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

OMB No 1545-0052

2014

Department of the Treasury Internal Revenue Service

SCANNED MAY 1 4 2015

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For cal	endar year 2014, or tax year beginning	, 2014	, and ending	,,	
			[/	A Employer Identification nui	mber
	is Upchurch Foundation, Inc. Lilybet Lane		-	20-8115216  B Telephone number (see inst	tructions)
	lotte, NC 28278		•	704-840-4744	tructions)
Cilar	1000e, NC 20270		-		
				C If exemption application is	pending, check here
G Che	eck all that apply Initial return	Initial return of a forr	ner public charity	D 1 Foreign organizations, che	rk here
	Final return	Amended return		•	
	Address change	Name change		2 Foreign organizations meet here and attach computation	
H Che		l(c)(3) exempt private f		nere and attach computation	),i
	Section 4947(a)(1) nonexempt charitable to			E If private foundation status	s was terminated
		counting method $X$ C	ash Accrual	under section 507(b)(1)(A)	), check here
	m Part II, column (c), line 16)	Other (specify)		F If the foundation is in a 60	
<b>▶</b> \$		column (d) must be or	n cash basis )	under section 507(b)(1)(B)	), check here
Part	Analysis of Revenue and	(a) Revenue and	(b) Net investment		(d) Disbursements
	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	expenses per books	ıncome	income	for charitable purposes
	sarily equal the amounts in column (a)				(cash basis only)
	(see instructions).)  1 Contributions, gifts, grants, etc, received (attach schedule)	100 000			
	2 Ck X if the foundn is not required to attach Sch B	100,000.			
	une roundings not required to attach SCH B		<del> </del>		
	3 Interest on savings and temporary cash investments	44.	44	4.	i
	4 Dividends and interest from securities 5 a Gross rents				,
ь	b Net rental income or (loss)				-
R E V	b Gross sales price for all			DECENTER	
ν	assets on line 6a 7 Capital gain net income (from Part IV, line 2)			H_CEUEIVEI	<b>)</b>
Ė N	8 Net short-term capital gain			ম্	
U	9 Income modifications			MAY 1 2 2015	18
E	10 a Gross sales less returns and			四	SE
	allowances b Less Cost of			CODE	95
	goods sold			UGUEN U	
	C Gross profit or (loss) (attach schedule).  11 Other income (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	100,044.	44	4. 0.	
	13 Compensation of officers, directors, trustees, etc	0.		<del>3</del> .	
	14 Other employee salaries and wages			· · · · · · · · · · · · · · · · · · ·	
	15 Pension plans, employee benefits				7.00
A D	16 a Legal fees (attach schedule)				
M	<b>b</b> Accounting fees (attach sch) See St 1	500.	500	0.	
N	c Other prof fees (attach sch)				
O Î P S E T	17 Interest				
	18 Taxes (attach schedule)(see instrs) 19 Depreciation (attach				
RRAA	sch) and depletion ,				,
! I V	20 Occupancy				
GÉ	21 Travel, conferences, and meetings				
A E X D P	22 Printing and publications.				
	23 Other expenses (attach schedule)	5.		5.	
E N S E S	See Statement 2  24 Total operating and administrative	3.		<u> </u>	<del></del>
É	expenses Add lines 13 through 23	505.	505	5.	
•	25 Contributions, gifts, grants paid Part XV	84,900.			84,900.
	26 Total expenses and disbursements.			_	
	Add lines 24 and 25  27 Subtract line 26 from line 12	85,405.	50!	5. 0.	84,900.
	a Excess of revenue over expenses				
	and disbursements	14,639.			
	<b>b</b> Net investment income (if negative, enter -0-)			0.	
	C Adjusted net income (if negative, enter -0-)			0.	

