

Form **990-PF**

Return of Private Foundation

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

OMB No 1545-0052

2018

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2018 or tax year beginning

, and ending

| | | |
|---|--|---|
| Name of foundation THE CLAUDE AND BETTY HARRIS FOUNDATION, INC. | | A Employer identification number 61-1400416 |
| Number and street (or P O box number if mail is not delivered to street address) 295 N HUBBARDS LANE | Room/suite 203 | B Telephone number (502) 893-0300 |
| City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40207 | | C If exemption application is pending, check here <input type="checkbox"/> |
| G Check all that apply. <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change | | D 1 Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization. <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation | | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 55,991,300. | J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/> |

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| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| 1 Contributions, gifts, grants, etc., received | | 1,260,000. | | N/A | |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B | | | | | |
| 3 Interest on savings and temporary cash investments | | | | | |
| 4 Dividends and interest from securities | | 996,765. | 996,765. | | STATEMENT 1 |
| 5a Gross rents | | | | | |
| b Net rental income or (loss) | | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | 8,916,109. | | | |
| b Gross sales price for all assets on line 6a 65,867,028. | | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | | 8,916,109. | | |
| 8 Net short-term capital gain | | | | | |
| 9 Income modifications | | | | | |
| 10a Gross sales less returns and allowances | | | | | |
| b Less Cost of goods sold | | | | | |
| c Gross profit or (loss) | | | | | |
| 11 Other income | | | | | |
| 12 Total Add lines 1 through 11 | | 11,172,874. | 9,912,874. | | |
| 13 Compensation of officers, directors, trustees, etc | | 0. | 0. | | 0. |
| 14 Other employee salaries and wages | | | | | |
| 15 Pension plans, employee benefits | | | | | |
| 16a Legal fees | | | | | |
| b Accounting fees STMT 2 | | 1,515. | 757. | | 758. |
| c Other professional fees STMT 3 | | 321,896. | 321,896. | | 0. |
| 17 Interest | | | | | |
| 18 Taxes STMT 4 | | 165,979. | 165,979. | | 0. |
| 19 Depreciation and depletion | | | | | |
| 20 Occupancy | | | | | |
| 21 Travel, conferences, and meetings | | | | | |
| 22 Printing and publications | | | | | |
| 23 Other expenses STMT 5 | | 37,729. | 0. | | 37,729. |
| 24 Total operating and administrative expenses Add lines 13 through 23 | | 527,119. | 488,632. | | 38,487. |
| 25 Contributions, gifts, grants paid | | 3,923,200. | | | 3,923,200. |
| 26 Total expenses and disbursements Add lines 24 and 25 | | 4,450,319. | 488,632. | | 3,961,687. |
| 27 Subtract line 26 from line 12: | | | | | |
| a Excess of revenue over expenses and disbursements | | 6,722,555. | | | |
| b Net investment income (if negative, enter -0-) | | | 9,424,242. | | |
| c Adjusted net income (if negative, enter -0-) | | | | N/A | |

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| Part II Balance Sheets <small>Attached schedules and amounts in the description column should be for end-of-year amounts only</small> | | Beginning of year | End of year | |
|--|---|-------------------|----------------|-----------------------|
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash - non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 3,019,690. | 2,080,734. | 2,080,734. |
| | 3 Accounts receivable ▶ Less: allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments - U.S. and state government obligations | | | |
| | b Investments - corporate stock STMT 6 | 36,612,346. | 44,273,857. | 53,910,566. |
| | c Investments - corporate bonds | | | |
| | 11 Investments - land, buildings, and equipment basis ▶ Less: accumulated depreciation ▶ | | | |
| | 12 Investments - mortgage loans | | | |
| | 13 Investments - other | | | |
| | 14 Land, buildings, and equipment: basis ▶ 18,706. Less: accumulated depreciation STMT 7 ▶ 18,706. | | | |
| 15 Other assets (describe ▶ _____) | | | | |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 39,632,036. | 46,354,591. | 55,991,300. | |
| Liabilities | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable | | | |
| | 22 Other liabilities (describe ▶ _____) | | | |
| | 23 Total liabilities (add lines 17 through 22) | 0. | 0. | |
| Net Assets or Fund Balances | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31. | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31 | | | |
| | 27 Capital stock, trust principal, or current funds | 39,632,036. | 46,354,591. | |
| | 28 Paid-in or capital surplus, or land, bldg, and equipment fund | 0. | 0. | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | 0. | 0. | |
| 30 Total net assets or fund balances | 39,632,036. | 46,354,591. | | |
| 31 Total liabilities and net assets/fund balances | 39,632,036. | 46,354,591. | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|---|---|-------------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 39,632,036. |
| 2 Enter amount from Part I, line 27a | 2 | 6,722,555. |
| 3 Other increases not included in line 2 (itemize) ▶ _____ | 3 | 0. |
| 4 Add lines 1, 2, and 3 | 4 | 46,354,591. |
| 5 Decreases not included in line 2 (itemize) ▶ _____ | 5 | 0. |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | 46,354,591. |

