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

Open to Public Inspection

2016

Department of the Treasury Internal Revenue Service

► 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.

OMB No 1545 0052

	For	cale	ndar year 2016 or t	ax year beginning	 	, 2016	, and ending			
	Har	ri	s Upchurch F	oundation,	Inc.			A	Employer identification nur 20-8115216	
			Lilybet Lane otte, NC 282					В	Telephone number (see inst 704-840-4744	ructions)
				<del></del>		<del></del>		С	If exemption application is	pending, check here
	G	ined	ck all that apply.	Initial return Final return		<ul><li>Initial return of a forr</li><li>Amended return</li></ul>	ner public charity	D	1 Foreign organizations, chec	ب
	<b>H</b> (	Che	ck type of organizati	Address chang		Name change (c)(3) exempt private f	oundation		2 Foreign organizations meet here and attach computation	on the 85% test, check
	T F		Section 4947(a)(1) narket value of all assets	nonexempt char	table t	counting method X C	orivate foundation	E	If private foundation status under section 507(b)(1)(A)	
	(		Part II, column (c), line	16)		Other (specify)  column (d) must be or		F	If the foundation is in a 60 under section 507(b)(1)(B)	
	Par		Analysis of Re		r art i,	(a) Revenue and	(b) Net investmen		(c) Adjusted net	(d) Disbursements
			Expenses (The columns (b), (c), sarily equal the a (see instructions)	total of amounts in and (d) may not r mounts in column	neces-	expenses per books	income	ιι	income	for charitable purposes (cash basis only)
				ts, etc., received (attach sched	ule)	100,000.				
			2 Check ► if the for	undation is not required to att	ach Sch B		-			
SCANNED APR I 2 2017			3 Interest on savings and t 4 Dividends and interest from	emporary cash investments om securities		90.		0.		
<i>6€</i> 0			<b>5 a</b> Gross rents <b>b</b> Net rental income or (loss)							
PR	R		or (loss)  6 a Net gain or (loss) from s	ale of assets not on line 10					<del> </del>	
	E	ļ	<b>b</b> Gross sales price for assets on line 6a			Jan <sup>™</sup>				
Ĭ	E N		<ul><li>7 Capital gain net inc</li><li>8 Net short term capit</li></ul>	ome (from Part IV, line tal gain	2)					
	Ü		9 Income modification 10 a Gross sales less	ns 1				_		
ي	_		returns and allowances							ļ
W)			<b>b</b> Less Cost of goods sold						•	-
			C Gross profit or (loss) (at 11 Other income (attac	•						,
			,,	···,						
	-	_	<ul><li>12 Total. Add lines 1</li><li>13 Compensation of of</li></ul>			100,090.		0.	0.	
			14 Other employee sa		s, e.c	ļ <u> </u>			<del>                                     </del>	
			15 Pension plans, emp	•						
		A	16 a Legal fees (attach s b Accounting (Ees(Tat		<b>5U</b> 1	525.	52	25.		
		N	C Other professional fees	(CHICACH POCH)	( )	320.				
	P	5	17 Interest A D.D. 18 Taxes Cartach softedule X	A.S. 2017	3					
	OPERAT	S T R A T	19 Degreciation (attacl	h	000 0000 0000 0000 0000 0000 0000 0000 0000		<del></del>		<del> </del>	
	T N	1 [	schedule) and depl 20 Occupancy OG	etion	-					
	G	Ě	21 Travel, conferences	s, and meetings						
	A N D	E X	<ul><li>22 Printing and publica</li><li>23 Other expenses (at</li></ul>							
		E		See Stateme	nt 2	3.		3.		
		EXPENSES	24 Total operating and expenses, Add line			528.	5.	28.		
		•	25 Contributions, gifts, gran	_ D	XV.	123,159.	5.			123,159.
			26 Total expenses and Add lines 24 and 25			123,687.	5.	28.	0.	123,159.
		7	27 Subtract line 26 fro	m line 12		123,007.			0.	123,133.
			a Excess of revenue and disbursements			-23,597.				
		ĺ	b Net investment inc	ome (if negative, enter	-0-)			0.	<del></del>	
		ł	C Adjusted net incor	ne (if negative, enter -0	-)	<b>§</b>			0.	Ī