Parl		Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
- ar			(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest	-bearing			
	2	Savings and tempor	ary cash investments	10,967.	25,606.	
	3	Accounts receivable		_		,
		Less allowance for	doubtful accounts			
	4	Pledges receivable		_		
	_	Less allowance for	doubtful accounts <b>&gt;</b>			
	5	Grants receivable				
	6	disqualified persons (attac	cers, directors, trustees, and other ch schedule) (see instructions)			
	7	Other notes and loans rec				
ŝ		Less allowance for				
A S E T	8	Inventories for sale				
Ŧ	9	Prepaid expenses a	<u> </u>			
S		obligations (attach s	•			
		Investments — corporate			· · · · · · · · · · · · · · · · · · ·	
	٠	: Investments — corporate	bonds (attach schedule)			
	11	Investments - land, equipment: basis	buildings, and			
		Less accumulated deprec (attach schedule)	ration •			
	12	Investments - morte	gage loans.			
	13	Investments - other	·			
	14	Land, buildings, and	equipment basis		-~	,
		Less: accumulated depred (attach schedule)	iation			
	l	Other assets (descri				
	16	see the instructions	completed by all filers — Also, see page 1, item I)	10,967.	25,606.	0.
Ļ	17	Accounts payable ar	nd accrued expenses			<u> </u>
Å	18	Grants payable				,
A B	19	Deferred revenue				
Ľ	20	Loans from officers, direc	tors, trustees, & other disqualified persons			
ļ	21	Mortgages and other note	s payable (attach schedule)			,
Ì	22	Other liabilities (des	cribe • )			'
E S	23	-	lines 17 through 22)	0.	0.	
		Foundations that fo and complete lines	ilow SFAS 117, check here 24 through 26 and lines 30 and 31.	1		
N F	24	Unrestricted				
N F E U T N	25	Temporarily restricted	ed			
D	26	Permanently restrict				
A B A L A		Foundations that do and complete lines	o not follow SFAS 117, check here 🕒 🗓 27 through 31.	<u>[]</u>		ı
E L T A	27	Capital stock, trust p	orincipal, or current funds			į.
SN	28	Paid-in or capital surplus	, or land, bldg , and equipment fund			[
οE	29	Retained earnings, accum	ulated income, endowment, or other funds	10,967.	25,606.	,
RS	30		fund balances (see instructions)	10,967.	25,606.	
	31	Total liabilities and (see instructions)	net assets/fund balances	10,967.	25 606	,
Par	F 111	<u> </u>	ges in Net Assets or Fund Balanc		25,606.	
					grae with	
'	end-	of-year figure reporte	alances at beginning of year — Part II, coli d on prior year's return)	umm (a), ime 30 (must a	gree with 1	10,967.
2		r amount from Part I,			2	14,639.
3		increases not included in li			3	21,003.
4	Add	lines 1, 2, and 3	<del></del>		4	25,606.
5		ases not included in line 2		<b></b>	5	
6_	Tota	I net assets or fund b	alances at end of year (line 4 minus line 5	) - Part II, column (b),	line 30 <b>6</b>	25,606.

(a) List and desc	ribe the kind(s) of property sold (e.g., ouse, or common stock, 200 shares M	real estate.	(b) How acquire P — Purchase	(C) Date acquired (month, day, year)	
1a N/A			D — Donation	<del></del>	
b		·		-	
c		· <u>-</u> -			
d					
е		·			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		<b>(h)</b> Gain or (e) plus (f) m	
a					
b					
С					
d					
e					
(i) Fair Market Value as of 12/31/69	howing gain in column (h) and owned (j) Adjusted basis as of 12/31/69	(k) Excess of colum over column (j), if	n (i)	(I) Gains (Col gain minus column (I han -0-) or Losses (f	<), but not less
а					
b					
С					
d					
е					
2 Capital gain net income or		enter in Part I, line 7 ter -0- in Part I, line 7	_ 2		
3 Net short-term capital gain	or (loss) as defined in sections 1222(5	5) and (6)			
If gain, also enter in Part I in Part I, line 8	, line 8, column (c) (see instructions)	f (loss), enter -0-	_ 3		
Part V Qualification Un	der Section 4940(e) for Reduce	ed Tax on Net Investr	nent Incom	e	
f 'Yes,' the foundation does not  1 Enter the appropriate amoun	section 4942 tax on the distributable a qualify under section 4940(e). Do not t in each column for each year; see the in	complete this part		Yes	☐ No
(a) Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use as	ssets (co	<b>(d)</b> Dıstrıbutıoı ılumn (b) dıvıded	
2013					
2012					
2011					
2010				· · · · · · · · · · · · · · · · · · ·	
2009				·- <del></del>	
2 Total of line 1, column (d).			2		
3 Average distribution ratio f number of years the found	or the 5-year base period – divide the ation has been in existence if less than	total on line 2 by 5, or by n 5 years	the 3		
4 Enter the net value of non	charitable-use assets for 2014 from Pa	rt X, line 5	4		
5 Multiply line 4 by line 3			5		
6 Enter 1% of net investmen			ı	1	
	nt income (1% of Part I, line 27b)		6	-	<del></del>
7 Add lines 5 and 6	nt income (1% of Part I, line 27b)		7		