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Part IV Capital Gains and Losses for Tax on Investment Income

| (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.) | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|--|--|--------------------------------------|----------------------------------|
| 1a SEE ATTACHED SCHEDULE | P | | |
| b SEE ATTACHED SCHEDULE | P | | |
| c ETN ROC | P | | |
| d | | | |
| e | | | |

| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | (h) Gain or (loss) ((e) plus (f) minus (g)) |
|-----------------------|--|---|--|
| a | | 1,614,209. | -1,614,209. |
| b 10,532,787. | | | 10,532,787. |
| c | | 2,469. | -2,469. |
| d | | | |
| e | | | |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. | | | (l) Gains (Col. (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) |
|--|--------------------------------------|--|---|
| (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col (j), if any | |
| a | | | -1,614,209. |
| b | | | 10,532,787. |
| c | | | -2,469. |
| d | | | |
| e | | | |

| | | | |
|---|---|---|------------|
| 2 Capital gain net income or (net capital loss) | { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 } | 2 | 8,916,109. |
| 3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 | | 3 | N/A |

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitable-use assets | (d) Distribution ratio (col. (b) divided by col. (c)) |
|---|---------------------------------------|---|--|
| 2017 | 3,460,646. | 55,432,062. | .062430 |
| 2016 | 3,216,135. | 49,520,294. | .064946 |
| 2015 | 3,111,597. | 45,274,811. | .068727 |
| 2014 | 2,835,112. | 46,916,377. | .060429 |
| 2013 | 2,369,617. | 43,463,149. | .054520 |

| | | |
|--|---|-------------|
| 2 Total of line 1, column (d) | 2 | .311052 |
| 3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years | 3 | .062210 |
| 4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5 | 4 | 58,337,113. |
| 5 Multiply line 4 by line 3 | 5 | 3,629,152. |
| 6 Enter 1% of net investment income (1% of Part I, line 27b) | 6 | 94,242. |
| 7 Add lines 5 and 6 | 7 | 3,723,394. |
| 8 Enter qualifying distributions from Part XII, line 4 | 8 | 3,961,687. |

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.

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

| | | | |
|----|---|----|----------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> 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, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b | 1 | 94,242. |
| 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 | 0. |
| 3 | Add lines 1 and 2 | 3 | 94,242. |
| 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 | 94,242. |
| 6 | Credits/Payments: | | |
| 6a | 2018 estimated tax payments and 2017 overpayment credited to 2018 | 6a | 175,000. |
| 6b | Exempt foreign organizations - tax withheld at source | 6b | 0. |
| 6c | Tax paid with application for extension of time to file (Form 8868) | 6c | 0. |
| 6d | Backup withholding erroneously withheld | 6d | 0. |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | 175,000. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached | 8 | 0. |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | 80,758. |
| 11 | Enter the amount of line 10 to be: Credited to 2019 estimated tax <input checked="" type="checkbox"/> 80,758. Refunded <input checked="" type="checkbox"/> | 11 | 0. |

Part VII-A Statements Regarding Activities

| | Yes | No |
|----|-----|----|
| 1a | | X |
| 1b | | X |
| 1c | | X |
| d | | |
| e | | |
| 2 | | X |
| 3 | | X |
| 4a | | X |
| 4b | | |
| 5 | | X |
| 6 | X | |
| 7 | X | |
| 8a | | |
| 8b | X | |
| 9 | | X |
| 10 | | X |