orm 990	PF (2016) Harris Upchurch Foundation, Inc.		20-81	
Part II	Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year		f year
	(See instructions )  Cash — non-interest-bearing	(a) Book Value	(b) Book Value	(c) Fair Market Value
		88,117.	64,520.	
	Accounts receivable	00,117.	04,520.	
`	Less: allowance for doubtful accounts	· · · · · · · · · · · · · · · · · · ·		
				<del> </del>
	Less allowance for doubtful accounts	<del>-</del>	<del></del>	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)		<del></del>	
_   7	Other notes and loans receivable (attach sch)			
<u> </u>	Less allowance for doubtful accounts ▶			
S S S	Inventories for sale or use			
투   9	Prepaid expenses and deferred charges			
	)a Investments — U.S. and state government obligations (attach schedule).			
	<b>b</b> Investments — corporate stock (attach schedule)			
	c Investments — corporate bonds (attach schedule)			
11	Investments — land, buildings, and equipment basis			
	Less: accumulated depreciation (attach schedule)			
- 1	2 Investments – mortgage loans			
13				
14	Land, buildings, and equipment basis			
	Less accumulated depreciation (attach schedule)			
15				
"	5 Total assets (to be completed by all filers — see the instructions Also, see page 1, item l).	88,117.	64,520.	l o
Ļ 17	7 Accounts payable and accrued expenses			
Å   18	3 Grants payable		<del></del>	
B 19			<del></del>	
į 20				
1 21 T	3.5			
$i \mid 2i$	Other liabilities (describe		<del></del>	
E   23	Total liabilities (add lines 17 through 22)	0.	0.	
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
! F   24	Unrestricted			
U 25	5 Temporarily restricted			
D   26	S Permanently restricted			
B A L A	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
L 27	Capital stock, trust principal, or current funds			
N 28	Paid-in or capital surplus, or land, bldg , and equipment fund			
C 29	Retained earnings, accumulated income, endowment, or other funds	88,117.	64,520.	
P E   25		88,117.	64,520.	
31	Total liabilities and net assets/fund balances (see instructions)	88,117.	64,520.	
Part III	Analysis of Changes in Net Assets or Fund Balance		04,320.	<u> </u>
<b>1</b> Tot	al net assets or fund balances at beginning of year - Part II, colur	mn (a), line 30 (must ag	ree with	
end	d-of-year figure reported on prior year's return)		1	88,117
	ter amount from Part I, line 27a		2	-23,597
	er increases not included in line 2 (itemize)		3	
4 Add	d lines 1, 2, and 3 .		1 4	64,520

Decreases not included in line 2 (itemize)

5

6

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	Losses for Tax on Investment be the kind(s) of property sold (e.g., r		(b) How acquired		(d) Date sold
2-story brick ware	house, or common stock, 200 shares	MLC Company)	P — Purchase D — Donation	(mo , day, yr )	(mo , day, yr )
1a N/A					
b				<u> </u>	
<u>c</u>			<u> </u>	<del> </del>	
d e				<del>                                     </del>	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or (e) plus (f) m	
a					
b					
c		<del></del>			
d	<del> </del>				
Complete only for assets she	www.na.aou.un.aou.un.aod.h	by the foundation on 12/21	/60		
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		(I) Gains (Col. gain minus col. (k), b ian -0-) <b>or</b> Losses (fr	ut not less
а					
b					
С					
		_ <del>_</del>			
in Part I, line 8  Part Vac Qualification Und	er Section 4940(e) for Reduce foundations subject to the section 4940	d Tax on Net Investn		N/A	
Was the foundation liable for the s	ection 4942 tax on the distributable a ualify under section 4940(e) Do not c	complete this part.	·	Yes	☐ No
	n each column for each year, see the ins		y entries		
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use as	sets	(d) Distribution (col. (b) divided	ratio by col (c))
2015	<u> </u>				
2014 2013			<del>_</del> _		
2013					
2011					
2 Total of line 1, column (d).			2		
3 Average distribution ratio for number of years the foundat	the 5-year base period — divide the floor has been in existence if less than	total on line 2 by 5, or by 5 years .	the 3		
4 Enter the net value of nonch	arıtable-use assets for 2016 from Par	t X, line 5	4		
5 Multiply line 4 by line 3		•	5		
	income (1% of Part I, line 27b)		6	<del> </del>	
7 Add lines 5 and 6			7	1	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