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Par		tions)			
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 instrs)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V,				<u>0.</u>
	check here ► and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)				
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				0.
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-				0.
6	Credits/Payments				
	2014 estimated tax pmts and 2013 overpayment credited to 2014				
	Exempt foreign organizations — tax withheld at source 6b				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld . 6 d	_			
_	Total credits and payments. Add lines 6a through 6d				0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .				
	Enter the amount of line 10 to be Credited to 2015 estimated tax				
Par	t VII-A Statements Regarding Activities				
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-	1 -	Yes	No
	participate or intervene in any political campaign?		1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?		1ь		X
	If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials published	-			
	or distributed by the foundation in connection with the activities				!
c	Did the foundation file Form 1120-POL for this year?	-	1 c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
		0.			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2	-	v
-	If 'Yes,' attach a detailed description of the activities	-			X
	· · · · · · · · · · · · · · · · · · ·				
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		3		l .
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	-	4 a		X
	If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	-	4 b	NT.	/A
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	H	5	- 11	X
_	If 'Yes,' attach the statement required by General Instruction T	F	_		<u> </u>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict				
	with the state law remain in the governing instrument?		6		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	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	NC				
t	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<sup>2</sup> If 'No,' attach explanation</i>		8 b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)	(5)			7.
	for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If 'Yes,' complete Part' X	" <b>"</b>	9		X
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses  See Statement 3	.	10	Х	
BAA					2014)

3 a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

all years listed, answer 'No' and attach statement - see instructions ).

► 20 \_ \_ , 20 \_ \_ , 20 \_ \_ , 20 \_ \_

b If 'Yes,' did it have excess business holdings in 2014 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 2014)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?

