must complete this part.	Foreign fou	
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	1 a	<del></del>
<b>b</b> Average of monthly cash balances	1 b	
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	0.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3		
(for greater amount, see instructions)	4	
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0.
6 Minimum investment return. Enter 5% of line 5	6	0.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op	erating four	ndations
and certain foreign organizations check here ▶ and do not complete this	part.)	
1 Minimum investment return from Part X, line 6	1	
2a Tax on investment income for 2010 from Part VI, line 5	3.	
b Income tax for 2010 (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	843.
3 Distributable amount before adjustments Subtract line 2c from line 1	3	-843.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	-843.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	0.
Part XII Qualifying Distributions (see instructions)	· · · · ·	
1 Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes:		-
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes: a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	60,500.
<b>b</b> Program-related investments — total from Part IX-B	_1 b	
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:		
3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)	3a	

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.

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)

BAA

**b** Cash distribution test (attach the required schedule)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

Form **990-PF** (2010)

60,500.

60,500.

3ь

4

5

6

### Part XIII Undistributed Income (see instructions)

•		(a) Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
1 Distributable amount for 20 line 7	10 from Part XI,				0.
2 Undistributed income, if any, as of	the end of 2010:				<u> </u>
a Enter amount for 2009 only	,			0.	
<b>b</b> Total for prior years: 20, 2	0, 20		0.		
3 Excess distributions carryover, if a	ny, to 2010:		.—		
a From 2005		Ì			
<b>b</b> From 2006					
c From 2007		:			
d From 2008	23,300.				
e From 2009.	36,500.				
f Total of lines 3a through e		59,800.		,	
4 Qualifying distributions for 3					
XII, line 4· ► \$a Applied to 2009, but not mo			ì		
a Applied to 2009, but not mo	ore than line Za.			0.	
<b>b</b> Applied to undistributed inc (Election required — see in	come of prior years structions)		0.		
c Treated as distributions out		•			
(Election required — see in	·	0.			
d Applied to 2010 distributable	<del></del>	CO FOO			0.
e Remaining amount distribu	· <del> </del>	60,500. 0.			0.
5 Excess distributions carryover appl (If an amount appears in c		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u> </u>
same amount must be sho	wn ın column (a).)				
6 Enter the net total of each indicated below:	column as				
a Corpus Add lines 3f, 4c, and 4e. S	Subtract line 5	120,300.			
<b>b</b> Prior years' undistributed in					
line 4b from line 2b			0.		
c Enter the amount of prior y ed income for which a notice	rears' undistribut-				
has been issued, or on whi	ch the section		_		
4942(a) tax has been previ	ously assessed		0.	<del></del>	
d Subtract line 6c from line 6	b Taxable				
amount - see instructions.			0.	···	
e Undistributed income for 2009. Su	ubtract line 4a from			0.	
line 2a Taxable amount — see in:	structions			U.	
f Undistributed income for 20					
4d and 5 from line 1. This a distributed in 2011	amount must be				0.
7 Amounts treated as distribu	itions out of				<u> </u>
corpus to satisfy requirement	ents imposed				
by section 170(b)(1)(F) or 4 (see instructions)	4942(g)(3)	0.			
,	was from 2005 not				
8 Excess distributions carryo applied on line 5 or line 7	(see instructions)	0.			
9 Excess distributions carry Subtract lines 7 and 8 from	over to 2011.	120 200			
10 Analysis of line 9:	i iii e ua	120,300.			
a Excess from 2006					
b Excess from 2007					
c Excess from 2008	23,300.				
d Excess from 2009	36,500.				
e Excess from 2010	60,500.				
			·	<del></del>	