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	t VI · Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see	instru	ctions	)		
Ъa	Exempt operating foundations described in section 4940(d)(2), check here and enter 'N/A' on line 1.						
	Date of ruling or determination letter. (attach copy of letter if necessary – see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V,	-	1				0.
	check here. ► and enter 1% of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable						
	foundations only Others enter -0-)		2				<u>0.</u>
3	Add lines 1 and 2		3				<u>0.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -	0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				<u>0.</u>
6	Credits/Payments*						
	2016 estimated tax pmts and 2015 overpayment credited to 2016						
	Exempt foreign organizations – tax withheld at source 6b						1
	Tax paid with application for extension of time to file (Form 8868)  6 c						
_	Backup withholding erroneously withheld 6 d						
7	Total credits and payments Add lines 6a through 6d		7				<u>0.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9				<u>0.</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10				
11	Enter the amount of line 10 to be. Credited to 2017 estimated tax		11				
Par	t VII-A Statements Regarding Activities	_					<del></del>
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	d it		F	1 a	Yes	No X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?			ļ	1 b		х
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials publishe or distributed by the foundation in connection with the activities	d					
	Did the foundation file Form 1120-POL for this year?			-	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 • \$  Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			0.			i
	foundation managers \$ 0.				ł		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			-	2		X
	If 'Yes,' attach a detailed description of the activities			i			
3					Ì		
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 change	es		-	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			F	4 a		X
ь	If 'Yes,' has it filed a tax return on Form 990-T for this year?				4 b	N	/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		Х
	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.				İ		
	By language in the governing instrument, or				ŀ		
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conwith the state law remain in the governing instrument?</li> </ul>	lict		-	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col. (c), and Part XV			-	7	Х	- <del></del>
	Enter the states to which the foundation reports or with which it is registered (see instructions)	•		}		Λ.	<del> </del>
	NC			_			
b	of 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? If 'No,' attach explanation</i>			-	8 b	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If 'Yes,' co	(3) or mplet	4942( e <i>Part</i>	)(5) X/V	9		_ <u>_                                  </u>
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their nai and addresses See States	nes nent	. 3		10	x	
RΔΔ						.PF (2	2016)

b If 'Yes,' did it have excess business holdings in 2016 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 2016)

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 2016?

	3 ь	N.	/A
	4 a		Х
	4 b		X
Fo	rm <b>99</b>	0-PF	(2016)