4 a Х

N/A

BAA

2 b

3 b

N/A

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Part VII-B   Statements Regarding Activit		4720 May Be Req	uired (continue	d)	
5 a During the year did the foundation pay or incu	-		П.,		
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	n (section 4945(e)) <sup>7</sup>	Yes	X No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	ation drive?		. 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 the in section 4945(d)(4)(A)? (see instructions)	han a charitable, etc, or s)	ganization described	Yes	X No	
(5) Provide for any purpose other than religio educational purposes, or for the prevention			Yes	X No	
<b>b</b> If any answer is 'Yes' to 5a(1)-(5), did <b>any</b> of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to one a current notice regard	qualify under the excep ding disaster assistance	tions		5b N/A
Organizations relying on a current notice rega	irding disaster assistanc	ce check here	•		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex	emption from the	N/A Tyes	□No	
If 'Yes,' attach the statement required by Reg	-	5-5(d)	, . 👝		
6 a Did the foundation, during the year, receive a on a personal benefit contract?	ny funds, directly or ind	rectly, to pay premium	S Yes	X No	
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	_	6b X
If 'Yes' to 6b, file Form 8870			. —		
7a At any time during the tax year, was the found				XNo	
<b>b</b> If 'Yes,' did the foundation receive any proceed				N/A	7 b
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Pa	id Emplo	yees,
1 List all officers, directors, trustees, foundation	<del></del>			10 (a) F	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions employee bene plans and defer compensation	efit oti	opense account, her allowances
77.77.1 77 77	Pres/Treas	0.		0.	0.
Edith H. Upchurch	LIES/ILEGS	ι .		υ.	υ.
8317 Lilybet Lane	0	)	,	0.	0.
	1	0.	,	· .	<u> </u>
8317 Lilybet Lane	1	0.		0.	0.
8317 Lilybet Lane Charlotte, NC 28278	0				
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court	0 VP/Secretary				
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court	0 VP/Secretary				
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court	0 VP/Secretary				
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court	0 VP/Secretary				
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court	0 VP/Secretary				
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609	0 VP/Secretary 0	0.		0.	
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609	VP/Secretary 0	0 . on line 1 – see instructio	ns). If none, enter 'N	O.	0.
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609	0 VP/Secretary 0	0.		ONE. to (e) Exertit ot	
2 Compensation of five highest-paid employees (o	VP/Secretary 0  ther than those included (b) Title, and average hours per week	0 . on line 1 – see instructio	ns). If none, enter 'N  (d) Contributions employee bene plans and defer	ONE. to (e) Exertit ot	0.
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609  2 Compensation of five highest-paid employees (or (a) Name and address of each employee paid more than \$50,000	VP/Secretary 0  ther than those included (b) Title, and average hours per week	0 . on line 1 – see instructio	ns). If none, enter 'N  (d) Contributions employee bene plans and defer	ONE. to (e) Exertit ot	0.
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609  2 Compensation of five highest-paid employees (or (a) Name and address of each employee paid more than \$50,000	VP/Secretary 0  ther than those included (b) Title, and average hours per week	0 . on line 1 – see instructio	ns). If none, enter 'N  (d) Contributions employee bene plans and defer	ONE. to (e) Exertit ot	0.
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609  2 Compensation of five highest-paid employees (or (a) Name and address of each employee paid more than \$50,000	VP/Secretary 0  ther than those included (b) Title, and average hours per week	0 . on line 1 – see instructio	ns). If none, enter 'N  (d) Contributions employee bene plans and defer	ONE. to (e) Exertit ot	0.
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609  2 Compensation of five highest-paid employees (or (a) Name and address of each employee paid more than \$50,000	VP/Secretary 0  ther than those included (b) Title, and average hours per week	0 . on line 1 – see instructio	ns). If none, enter 'N  (d) Contributions employee bene plans and defer	ONE. to (e) Exertit ot	0.
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609  2 Compensation of five highest-paid employees (or (a) Name and address of each employee paid more than \$50,000	VP/Secretary 0  ther than those included (b) Title, and average hours per week	0 . on line 1 – see instructio	ns). If none, enter 'N  (d) Contributions employee bene plans and defer	ONE. to (e) Exertit ot	0.
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609  2 Compensation of five highest-paid employees (or (a) Name and address of each employee paid more than \$50,000	VP/Secretary 0  ther than those included (b) Title, and average hours per week	0 . on line 1 – see instructio	ns). If none, enter 'N  (d) Contributions employee bene plans and defer	ONE. to (e) Exertit ot	0.
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609  2 Compensation of five highest-paid employees (or (a) Name and address of each employee paid more than \$50,000	VP/Secretary 0  ther than those included (b) Title, and average hours per week	0 . on line 1 – see instructio	ns). If none, enter 'N  (d) Contributions employee bene plans and defer	ONE. to (e) Exertit ot	0.
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609  2 Compensation of five highest-paid employees (or (a) Name and address of each employee paid more than \$50,000	VP/Secretary 0  ther than those included (b) Title, and average hours per week	0 . on line 1 – see instructio	ns). If none, enter 'N  (d) Contributions employee bene plans and defer	ONE. to (e) Exertit ot	0.
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609  2 Compensation of five highest-paid employees (or (a) Name and address of each employee paid more than \$50,000	VP/Secretary 0  ther than those included (b) Title, and average hours per week	0 . on line 1 – see instructio	ns). If none, enter 'N  (d) Contributions employee bene plans and defer	ONE. to (e) Exertit ot	0.
8317 Lilybet Lane Charlotte, NC 28278 Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609  2 Compensation of five highest-paid employees (or (a) Name and address of each employee paid more than \$50,000	VP/Secretary 0  ther than those included (b) Title, and average hours per week devoted to position	0 . on line 1 – see instructio	ns). If none, enter 'N  (d) Contributions employee bene plans and defer	ONE. to (e) Exertit ot	0.