Port YIV Private Operation Foundation			\/II	26-1469601	
Part XIV Private Operating Foundation  1 a If the foundation has received a ruling or of the ruling or of the ruling					N/A
is effective for 2010, enter the date of the	ruling	that it is a private	operating foundation	i, and the ruling	
<b>b</b> Check box to indicate whether the foundat	ion is a private ope	erating foundation of	described in section	4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed.					
d Amounts included in line 2c not used directly for active conduct of exempt activities.					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test - enter					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(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	/Camadaka Abia			1 65 000	. • .
Part XV   Supplementary Information assets at any time during the			e organization na	ia \$5,000 or mor	е іп
Information Regarding Foundation Managers a List any managers of the foundation who is close of any tax year (but only if they have NONE	nave contributed me	ore than 2% of the than \$5,000) (See	total contributions re section 507(d)(2))	eceived by the found	ation before the
<b>b</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 1	of the stock of a cor 0% or greater inter	poration (or an equa est	illy large portion of t	ne ownership of
2 Information Regarding Contribution, Gra	nt. Gift. Loan. Scho	plarship, etc. Progr			
Check here X if the foundation only requests for funds if the foundation make complete items 2a, b, c, and d	nakes contributions	to preselected cha	aritable organizations	s and does not accep anizations under othe	ot unsolicited er conditions,
a The name, address, and telephone number	er of the person to	whom applications	should be addressed	d:	
<b>b</b> The form in which applications should be	submitted and infor	mation and materi	als they should inclu	de:	
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geograf	hical areas charit	ahle fields kinds of i	nstitutions or other	factors
and the second s	as ay googiap	Jan araaa, aname	22.3 Holdo, Hillds 01 1		

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	t	
- 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  SEE STATEMENT 8	substantial contributor	recipient		
Total	T		<u>▶</u> 3a	60,500.
b Approved for future payment  Total			► 3b	

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
------------	-------------	------------------	-------------------

Enter gross	amounts unless otherwise indicated	Unrelate	ed business income	Excluded by section 512, 513, or 514 (e)			
1 Progr	am service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (see the instructions)	
a							
c							
d			<del></del>	$\vdash$			
e				<del></del>			
T	and contracts from government agencies			-	<del></del> -		
-	pership dues and assessments			<del>                                     </del>	<u> </u>		
	t on savings and temporary cash investments		<del>-</del>	14	4,530.		
	ends and interest from securities			14	15,286.		
	ental income or (loss) from real estate						
	financed property						
	ebt-financed property						
6 Net rer	ntal income or (loss) from personal property						
7 Other	investment income			14	420.		
8 Gain or	(loss) from sales of assets other than inventory			18	22,309.		
	ncome or (loss) from special events			$\bot$			
	s profit or (loss) from sales of inventory			1			
	revenue			<b></b>			
				<del> </del>	<del></del>		
				+			
		<del>                                     </del>		<del>                                     </del>			
и е					<u> </u>		
	otal Add columns (b), (d), and (e)				42,545.		
	. Add line 12, columns (b), (d), and (e)		<u> </u>	l	13	42,545.	
	sheet in line 13 instructions to verify calculation	ons )					
	-B Relationship of Activities to the		ishment of Exemp	t Purpo	ses	<u> </u>	
Line No.	-					ly to the	
Eme ito.	Explain below how each activity for which in accomplishment of the foundation's exempt	purposes (o	ther than by providing f	funds for	such purposes) (See t	he instructions)	
N/A							
		_					
					<del></del> -		
	<del></del>		<del></del>				
			<del></del>				
					<del></del>		
		=	<del>.</del>		<del></del>		
			<del></del>				
		_					
		_				<del></del>	
		-	· · · · · · · · · · · · · · · · · · ·				
		_				<del></del>	
	1						

### Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

	Excilipt Organi	120110113					_				
1 Did the o	organization directly of in section 501(c) of	or indirectly en	igage in any of th	e following with	n any oth	ner organization	ا مح			Yes	No
relating t	o political organizati	ions?		-	·	or in section 5	21,				
	s from the reporting	foundation to a	a noncharitable ex	cempt organiza	tion of:						
(1) Cash									a (1)		<u> </u>
(2) Othe								1	a (2)		<u> </u>
b Other tra	-										
	s of assets to a none		•						b (1)		<u>X</u>
	hases of assets from		, ,	zation					b (2)		<u>X</u>
	al of facilities, equip ibursement arranger	•	assets						b (3)		<u>X</u>
• •	ibursement arranger is or loan quarantees								b (4)	-	<u>X</u>
	ormance of services		a ar fundraisina a	aliaitatiana					b (5)		<u>X</u>
	of facilities, equipme		-		.00				b (6)		<u>_x</u>
C Onlaining (	or racintics, equipme	ant, maning nat	.5, Other assets, O	i paid employe	.63			<u>'</u>	С		
the good	swer to any of the at s, other assets, or so saction or sharing ar	ervices aiven b	ov the reporting fo	undation If the	e founda	tion received le	ess than fair	market valu	et valu ue in	ue of	
	(b) Amount involved		noncharitable exempt			Description of tran			no arran	gement	
N/A		<u> </u>			(-)	<u> </u>	oror of transacti	ono, and onam	ing di tui	gerriena	
						-		•		-	
			- · · · · · · · · · · · · · · · · · · ·								
							<u>-</u>				
<u> </u>											
2a Is the fou	undation directly or indication directly or indication 501(c) o	ndirectly affilia	ted with, or relate	d to, one or m	ore tax-e	exempt organiz	ations	Г	٦.,	[ <del></del> ]	
			ner than section 5	01(c)(3)) or in	section !	52/7		L	Yes	X	No
	complete the following	<del>-</del>	(L) T								
<u>(a)</u> N/A	Name of organization	on I	<b>(b)</b> Type (	of organization		(c	) Description	of relation	isnip		
N/A					+						
				<del>-</del>		<del></del>					
							<u> </u>				
Under pe	enalties of perjury, I declare	e that I have examin	ned this return, including	g accompanying sci	nedules and	statements, and to	the best of my	knowledge and	belief. i	t is true	
	enalties of perjury, I declare and complete Declaration	of preparer (other the	han taxpayer or fiduciar	y) is based on all in	formation o	of which preparer ha	s any knowledge	2			
Sign   f	N d	// A-				-1-1.					
lere	110. 7:1	1-1-			;	5/17/11	PRES!	DENT			
(\$\di	nature of office or trustee	·/)	<u> </u>		Date	· /	Title	<del></del>			
	Print/Type preparer's nam		Preparer's sig		الحك	Date /	Check if	of PTII			
Paid	DAVID A. KIR			A. KIRST		3/6/2011	self-emplo		A		
Preparer		AVID A KI					Firm's EIN	N/A			_
Jse Only			M STREET #3					4 - 4 - 1			
	<u>M</u>	OUNTAIN V	IEW, CA 940	40			Phone no.	(408) 8			
BAA								Fo	rm <b>99</b>	0-PF (	2010)

#### 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

2010

Name of the organization		Employer identification number
HARRINGTON FAMILY FOUNDATION	ON	26-1469601
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> to 527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treate 501(c)(3) taxable private foundation	ed as a private foundation
Check if your organization is covered by the Note. Only a section 501(c)(7), (8), or (10)	ne <b>General Rule</b> or a <b>Special Rule</b> ) organization can check boxes for both the General R	Rule and a Special Rule See instructions
General Rule  X For an organization filing Form 990, 99 contributor. (Complete Parts I and II)	90-EZ, or 990-PF that received, during the year, \$5,00	0 or more (in money or property) from any one
Special Rules		
509(a)(1) and 170(b)(1)(A)(vi), and rec	ing Form 990 or 990-EZ, that met the 33-1/3% suppor ceived from any one contributor, during the year, a cor Part VIII, line 1h or (ii) Form 990-EZ, line 1 Completi	ntribution of the greater of (1) \$5,000 or
For a section 501(c)(7), (8), or (10) organgeregate contributions of more than \$ the prevention of cruelty to children or	ganization filing Form 990 or 990-EZ, that received fro \$1,000 for use <i>exclusively</i> for religious, charitable, scit animals Complete Parts I, II, and III	m any one contributor, during the year, entific, literary, or educational purposes, or
contributions for use exclusively for rel	ganization filing Form 990 or 990-EZ, that received fro ligious, charitable, etc, purposes, but these contribution otal contributions that were received during the year for earts unless the <b>General Rule</b> applies to this organizal	ons did not aggregate to more than \$1,000 or an exclusively religious, charitable, etc.
religious, charitable, etc, contributions	of \$5,000 or more during the year	<b>▶</b> \$
990-PF) but it <b>must</b> answer 'No' on Part I\	ed by the General Rule and/or the Special Rules does /, line 2 of their Form 990, or check the box on line H e filing requirements of Schedule B (Form 990, 990-EZ	of its Form 990-EZ, or on line 2 of its Form
BAA For Paperwork Reduction Act Notice 990EZ, or 990-PF.	e, see the Instructions for Form 990,	Schedule B (Form 990, 990-EZ, or 990-PF) (2010

	<b>B</b> (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	of 1 of Part I
Name of orga HARRIN	GTON FAMILY FOUNDATION	' -	identification number
Part I	Contributors (see instructions )		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	THOMAS & SUSAN HARRINGTON		Person X
	105 FREMONT AVE., SUITE B	\$450,000.	Payroll Noncash
	LOS ALTOS, CA 94022		(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)
(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.)