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		14/20 May be Key	uireu (continueu)		<del></del> -
<ul><li>5 a During the year did the foundation pay or incu</li><li>(1) Carry on propaganda, or otherwise attempt</li></ul>		n (section 4945(e))?	Yes X	No.	
(2) Influence the outcome of any specific pub	lic election (see section				
on, directly or indirectly, any voter registra  (3) Provide a grant to an individual for travel,	ition drive?		<b>—</b> —	No No	
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? (see instructions	a charitable, etc., organi	•		No	
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific			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)? Organizations relying on a current notice rega	rding disaster assistanc	ce check here	▶ []	5 b	N/A
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex- sibility for the grant?	emption from the .	N/A Yes	No	
If 'Yes,' attach the statement required by Regi	ulations section 53.4945	5—5(d)	÷ -		
6 a Did the foundation, during the year, receive ar on a personal benefit contract?	•		∐Yes X	No	
<b>b</b> Did the foundation, during the year, pay prem If 'Yes' to 6b, file Form 8870	iums, directly or indirec	tly, on a personal bene	fit contract?	6 b	X
7 a At any time during the tax year, was the found				No	
b If 'Yes,' did the foundation receive any procee				I/A 7b	
Part VIII Information About Officers, Dand Contractors	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	Employees	,
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	tructions).		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other al	e account, lowances
Edith H. Upchurch	Pres/Treas	0.	0.		0.
8317 Lilybet Lane	0				
Charlotte, NC 28278					
Sallie Harris Glover 3301 Dryden Court Raleigh, NC 27609	VP/Secretary 0	0.	0.		0.
				<u></u>	
2 Compensation of five highest-paid employees (or	ther than those included	on line 1 – see instructio	T	<u>:</u>	
(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 al	e account, lowances
None					
				<del> </del>	
Total number of other employees paid over \$50,000	TEFA03061 12	2016/16		Form 990.	PE (2016)

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Part:VIII Informand C	nation About Officers, Directors, Trustees, I ontractors (continued)	Foundation Managers, Highly Pai	d Employees,
3 Five highest-pa	id independent contractors for professional services	(see instructions). If none, enter 'NONE.'	
(a) Name ar	nd address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None			
	<del></del>		
			}
Total number of other	rs receiving over \$50,000 for professional services		<u>▶</u> 0
organizations and other ben	argest direct charitable activities during the tax year. Include relevant sericiaries served, conferences convened, research papers produced, e	tc	Expenses
4			
	nary of Program-Related Investments (see I		Amount
Describe the two large	st program-related investments made by the foundation du	ring the tax year on lines I and 2	Amount
'			
N/A			
2			
~			
All other program-re	lated investments. See instructions		
3			
Total. Add lines 1 thr	ough 3		<u> </u>
BAA			Form 990-PF (2016)

Form	990 <sup>:</sup> PF (2016) Harris Upchurch Foundation, Inc.	20-8115216	Page 8
	<b>t X</b> · Minimum Investment Return (All domestic foundations must complete this part. see instructions.)	Foreign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1 a	
	Average of monthly cash balances	1 b	100,266.
C	Fair market value of all other assets (see instructions)	1 c	
C	Total (add lines 1a, b, and c)	1 d	100,266.
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	100,266.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	1,504.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	. 5	98,762.
_6	Minimum investment return. Enter 5% of line 5	6	4,938.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this part.		ions
1	Minimum investment return from Part X, line 6	1	4,938.
2 a	Tax on investment income for 2016 from Part VI, line 5		
b	Income tax for 2016. (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	4,938.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,938.
6	Deduction from distributable amount (see instructions)	6	<u>-</u> -
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	4,938.
Par	t XII Qualifying Distributions (see instructions)		-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26		
a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1 a	<u>123,159.</u>
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 Suitability test (prior IRS approval required)	3 a	
Ł	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	123,159.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	123,159.
	<b>Note:</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the qualifies for the section 4940(e) reduction of tax in those years	foundation	