Form 990-PF (2014) Harris Upchurch Foundation, Inc.		8115216 Page <b>7</b>
Part: VIII: Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	ation Managers, Highly Pai	d Employees,
3 Five highest-paid independent contractors for professional services (see inst	tructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(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	·	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical a organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1 <u>N/A</u>		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instruct	ions)	
Describe the two largest program-related investments made by the foundation during the t		Amount
1	ax year on lines t and 2.	Amount
N/A	·	 
2		
	· <b></b>	<b>-</b>
All other program-related investments. See instructions		
3		-
Total. Add lines 1 through 3		· 0.
BAA		Form <b>990-PF</b> (2014)

Form 990-PF (2014) Harris Upchurch Foundation, Inc.  Part X Minimum Investment Return (All domestic foundations must complete this	20-811521	
Minimum Investment Return (All domestic foundations must complete this see instructions.)	part. Foreign four	ndations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purpos a Average monthly fair market value of securities	es <b>1 a</b>	
<b>b</b> Average of monthly cash balances	1 b	48,597.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	48,597.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c		
(attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	. 3	48,597.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	729.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	47,868.
6 Minimum investment return. Enter 5% of line 5	6	2,393.
Part XI → Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private and certain foreign organizations check here  and do not complete this		dations
1 Minimum investment return from Part X, line 6	1	2,393.
2 a Tax on investment income for 2014 from Part VI, line 5	<u> </u>	
b Income tax for 2014 (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	2,393.
4 Recoveries of amounts treated as qualifying distributions .	4	
5 Add lines 3 and 4	5	2,393.
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	2,393.
Part XII Qualifying Distributions (see instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes a Expenses, contributions, gifts, etc – total from Part I, column (d), line 26	1 a	84,900.
<b>b</b> Program-related investments — total from Part IX-B	1 ь	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purpos	ses. 2	
3 Amounts set aside for specific charitable projects that satisfy the: <ul> <li>a Suitability test (prior IRS approval required)</li> </ul>	3 a	
<b>b</b> Cash distribution test (attach the required schedule)	3 b	

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)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

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Form **990-PF** (2014)

84,900.

84,900.

4

5

6

### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	<b>(c)</b> 2013	<b>(d)</b> 2014
Distributable amount for 2014 from Part XI, line 7	· · · · · · · · · · · · · · · · · · ·			2,393.
2 Undistributed income, if any, as of the end of 2014				2,333.
a Enter amount for 2013 only			0.	
<b>b</b> Total for prior years 20 , 20 , 20		0.		<del> </del>
3 Excess distributions carryover, if any, to 2014	<u> </u>	0.		
<b>a</b> From 2009 61, 284.				
<b>b</b> From 2010 69, 884.				
c From 2011 138, 423.				
<b>d</b> From 2012 103, 035.				
e From 2013 128,669.				
f Total of lines 3a through e	501,295.			
4 Qualifying distributions for 2014 from Part	001/233.			
XII, line 4 ► \$ 84,900.				
a Applied to 2013, but not more than line 2a			0.	
· ·				
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
<b>d</b> Applied to 2014 distributable amount				2,393.
e Remaining amount distributed out of corpus	82,507.			
5 Excess distributions carryover applied to 2014	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
Enter the net total of each column as indicated below:			:	
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	583,802.			
<b>b</b> Prior years' undistributed income Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has been issued, or on which the section 4942(a)				
tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line 4a from				···
line 2a. Taxable amount — see instructions			0.	
				· · · · · · · · · · · · · · · · · · ·
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1. This amount must be				
distributed in 2015				0.
7 Amounts treated as distributions out of				· · · · · · · · · · · · · · · · · · ·
corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required — see instructions)	0.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions)	61,284.			
9 Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 6a		·		
10 Analysis of line 9	522,518.			
<b>a</b> Excess from 2010 69,884. <b>b</b> Excess from 2011 138,423.				
c Excess from 2012 103, 035.				
d Excess from 2013 128, 669.				
e Excess from 2014 82,507.				
BAA		<u> </u>		Form <b>990-PF</b> (2014)