HARRINGTON FAMILY FOUNDATION

Employer identification number

26-1469601 Part II Noncash Property (see instructions.) (b)
Description of noncash property given (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received N/A (a) No. from (b)
Description of noncash property given (d) Date received (c) FMV (or estimate) (see instructions) Part I (b)
Description of noncash property given (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received Part I (a) No. from Part I (c) FMV (or estimate) (see instructions) (d) Date received (b) Description of noncash property given (a) No. from (c) FMV (or estimate) (see instructions) (d) Date received Description of noncash property given Part I (a) No. from (b) Description of noncash property given (c) FMV (or estimate) (see instructions) (d) Date received Part I

BAA

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

HARRINGTON FAMILY FOUNDATION

Employer Identification number

<u>HARRING</u>	STON FAMILY FOUNDATION	26-1469601
Part III	Exclusively religious, charitable, etc, individual contributions to secti	ion 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

	For organizations completing Part III, enter contributions of \$1,000 or less for the year	total of exclusively religious, ch (Enter this information once. S	naritable, etc, ee instruction	ns) <b>&gt;</b> \$ N	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
1 4111	N/A				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship 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	Rela	ationship 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	Rela	ationship of transferor to transferee	
(a) No. from Part I	(b) (c) Purpose of gift Use of gift			(d) Description of how gift is held	
			-		
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transfe				

	<del></del>	
2010	FEDERAL STATEMENTS	PAGE 1
CLIENT HFF	HARRINGTON FAMILY FOUNDATION	26-1469601
5/06/11		11:29AM
STATEMENT 1 FORM 990-PF, PART I, LINE 11 OTHER INCOME		
	(A) (B) NET REVENUE INVESTMENT PER BOOKS INCOME	(C) ADJUSTED NET INCOME
OTHER INVESTMENT INCOME	TOTAL \$ 420. \$ 0.5	3 0.
STATEMENT 2 FORM 990-PF, PART I, LINE 16B ACCOUNTING FEES		
ACCOUNTING FEES	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 1,000. \$ 1,000. \$ 0.	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 3 FORM 990-PF, PART I, LINE 18 TAXES		
CALIFORNIA FRANCHISE TAX BO INTERNAL REVENUE SERVICE INTERNAL REVENUE SERVICE	1,080. -1,293.	(D) CHARITABLE PURPOSES  \$ 0.
STATEMENT 4 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES		
DEPARTMENT OF JUSTICE	(A) (B) NET (C) EXPENSES INVESTMENT ADJUSTED PER BOOKS INCOME NET INCOME  \$ 75. TOTAL \$ 75. \$ 0. \$ 0.	(D) CHARITABLE PURPOSES  \$ 0.

$\Delta \alpha$	-	•
/	ч	
<u>~u</u>		u

#### **FEDERAL STATEMENTS**

PAGE 2

**CLIENT HFF** 

#### HARRINGTON FAMILY FOUNDATION

26-1469601

5/06/11

11.29AM

15.

#### STATEMENT 5 FORM 990-PF, PART II, LINE 10B INVESTMENTS - CORPORATE STOCKS

75,527.

CORPORATE STOCKS	VALUATION METHOD	BOOK VALUE	FAIR MARKETVALUE
1500 SHARE OF ADP	COST	\$ 0.	\$ 0.
1000 SHARES OF CSCO	COST	0.	0.
500 SHARES OF FXA	COST	0.	0.
1000 SHARES OF MCD	COST	0.	0.
1000 SHARES OF ORCL	COST	0.	0.
1000 SHARES OF PG&E	COST	0.	0.
500 SHARES OF GLD	COST	0.	0.
5000 SHARES OF AVNR	COST	21,488.	18,850.
6000 SHARES OF JPMPRJ	COST	152,807.	151,680.
2000 SHARES OF LLY	COST	69,597.	69,120.
5000 SHARES OF PSAPRM	COST	126,065.	128,200.
5000 SHARES OF PSAPRI	COST TOTAL	127,975.	126,800.