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### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2015	<b>(c)</b> 2015	<b>(d)</b> 2016
1 Distributable amount for 2016 from Part XI, line 7				4,938.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only			0.	e r e
<b>b</b> Total for prior years: 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2016.				
<b>a</b> From 2011 138, 423.				
<b>b</b> From 2012 103, 035.				
c From 2013 128, 669.				
<b>d</b> From 2014 82,507.				į.
e From 2015 31,600.				
f Total of lines 3a through e	484,234.			
4 Qualifying distributions for 2016 from Part				
XII, line 4  \$ 123,159.				
a Applied to 2015, but not more than line 2a			0.	
<ul> <li>Applied to undistributed income of prior years (Election required — see instructions)</li> </ul>		0.		
c Treated as distributions out of corpus (Election required – see instructions)	0.			
d Applied to 2016 distributable amount		<u>-</u>		4,938.
e Remaining amount distributed out of corpus	118,221.		-	
5 Excess distributions carryover applied to 2016	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
(a) /				
6 Enter the net total of each column as				,
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	602,455.			
<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.		
d Subtract line 6c from line 6b Taxable		_		
amount - see instructions		0.	·	
e Undistributed income for 2015 Subtract line 4a from			•	
line 2a. Taxable amount — see instructions			0.	
f Undistributed income for 2016. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2017.				0.
7 Amounts treated as distributions out of		<del></del>	<del></del>	
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 2011 not				
applied on line 5 or line 7 (see instructions)	138,423.			
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a	464,032.			
10 Analysis of line 9				
<b>a</b> Excess from 2012 103, 035.				
<b>b</b> Excess from 2013. 128, 669.				
c Excess from 2014 82,507.				
<b>d</b> Excess from 2015 31,600.				
<b>e</b> Excess from 2016 118, 221.		<u> </u>		

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Part XIV Private Operating Founda	· · · · · · · · · · · · · · · · · · ·			_'	N/A
is effective for 2016, enter the date of the	termination letter that e ruling	it is a private opera	iting loundation, and th	ie ruling ►	
<b>b</b> Check box to indicate whether the foundation	ation is a private ope	erating foundation	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		(e) Total
investment return from Part X for each year listed	(a) 2016	<b>(b)</b> 2015	(c) 2014	( <b>d)</b> 2013	
<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					
<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					
(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					
Part XV Supplementary Information assets at any time during t  Information Regarding Foundation Mana a List any managers of the foundation who ha close of any tax year (but only if they have	he year — see in agers: ve contributed more ti	han 2% of the total of	contributions received		
None					
<b>b</b> List any managers of the foundation who ow a partnership or other entity) of which the None	n 10% or more of the e foundation has a 1	stock of a corporate 0% or greater inte	ion (or an equally large rest	e portion of the owner	rship of
2 Information Regarding Contribution, Grant, Check here  X if the foundation only m requests for funds If the foundation makes complete items 2a, b, c, and d	nakes contributions to gifts, grants, etc. (see	preselected charital instructions) to indi	ble organizations and o	ns under other conditi	
<b>a</b> The name, address, and telephone number	or e-mail address of t	ne person to whom	applications should be	addressed.	
<b>b</b> The form in which applications should be	submitted and info	rmation and mater	ials they should inclu	de	
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
				- · ·	
BAA	TE	EA0310L 12/16/16		F	orm 990-PF (2016)

Page 11

3 Grants and Contributions Paid During the Ye	ar or Approved for Fut	ure Paymen	it	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
See Statement 4				
		]		
		}		
		!		
		<u> </u>		
		!		
	<u> </u>	L		100 150
Total b Approved for future payment			► 3a	123,159.
<b>b</b> Approved for future payment				
		ĺ		
				ļ
		)		
		[		
	l			<del> </del>
Total			► 3b	1

Enter gross amounts unless otherwise indicated.	Lincolated	ousiness income	Evaluded by	coction 512 512 or 514	
•	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions.)
1 Program service revenue:	code		code		(See instructions.)
a					
b					
c					
d			-		
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments 3 Interest on savings and temporary cash investments					
Dividends and interest from securities			14	90.	
5 Net rental income or (loss) from real estate			+		
a Debt-financed property			+		· ·_ ·_ ·
<b>b</b> Not debt-financed property	-	<del></del>	<del></del>		<del></del>
6 Net rental income or (loss) from personal property	<del>                                     </del>	<del></del>	<del>                                     </del>		
7 Other investment income			-		
8 Gain or (loss) from sales of assets other than inventory		<del></del>	<del>-     -</del>	<del>-</del>	<del></del>
9 Net income or (loss) from special events	-				<del></del>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
С					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				90.	
<b>13 Total.</b> Add line 12, columns (b), (d), and (e)				13	90.
(See worksheet in line 13 instructions to verify calcu					
Part XVI-B Relationship of Activities to			<u> </u>		
Line No. Explain below how each activity for which accomplishment of the foundation's exer	th income is reporte mpt purposes (othe	ed in column (e) of r than by providing	f Part XVI-A o g funds for su	ontributed importanti ch purposes) (See ir	y to the nstructions )
accomplishment of the loundation's exe					
N/A					
<del></del>					