orm 990-PF (2014) Harris Upchurch F			+ \/	20-8115216	<del></del>
Part XIV Private Operating Foundat  1 a If the foundation has received a ruling or dete					N/A
is effective for 2014, enter the date of the	ruling	it is a private operat	ung iounuation, and ti	= ruinig 	
<b>b</b> Check box to indicate whether the foundat	ion is a private ope	erating foundation (	described in section	4942(J)(3) or	4942(j)(5)
2 a 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) 2014	<b>(b)</b> 2013	(c) 2012	(d) 2011	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					<u> </u>
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					-
a 'Assets' alternative test — enter					
(1) Value of all assets		<u> </u>	<del></del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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					
Part XV Supplementary Information assets at any time during th  1 Information Regarding Foundation Manage a List any managers of the foundation who have close of any tax year (but only if they have None	e year — see in gers: e contributed more t	han 2% of the total of	contributions received		
<b>b</b> List any managers of the foundation who own a partnership or other entity) of which the None	10% or more of the foundation has a 1	stock of a corporati 10% or greater inte	on (or an equally larg rest	e portion of the owner	ship of
2 Information Regarding Contribution, Gran Check here ► X if the foundation only marequests for funds. If the foundation make complete items 2a, b, c, and d.	kes contributions to s gifts, grants, etc	preselected charitati (see instructions) t	ole organizations and ot to individuals or orga	anizations under other	
<b>a</b> The name, address, and telephone number of	e-mail address of t	he person to whom a	applications should be	addressed	
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should inclu	ude	
c Any submission deadlines:					
d Any restrictions or limitations on awards,	such as by geograp	ohical areas, charit	able fields, kinds of	institutions, or other	factors
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3 Grants and Contributions Paid During the	ear 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 recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
Name and address (home or business)  a Paid during the year  See Statement 4	substantial contributor	recipient		
Total			► 3a	84,900.
b Approved for future payment  Total			► 3 b	

Form **990-PF** (2014)