N/A

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Part VII-A Statements Regarding Activities *(continued)*

| | | Yes | No |
|---|----|-----|----|
| 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 | | X |
| 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement See instructions | 12 | | X |
| 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u> | 13 | X | |
| 14 The books are in care of ▶ <u>CULLINAN ASSOCIATES, INC.</u> Telephone no. ▶ <u>(502)893-0300</u> Located at ▶ <u>295 N HUBBARDS LANE SUITE 203, LOUISVILLE, KY</u> ZIP+4 ▶ <u>40207</u> | | | |
| 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year | 15 | N/A | |
| 16 At any time during calendar year 2018, 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? See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of the foreign country ▶ | 16 | | X |

Part 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 |
|--|----|-----|----|
| 1a During the year, did the foundation (either directly or indirectly): | | | |
| (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/> | 1b | | X |
| c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018? | 1c | | 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)): | | | |
| a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ _____ | | | |
| b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect 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 instructions.) N/A | 2b | | |
| c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____ | | | |
| 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| b If "Yes," did it have excess business holdings in 2018 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 2018) N/A | 3b | | |
| 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | X |
| 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 2018? | 4b | | X |

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Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

| | | Yes | No |
|--|---|-----|----|
| 5a During the year, did the foundation pay or incur any amount to: | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here | N/A <input type="checkbox"/> | 5b | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). | N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. | | 6b | X |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | N/A | 7b | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

| (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 account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 8 | | 0. | 0. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total number of other employees paid over \$50,000 0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| CULLINAN ASSOCIATES, INC. - 295 N HUBBARDS LANE SUITE 203, LOUISVILLE, KY 40207 | INVESTMENT ADVISORS | 321,896. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Total number of others receiving over \$50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1 N/A | |
| | |
| 2 | |
| | |
| 3 | |
| | |
| 4 | |
| | |

Part IX-B Summary of Program-Related Investments

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 N/A | |
| | |
| 2 | |
| | |
| All other program-related investments. See instructions. | |
| 3 | |
| | |
| | |
| | |

Total. Add lines 1 through 3 ▶ 0.

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Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

| | | | |
|---|--|----|-------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | |
| a | Average monthly fair market value of securities | 1a | 57,565,216. |
| b | Average of monthly cash balances | 1b | 1,660,279. |
| c | Fair market value of all other assets | 1c | |
| d | Total (add lines 1a, b, and c) | 1d | 59,225,495. |
| e | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) | 1e | 0. |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 59,225,495. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 888,382. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 58,337,113. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 2,916,856. |

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

| | | | |
|----|--|----|------------|
| 1 | Minimum investment return from Part X, line 6 | 1 | 2,916,856. |
| 2a | Tax on investment income for 2018 from Part VI, line 5 | 2a | 94,242. |
| b | Income tax for 2018. (This does not include the tax from Part VI.) | 2b | |
| c | Add lines 2a and 2b | 2c | 94,242. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 2,822,614. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 2,822,614. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 2,822,614. |

Part XII Qualifying Distributions (see instructions)

| | | | |
|---|---|----|------------|
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | |
| a | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 | 1a | 3,961,687. |
| b | Program-related investments - total from Part IX-B | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 3,961,687. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b | 5 | 94,242. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 3,867,445. |

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.

THE CLAUDE AND BETTY HARRIS
FOUNDATION, INC.

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2018 from Part XI, line 7 | | | | 2,822,614. |
| 2 Undistributed income, if any, as of the end of 2018 | | | | |
| a Enter amount for 2017 only | | | 0. | |
| b Total for prior years: | | 0. | | |
| 3 Excess distributions carryover, if any, to 2018: | | | | |
| a From 2013 | 273,714. | | | |
| b From 2014 | 540,379. | | | |
| c From 2015 | 894,656. | | | |
| d From 2016 | 803,318. | | | |
| e From 2017 | 827,615. | | | |
| f Total of lines 3a through e | 3,339,682. | | | |
| 4 Qualifying distributions for 2018 from Part XII, line 4: ► \$ 3,961,687. | | | | |
| a Applied to 2017, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus (Election required - see instructions) | 0. | | | |
| d Applied to 2018 distributable amount | | | | 2,822,614. |
| e Remaining amount distributed out of corpus | 1,139,073. | | | |
| 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | 4,478,755. | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | | | | |
| 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 2017. Subtract line 4a from line 2a. Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 | | | | 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 2013 not applied on line 5 or line 7 | 273,714. | | | |
| 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a | 4,205,041. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2014 | 540,379. | | | |
| b Excess from 2015 | 894,656. | | | |
| c Excess from 2016 | 803,318. | | | |
| d Excess from 2017 | 827,615. | | | |
| e Excess from 2018 | 1,139,073. | | | |