Form 9	90-PF	(2016) Harri	s Upchurch	Foun	dation	, Inc				20	-81152	216	Pa	ige <b>13</b>
Part >		Information Re		nsfers	To and	Transaction	ns an	d Relat	ionship	s With N	onchar	itable		
<u> </u>		Exempt Organ	izations					<u></u>						
1 D	d the	organization direct	lly or indirectly o	ngage ii	n any of th	ho following v	with any	other or	nanizatio	<b>n</b>			Yes	No
d€	escribe	d in section 501(c	) of the Code (o	ther tha	n section !	501(c)(3) org	anızatıo	ns) or in	section 5	27,				
	-	to political organiz					ě							
		s from the reporti	ng foundation to	a noncl	haritable e	exempt organ	ization (	or			}-			- <u>,-</u> -
•	) Cash										-	1 a (1)	-	X
•	•	er assets ensactions									-	1 a (2)		Х
_		s of assets to a n	onobaritable ove	ampt ara	anization						}-	1 h (1)		V
		hases of assets fi				uzation					-	1 b (1) 1 b (2)		X
•	•	tal of facilities, eq				lization						1 b (3)		X
•	•	nbursement arran	• '	,, assets	,						<u> </u>	1 b (4)		X
•	•	ns or loan guarant	~									1 b (5)		X
		ormance of servic		nip or fur	ndraising s	solicitations					<b> </b>	1 b (6)		Х
•	•	of facilities, equip		•	•		ovees.				F	1 c		X
	_		,				•				L		_	
<b>d</b> If th ar	the an e good: ov tran	swer to any of the s, other assets, or s saction or sharing	e above is 'Yes,' services given by arrangement, s	complet the repo	te the follorting found:	owing scheduation If the fo the value of	le. Colu undation the goo	mn <b>(b)</b> sl received ids. othei	hould alw less than rassets.	ays show the fair market or services	ne fair ma value in received	arket vali	ue of	
(a) Line	<del></del>	(b) Amount involved				t organization				sfers, transacti		naring arrar	ngement	is
N/A						·	-	`- <del>*</del>		<del></del>		<u> </u>		
									-					
												_		
							_							
							_							
		<del></del>												
				· .				·						
			<del> -</del>			<del></del>	-	<del></del>		<del></del>	<del>_</del>			
			<del></del> -											
								<del></del>		·	_			
		<del></del>												
de	escribe	undation directly or d in section 501(c complete the follo	c) of the Code (c						nizations			Yes	X	No
		Name of organiz		1 -	<b>(b)</b> Type	of organization	 on		(c	) Descriptio	n of relat	ionship		
N/A					· · · · ·					<u> </u>				
						***								
	Under p	enalties of perjury, I deand complete Declarat	clare that I have exam	nined this re	eturn, includir	ng accompanying	schedules	and statem	ents, and to	the best of my ledge	knowledge	and belief, i	t is true	,
Sign	0017001,			/	.yo., 15 oasoa							May the	RS disc	uss
Here		TOUTH L	mch 11/	1 <i>C</i>	1	3-25.	17	Pro	side	nt		this retur preparer	shown I	below
	Signa	ture of officer or trustee	y Ci Oco	<u>J.</u> /		Date	<u> </u>	Title	<i>,</i>	- / -		(see inst	vetions)	)? No
	L	Print/Type preparer's	name		Preparer's sig	gnature		Date		Check	ıf l	PTIN		
Paid		Marshall M. S	Short Ir CP	,	Come	石のシア	150 g	31	8-201	7 self-emple	-	P000497	32	
Prepa	ror	Firm's name	ROWELL CRAVE		א פ ידאו					Firm's EIN ►	56-124		<u> </u>	
Use C		Firm's address	7540 MATTHEW								30 124	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
J36 C	, iii y		CHARLOTTE, N				<del>. –</del>			Phone no	(704)	545-977	1	