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

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ater aross amount	s unless otherwise indicated	l Inrolator	business income	I Evaluded by	section 512, 513, or 514	
·		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program serv	ice revenue.		<del></del>	code		
а b	<del></del>	<del> </del>				<del></del>
<u>с</u>		1				
d	· · · · · · · · · · · · · · · · · · ·	1				<del></del>
e						
f	<del></del>					<del></del>
g Fees and con	tracts from government agencies					
Membership of	lues and assessments					
Interest on saving	gs and temporary cash investments			14	44.	
Dividends and	I interest from securities					
	ome or (loss) from real estate					*
a Debt-financed	· · · · · ·	ļ				
<b>b</b> Not debt-finar						
	e or (loss) from personal property					
Other investm		<u> </u>				
	m sales of assets other than inventory					
	r (loss) from special events			+		
<ul><li>Gross profit o</li><li>Other revenue</li></ul>	r (loss) from sales of inventory	<del>                                     </del>	<del></del>	<del></del>		
_						
				<del>                                     </del>		····
		+		+ +		
d		<del></del>				
-						
e						
е					44.	<del></del>
e 2 Subtotal Add	columns (b), (d), and (e) ne 12, columns (b), (d), and (e)				44.	44
e 2 Subtotal Add 3 Total. Add lir	columns (b), (d), and (e)	ons.)				44
2 Subtotal Add 3 Total. Add lir ee worksheet in I	columns (b), (d), and (e) ne 12, columns (b), (d), and (e) line 13 instructions to verify calculati		shment of Exem	pt Purpos	13	44
2 Subtotal Add 3 Total. Add lir ee worksheet in l	columns (b), (d), and (e) ne 12, columns (b), (d), and (e) line 13 instructions to verify calculate elationship of Activities to the	e Accompli			13 ses	
2 Subtotal Add 3 Total. Add lir ee worksheet in l	columns (b), (d), and (e) ne 12, columns (b), (d), and (e) line 13 instructions to verify calculate elationship of Activities to the	e Accompli			13 ses	
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2 Subtotal Add 3 Total. Add lir ee worksheet in l	columns (b), (d), and (e) ne 12, columns (b), (d), and (e) line 13 instructions to verify calculate elationship of Activities to the	e Accompli			13 ses	
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Subtotal Add Irree worksheet in leart XVI-B Reine No. Explair	columns (b), (d), and (e) ne 12, columns (b), (d), and (e) line 13 instructions to verify calculate elationship of Activities to the	e Accompli			13 ses	
Subtotal Add Irree worksheet in leart XVI-B Reine No. Explair	columns (b), (d), and (e) ne 12, columns (b), (d), and (e) line 13 instructions to verify calculate elationship of Activities to the	e Accompli			13 ses	
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Subtotal Add Irree worksheet in leart XVI-B Reine No. Explair	columns (b), (d), and (e) ne 12, columns (b), (d), and (e) line 13 instructions to verify calculate elationship of Activities to the	e Accompli			13 ses	
Subtotal Add Irree worksheet in leart XVI-B Reine No. Explair	columns (b), (d), and (e) ne 12, columns (b), (d), and (e) line 13 instructions to verify calculate elationship of Activities to the	e Accompli			13 ses	
Subtotal Add Irree worksheet in leart XVI-B Reine No. Explair	columns (b), (d), and (e) ne 12, columns (b), (d), and (e) line 13 instructions to verify calculate elationship of Activities to the	e Accompli			13 ses	
Subtotal Add Irree worksheet in leart XVI-B Reine No. Explair	columns (b), (d), and (e) ne 12, columns (b), (d), and (e) line 13 instructions to verify calculate elationship of Activities to the	e Accompli			13 ses	
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TEEA0502L 06/17/14