# STATEMENT 6 FORM 990-PF, PART IV, LINE 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

					(B)		C) DATE	(D) DATE
ITEM		(A) DES	CRIPTION		ACQUI		COUIRED	SOLD
1	AT&T				PURCH		/01/2010	7/21/2010
2 3	ASTRAZENEC	CA ADR			PURCH		/06/2010	7/07/2010
3	ADP				PURCH		/14/2010	7/07/2010
4 5 6 7	BP PLC ADE				PURCH		5/17/2010	9/28/2010
5	BANK OF MO				PURCH		1/14/2010	5/14/2010
6	CENTURY LI	INK			PURCH		5/27/2010	12/16/2010
7	CHEVRON				PURCH		/16/2010	11/24/2010
8 9	CISCO SYST				PURCH		5/27/2010	5/28/2010
9	CISCO SYST				PURCH		/22/2010	11/27/2010
10	COMCAST CO				PURCH	IASED 8	3/02/2010	8/12/2010
11		SHARES AUSTF			PURCH	IASED 1	/05/2010	11/16/2010
12		SHARES SWISS			PURCH		/28/2010	12/27/2010
13		SHARES CANAL	A		PURCH		3/30/2010	4/20/2010
14	EBIX				PURCH		./29/2010	12/16/2010
15	FORD MOTOR	₹			PURCH	IASED 8	3/02/2010	8/16/2010
16	IBM				PURCH	IASED 7	//20/2010	7/21/2010
17	JOHNSON &				PURCH	IASED 2	2/16/2010	9/07/2010
18	ELI LILLY	& CO			PURCH	IASED 3	3/23/2010	12/16/2010
19	MCDONALDS				PURCH	IASED 2	2/13/2010	5/13/2010
20	MICROSOFT				PURCH	IASED 3	3/26/2010	5/28/2010
21	NORVARTIS	ADR			PURCH	IASED 4	1/29/2010	5/14/2010
22	ORACLE				PURCH		2/30/2009	7/21/2010
23	PG & E				PURCH	IASED 2	2/17/2010	8/12/2010
24	PIMCO CORE	PORATE FUND			PURCH		3/03/2010	8/12/2010
25	PLUM CREEK	<pre> ⟨ TIMBER</pre>			PURCH		1/15/2010	5/14/2010
26	SPDR GOLD				PURCH		2/09/2010	5/27/2010
27	TERRA NITE	ROGEN			PURCH		3/02/2010	8/10/2010
	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
	GROSS	DEPRÉC.	COST	GAIN	FMV	ADJ. BAS.		GAIN
ITEM	SALES	ALLOWED	BASIS	(LOSS)	12/31/69	12/31/69		(LOSS)

15.

75,512.

1	n	4	
/	u	١.	ŧ.

#### **FEDERAL STATEMENTS**

PAGE 3

**CLIENT HFF** 

#### HARRINGTON FAMILY FOUNDATION

26-1469601

5/06/11

11.29AM

STATEMENT 6 (CONTINUED)
FORM 990-PF, PART IV, LINE 1
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

ITEM 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26	(E) GROSS SALES 47,412. 486,409. 95,207. 58,334. 192,640. 41,267. 23,406. 19,513. 25,056. 366,609. 246,419. 99,557. 22,368. 123,208. 63,018. 124,487. 246,954. 144,674. 164,385. 57,003. 156,797. 86,888. 46,604. 37,115. 430,889.	(F) DEPREC. ALLOWED	(G) COST BASIS 47,515. 483,115. 106,894. 61,916. 183,748. 39,486. 23,417. 19,446. 25,053. 366,435. 244,649. 97,985. 21,158. 123,475. 62,490. 124,382. 240,520. 145,206. 169,260. 61,561. 153,626. 85,990. 46,982. 40,034. 425,225.	(H) GAIN (LOSS)  -103. 3,29411,6873,582. 8,892. 1,78111. 67. 3. 174. 1,770. 1,572. 1,210267. 528. 105. 6,4345324,8754,558. 3,171. 8983782,919. 5,664.	(I) FMV 12/31/69	(J) ADJ. BAS. 12/31/69	(K) EXCESS (I) - (J)	(L) GAIN (LOSS) \$ -103. 3,29411,6873,582. 8,892. 1,78111. 67. 3. 174. 1,770. 1,572. 1,210267. 528. 105. 6,4345324,8754,558. 3,171. 8983782,919. 5,664.
25	37,115.							
							TOTAL	\$ 22,309.