(704) 545-9771

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

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Name of the organization	•	Employer Identification number
Harris Upchurch Foundation,	Inc.	20-8115216
Organization type (check one)		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	า
	4947(a)(1) nonexempt charitable trust not	treated as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treat	ted as a private foundation
	501(c)(3) taxable private foundation	•
	301(c)(3) taxable private roundation	
Check if your organization is covered by the General	ral Rule or a Special Rule.	
Note. Only a section 501(c)(7), (8), or (10) or	ganization can check boxes for both the General	Rule and a Special Rule See instructions
General Rule		
X For an organization filing Form 990, 990-	EZ, or 990-PF that received, during the year, cont elete Parts I and II. See instructions for determining	ributions totaling \$5,000 or more (in money or
property) were any one contribute. Comp	note y divis y divis y december delications for determining	
Special Rules		
	501(c)(3) filing Form 990 or 990-EZ that met the 3	3-1/3% support test of the regulations
under sections 509(a)(1) and 170(b)(1)(A)(vi	501(c)(3) filing Form 990 or 990-EZ that met the 3 ), that checked Schedule A (Form 990 or 990-EZ), Pa the year, total contributions of the greater of (1) 990-EZ, line 1 Complete Parts I and II	rt II, line 13, 16a, or 16b, and that \$5,000 or (2), 2% of the amount on (i)
Form 990, Part VIII, line 1h, or (ii) Form 9	990-EZ, line 1 Complete Parts I and II	go, ood or (2) 2% or the amount on ()
		and the second of the second o
during the year, total contributions of mor	501(c)(7), (8), or (10) filing Form 990 or 990 EZ the than \$1,000 <i>exclusively</i> for religious, charitable	ast received from any one contributor, , scientific, literary, or educational
purposes, or for the prevention of cruelty	to children or animals. Complete Parts I, II, and I	II
m		
	501(c)(7), (8), or (10) filing Form 990 or 990-EZ th for religious, charitable, etc , purposes, but no su	
	the total contributions that were received during t	
	any of the parts unless the General Rule applies	
it received <i>nonexclusively</i> religious, charit	able, etc., contributions totaling \$5,000 or more d	furing the year
Caution. An organization that isn't covered by	v the General Rule and/or the Special Rules does	n't file Schedule B (Form 990, 990-EZ, or
990-PF), but it must answer 'No' on Part IV,	y the General Rule and/or the Special Rules does line 2, of its Form 990, or check the box on line F ie filing requirements of Schedule B (Form 990, 9	of its Form 990-EZ or on its Form 990-PF,
	<del></del>	
BAA For Paperwork Reduction Act Notice, see the Ins	tructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Harris	<u>Upchurch Foundation, Inc.</u>		115216
Part I	Contributors (see instructions) Use duplicate copies of Part I if additional space	e is needed	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Larry Harris  17537 S.E. Conch Bar Ave.  Tequesta, FL 33469	-  \$100,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash Complete Part II for noncash contributions )
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-~-		- \$	Person Payroll Noncash (Complete Part II for noncash contributions)
RΔΔ	TEFA07021 08/09/16	Schedule B (Form 99	0. 990-F7, or 990-PF) (2016)

1 of Part I

Page 1 of 1
Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)
Name of organization

Page

1 to

1 of Part II

Harris Upchurch Foundation, Inc.