# Form 990-PF (2014) Harris Upchurch Foundation, Inc. 20-8115216 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

<u>-</u>	Exchipt Organiz	auons							
described	organization directly d in section 501(c) o to political organizat	of the Code (ot	ngage in any of her than section	the following w n 501(c)(3) orga	ith any o	ther organizatio i) or in section 5	n 527,		Yes No
<b>a</b> Transfers	s from the reporting	foundation to	a noncharitable	exempt organi	zation of				
(1) Cash								1 a (1)	X
(2) Othe	er assets					,		1 a (2)	X
<b>b</b> Other tra									<del></del>
	s of assets to a non-	charitable exer	mnt organizatio	n				1 6 (1)	x
• •	hases of assets from		. •						$\frac{X}{X}$
• • •				ariizatiori		•		1 b (2)	
• •	al of facilities, equip	•	assets					1 b (3)	<u> X</u>
* *	nbursement arranger		•		•			1 b (4)	X
` '	ns or loan guarantee							1 b (5)	X
• •	ormance of services		•					1 b (6)	X
<b>c</b> Sharing (	of facilities, equipme	ent, mailing lis	ts, other assets	, or paid emplo	yees.			1 c	X
<b>d</b> If the and the goods any trans	swer to any of the a s, other assets, or ser saction or sharing ar	bove is 'Yes,' ovices given by trangement, sh	complete the fo the reporting four now in column (	Illowing schedul ndation. If the fou (d) the value of	e Colum indation ri the good:	n <b>(b)</b> should alw eceived less than s, other assets,	vays show the fair market or services	ne fair market valu value in received	ue of
(a) Line no.	(b) Amount involved	(c) Name o	f noncharitable exer	npt organization	(d)	Description of tran	sfers, transacti	ons, and sharing arran	gements
N/A									
					1				
						-			
			<u>.</u>		<del></del>				
	<u> </u>				-	<u> </u>			
	- 15	ļ					<del></del>		
			- · · · · · · · · · · · · · · · · · · ·						
					-				
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		<u> </u>		_	<u> </u>				
describe	undation directly or inc d in section 501(c) of complete the followi	of the Code (ot	i with, or related ther than section	to, one or more n 501(c)(3)) or	tax-exemp n section	ot organizations i 527?		Yes	XNo
<u>.</u>	Name of organizati		(b) Type	e of organizatio	n	(c	) Description	n of relationship	<del></del>
N/A	,	- 1	(-) (-)	o or organizatio		\( \)	,		
14/21									
				<del>:</del>					
						· · · · · · · · · · · · · · · · · · ·			
						·			
Hoder o	enalties of perion, I declar	ro that I have exami	and this satura, inclu	idina accompaniuma	ebodulos as	d statements, and to	the best of my	leaguiladas and balist it	an face
Sign Here	enalties of perjury, I declar and complete Declaration	of preparer (other t	than taxpayer) is bas	sed on all information	of which pr	eparer has any know	ledge	May the II this return	RS discuss
	(MU) UD	chunc	1	10-6-1	<u>ゝ</u>	Preside	nT'	(see instri	
Signa	iture of officer or trusfee			Date	Т	itle			Yes No
	Print/Type preparer's nar	me	Preparer's	signature		Date	Check	If PTIN	
Paid	Marshall M. Sho	ort, Jr. CPA	Com	200m/g	40	5-4-201	5 self-emplo	pyed P000497;	32
Preparer	Firm's name R	OWELL CRAVE	N & SHORT P.	Α.	4		Firm's EIN	56-1245529	
Use Only	1		S MINT HILL						
,	<del></del> -	HARLOTTE, NO					Phone no	(704) 545-977	
BAA	·								)-PF (2014)
								- OHH <b>33</b> (	2014)

014	Page 1				
		20-811521			
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees					
Accounting Fees	(a) Expense per Book  \$ 50  Total \$ 50		ment Adjusted	(d) Charitable Purposes  \$ 0.	
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses					
Filing Fees	(a) Expense per Boo  \$ Total \$	es Investi		(d) Charitable Purposes \$ 0.	
Statement 3 Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the		ldress of Su	ıbstantial Contribu	ıtor	
Larry Harris	17537 S.E. Conch Bar Avenue Tequesta, FL 33469				
Statement 4 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year  Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount	
Catawba Riverkeeper Foundation 421 Minuet Lane Ste 205 Charlotte, NC 28217	None	PC	River protection and youth kayaking programs	\$ 10,000	
	None	PC	Teacher sponsorship	10,000	

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#### **Federal Statements**

Page 2

Harris Upchurch Foundation, Inc.

20-8115216

Statement 4 (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
Akita Rescue Society of Florida 2364 Emerson Street Jacksonville, FL 32207	None	PC	Boarding and placement for homeless akitas	\$ 9,100.
A Child's Place 601 East 5th Street, Ste 230 Charlotte, NC 28202	None	PC	Summer camp fund	20,000.
Bruce Irons Camp Fund 725 Providence Rd. Ste 326 Charlotte, NC 28207	None	PC	Summer camp fund	10,000.
Spay Neuter Charlotte 2017 N. Davidson St. Ste A Charlotte, NC 28205	Common Directors	PC	Sterilization and animal wellness services	500.
Humane Alliance 25 Heritage Drive Asheville, NC 28806	None	PC	Spay neuter training and surgeries	20,000.
Muscular Dystrophy Association 3300 E. Sunrise Drive Tucson, AZ 85718	None	PC	Treatment research	300.
YMCA of the Triangle 1603 Hillsborough Street Raleigh, NC 27605	None	PC	Health and wellness programs	3,000.
Big East Akita Rescue 1001 Fischer Blvd PMB 136 Toms River, NJ 08753	None	PC	Akita rescue and adoption	2,000.
			Total	\$ 84,900.