**THE CLAUDE AND BETTY HARRIS
FOUNDATION, INC.**

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling ▶
- b** Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

| | Tax year | | Prior 3 years | | (e) Total |
|--|----------|----------|---------------|----------|-----------|
| | (a) 2018 | (b) 2017 | (c) 2016 | (d) 2015 | |
| 2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed | | | | | |
| 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: | | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(ii) | | | | | |
| (3) Largest amount of support from an exempt organization | | | | | |
| (4) Gross investment income | | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number or email address of the person to whom applications should be addressed:
-
- b** The form in which applications should be submitted and information and materials they should include:
-
- c** Any submission deadlines:
-
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
-

THE CLAUDE AND BETTY HARRIS
FOUNDATION, INC.

Form 990-PF (2018)

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Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|-------------------|
| a Paid during the year | | | | |
| ARKANSAS CHILDREN'S HOSPITAL FOUNDATION | | PUBLIC CHARITY | CHARITABLE | 82,200. |
| ARKANSAS FOOD BANK | | PUBLIC CHARITY | CHARITABLE | 97,900. |
| ATLANTA COMMUNITY FOOD BANK | | PUBLIC CHARITY | CHARITABLE | 67,900. |
| BEARDEN METHODIST CHURCH | | PUBLIC CHARITY | CHARITABLE | 4,000. |
| BETHANY PLACE, INC | | PUBLIC CHARITY | CHARITABLE | 73,900. |
| Total SEE CONTINUATION SHEET(S) | | | | 3,923,200. |
| b Approved for future payment | | | | |
| NONE | | | | |
| Total | | | | 0. |

Form 990-PF (2018)

THE CLAUDE AND BETTY HARRIS
FOUNDATION, INC.

61-1400416

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|-------------------|
| BLUE RIDGE AREA FOOD BANK | | PUBLIC CHARITY | CHARITABLE | 43,600. |
| BOYS AND GIRLS CLUB OF EAST TENNESSEE | | PUBLIC CHARITY | CHARITABLE | 2,000. |
| BREAD OF LIFE MISSION, INC. | | PUBLIC CHARITY | CHARITABLE | 98,300. |
| CENTRAL TEXAS FOOD BANK | | PUBLIC CHARITY | CHARITABLE | 50,000. |
| CHARLOTTESVILLE FREE CLINIC | | PUBLIC CHARITY | CHARITABLE | 45,900. |
| CITY RESCUE MISSION OF SAGINAW | | PUBLIC CHARITY | CHARITABLE | 22,500. |
| D & R FAMILY CHARITABLE TRUST | | PRIVATE FOUNDATION | CHARITABLE | 90,000. |
| DON & DEBRA HARRIS CHARITABLE TRUST | | PRIVATE FOUNDATION | CHARITABLE | 90,000. |
| EAST FORT BEND HUMAN NEEDS MINISTRY, INC | | PUBLIC CHARITY | CHARITABLE | 30,000. |
| EMERALD YOUTH FOUNDATION | | PUBLIC CHARITY | CHARITABLE | 28,000. |
| Total from continuation sheets | | | | 3,597,300. |

THE CLAUDE AND BETTY HARRIS
FOUNDATION, INC.