Employer identification number 20-8115216

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
N	I/A		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		]\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		1	
-		\$	
BAA	Sch	edule B (Form 990, 990-E	7 or 990-PF) (201

Schedule E	3 (Form 990, 990-EZ, or 990-PF) (2016)		Page	1 to	1	of <b>Part III</b>					
Name of organ						number					
		contributions to organ	nizations describe			V7) (8)					
	Description of transferor to transferor of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transfered transferor to gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transfered transferor to gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transfered transferor to gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferor to gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferor to gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferor to gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferor to gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferor to gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferor to transferor to gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferor to gift	nd etc.,									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	Des	(d) scription of ho	w gift is	held					
	N/A										
<del>-</del>	<u></u>										
	<b>-</b>		<del>-</del>								
		(e)									
	Transferee's name, address		Relationship o	of transferor to	transfe	ree					
					- <del>-</del>						
(2)	(b)	(6)									
(a) No. from Part I	Purpose of gift	Use of gift	Des	scription of ho	w gift is	held					
- Fai(i			<del></del>								
						. <b></b> .					
	(0)										
		<b>.</b>	No. 11. and a series and a horse face.								
	Transferee's name, address	Relationship o	Relationship of transferor to transferee								
		(2)									
(a) No. from	Purpose of gift	(C) Use of gift	Des	(a) scription of ho	w gift is	held					
Part I											
	<del></del>										
	Transferee's name, address	Relationship of transferor to transferee									
(a) No. from	(b) Purpose of gift	(c) Use of aift	De	(d) scription of ho	w aift is	held					
Part I											
				- <b>-</b>	- <del>-</del>						
	<del></del>			- <b>-</b>							
	(e) Transfer of gift										
	Transferee's name, address	Relationship of transferor to transferee									
		-									

2016 <sup>.</sup>	Fe	Page 1			
	Harris	Upchurch Fo	20-8115216		
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees					
Accounting Fees	Total	(a) Expenses per Books \$ 52 \$ 52		nent Adjusted ne Net Income 525.	(d) Charitable Purposes  \$ 0.
Statement 2 Form 990-PF, Part I, Line 23 Other Expenses					
Bank Charges	Total	(a) Expense: per Book \$	s Investi		
Statement 3 Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the	e Tax Ye	ear			
Name of Substantial Contribu	itor	<u>Ada</u>	dress of Su	ubstantial Contrib	utor
Larry Harris			537 S.E. Co questa, FL	onch Bar Avenue 33469	
Statement 4 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year		Donee	Found- ation	Purpose of	
Name and Address  Catawba Riverkeeper Foundation PO Box 11838 Charlotte NC 28220	<u>Rel</u> None	ationship	<u>Status</u> PC	Grant River protection and youth kayaking programs	* 14,000
Teach for America-Charlotte 5855 Executive Center Drive #200 Charlotte NC 28212	None		PC	Teacher sponsorship	10,000

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016 <sup>.</sup>	Federal Sta	Page 2		
	Harris Upchurch Fo	oundation, Inc	···	20-811521
Statement 4 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee <u>Relationship</u>	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	\$ 9,859
Bruce Irons Camp Fund 725 Providence Rd. Ste 212 Charlotte NC 28207	None	PC	Summer camp fund	10,000
Spay Neuter Charlotte 2017 N. Davidson St. Ste A Charlotte NC 28278	Common Directors	PC	Sterilization and animal wellness services	70,000
Muscular Dystrophy Association 1515 Mockingbird Lane #701 Charlotte NC 28209	None	PC	Treatment research	2,000
Big East Akita Rescue 1001 Fischer Blvd PMB 136 Toms River NJ 08753	None	PC	Akita rescue and adoption	1,000
Women's Impact Fund 2525 Distribution Street Charlotte NC 28203	None	PC	Leadership and education programs	1,300
Assistance League of Charlotte 3405 S Tryon Street Charlotte NC 28217	None	PC	Children's programs and assistance	3,000

PC

None

Behailu Academy 451 E. 36th Street Charlotte NC 28205

123,159. Total \$

2,000.

Children's art and educational programs