#### STATEMENT 7 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
THOMAS E. HARRINGTON 105 FREMONT AVE, SUITE B LOS ALTOS, CA 94022	PRESIDENT 0	\$ 0.	\$ 0.	\$ 0.
SUSAN C. HARRINGTON 105 FREMONT AVE, SUITE B LOS ALTOS, CA 94022	VICE PRESIDENT 0	0.	0.	0.
JONATHAN HARRINGTON 105 FREMONT AVE, SUITE B LOS ALTOS, CA 94022	CFO 0	0.	0.	0.

010	FEDERAL STATEMENTS				
LIENT HFF I	ARRINGTON FAMIL	26-146960 <sup>-</sup>			
STATEMENT 7 (CONTINUED) FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, T	RUSTEES, AND KEY	EMPLOYEES	;	11:29/	
NAME AND ADDRESS	TITLE A AVERAGE H PER WEEK D	iours c	CONTRI- COMPEN- BUTION TO SATION EBP & DO	O ACCOUNT/	
KATHERINE M. HARRINGTON 105 FREMONT AVE, SUITE B LOS ALTOS, CA 94022	DIRECTOR 0	\$	0.\$0	). \$ 0	
ROBIN C. QUILL 105 FREMONT AVE, SUITE B LOS ALTOS, CA 94022	DIRECTOR 0		0. 0	0.	
		TOTAL \$	0. \$ 0	<u>\$</u> 0	
NAME AND ADDRESS GLOBAL FUND FOR CHILDREN 1101 FOURTEENTH STREET, NW SUITE 42	DONEE RELATIONSHIP NONE	FOUND- ATION STATUS 501 (C)	PURPOSE OF GRANT ASSIST CHILDREN OF THE WORLD	* 10,00	
WASHINGTON D.C., DC 20005  AVON FOUNDATION FOR WOMEN 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	NONE	501 (C)	BREAST CANCER RESEARCH AND DOMESTIC VIOLENCE	1,00	
NPR-KQED 2601 MARIPOSA STREET SAN FRANCISCO, CA 94110	NONE	501 (C)	PUBLIC RADIO	5,00	
DUKE UNIVERSITY	NONE	501 (C)	EDUCATIONAL OUTREACH	10,00	
(ENGINEERING FUND) 225 ALLEN BUILDING POB 90032 DURHAM, NC 27708					
225 ALLEN BUILDING POB 90032	NONE	501 (C)	PROMOTE CIVIC PRIDE	2,50	

20	ŀĪ	n
$-\mathbf{u}$	,	·

#### **FEDERAL STATEMENTS**

PAGE 5

**ELIENT HFF** 

#### HARRINGTON FAMILY FOUNDATION

26-1469601

5/06/11

11.29AM

#### STATEMENT 8 (CONTINUED) FORM 990-PF, PART XV, LINE 3A RECIPIENT PAID DURING THE YEAR

NAME AND ADDRESS	DONEE RELATIONSHIP	FOUND- ATION STATUS	PURPOSE OF GRANT	AMOUNT
WILDLIFE CONSERVATION NETWORK 25745 BASSETT LANE LOS ALTOS, CA 94022	NONE	501 (C)	WILDLIFE CONSERVATION	\$ 2,000.
SECOND HARVEST FOOD BANK 750 CURTNER AVE SAN JOSE, CA 95128	NONE	501 (C)	FOOD BANK SERVING SANTA CLARA AND SAN MATEO COUNTIES	5,000.
SUSAN G. KOMEN P.O. BOX 650309 DALLAS, TX 75265	NONE	501 (C)	BREAST CANCER RESEARCH	3,000.
REMOTE AREA MEDICAL FOUNDATION 1834 BEECH STREET KNOWVILLE, TN 37920	NONE	501 (C)	MEDICAL AID RELIEF	3,000.
SMILE TRAIN 41 MADISON AVENUE 28TH FLOOR NEW YORK, NY 10010	NONE	501 (C)	DENTAL RELIEF	2,000.
COMMUNITY FOUNDATION OF HENDERSON 401 NORTH MAIN STREET 3RD FLOOR HENDERSONVILLE, NC 28793	NONE	501 (C)	COMMUNITY ASSISTANCE	15,000.
			TOTA	L \$ 60,500.