61-1400416

| Part XV Supplementary Information. | | | | |
|--|---|--------------------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the Year (Continuation) | | | | |
| 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) | | | | |
| EMERGENCY INFANT SERVICES | | PUBLIC CHARITY | CHARITABLE | 40,000. |
| FOOD BANK OF THE ROCKIES | | PUBLIC CHARITY | CHARITABLE | 65,000. |
| FORT BEND SENIORS MEALS ON WHEELS | | PUBLIC CHARITY | CHARITABLE | 60,000. |
| GARY M HARRIS FAMILY CHARITABLE TRUST | | PRIVATE FOUNDATION | CHARITABLE | 90,000. |
| GAYLA S HARRIS & KJEN BIELAK CHARITABLE TRUST | | PRIVATE FOUNDATION | CHARITABLE | 90,000. |
| GENERAL FUND CHECKING | | PUBLIC CHARITY | CHARITABLE | 24,200. |
| GOOD NEWS UNITED METHODIST CHURCH | | PUBLIC CHARITY | CHARITABLE | 25,000. |
| GRACEPOINT COMMUNITY CHURCH | | PUBLIC CHARITY | CHARITABLE | 10,000. |
| HARRIS-STANSELL FAMILY CHARITABLE TRUST | | PRIVATE FOUNDATION | CHARITABLE | 90,000. |
| HILL COUNTRY COMMUNITY MINISTRIES | | PUBLIC CHARITY | CHARITABLE | 41,900. |
| Total from continuation sheets | | | | |

THE CLAUDE AND BETTY HARRIS
FOUNDATION, INC.

61-1400416

Part XV Supplementary Information

| 3 Grants and Contributions Paid During the Year (Continuation) | | | | |
|--|--|--------------------------------------|-------------------------------------|---------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| HOLSTON UNITED METHODIST HOME FOR CHILDREN | | PUBLIC CHARITY | CHARITABLE | 59,200. |
| HOPE CANCER RESOURCES | | PUBLIC CHARITY | CHARITABLE | 25,000. |
| HOSPITALITY PANTRIES | | PUBLIC CHARITY | CHARITABLE | 32,600. |
| INTERFAITH HEALTH CLINIC | | PUBLIC CHARITY | CHARITABLE | 81,200. |
| INTERFAITH OUTREACH HOME, INC | | PUBLIC CHARITY | CHARITABLE | 45,000. |
| JOHN 3.16 MISSION | | PUBLIC CHARITY | CHARITABLE | 67,900. |
| KENT EIKENBERRY | | PUBLIC CHARITY | CHARITABLE | 74,400. |
| KIND AT HEART MINISTRIES | | PUBLIC CHARITY | CHARITABLE | 26,500. |
| KNOX AREA RESCUE MISSIONS | | PUBLIC CHARITY | CHARITABLE | 60,000. |
| LIFE STYLES, INC. | | PUBLIC CHARITY | CHARITABLE | 24,300. |
| Total from continuation sheets | | | | |

THE CLAUDE AND BETTY HARRIS
FOUNDATION, INC.

61-1400416

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|-----------------|
| LIFE, HOUSTON | | PUBLIC CHARITY | CHARITABLE | 42,600. |
| LOAVES AND FISHES SOUP KITCHEN | | PUBLIC CHARITY | CHARITABLE | 30,000. |
| LYNN HAVEN UNITED METHODIST CHURCH | | PUBLIC CHARITY | CHARITABLE | 32,600. |
| MAGGIES PLACE | | PUBLIC CHARITY | CHARITABLE | 18,700. |
| MANNA CENTER INC | | PUBLIC CHARITY | CHARITABLE | 54,500. |
| MANNA FOOD BANK | | PUBLIC CHARITY | CHARITABLE | 33,300. |
| MICHIGAN STATE STUDENT FOOD BANK | | PUBLIC CHARITY | CHARITABLE | 2,000. |
| NORTHWEST ARKANSAS CHILDREN'S SHELTER | | PUBLIC CHARITY | CHARITABLE | 86,100. |
| NORTHWEST ARKANSAS WOMEN'S SHELTER | | PUBLIC CHARITY | CHARITABLE | 50,100. |
| OF ONE ACCORD, INC. | | PUBLIC CHARITY | CHARITABLE | 21,500. |
| Total from continuation sheets | | | | 421,500. |

THE CLAUDE AND BETTY HARRIS
FOUNDATION, INC.

61-1400416

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|----------------|
| OPEN DOOR MISSION | | PUBLIC CHARITY | CHARITABLE | 79,900. |
| OPPORTUNITY CENTER, INC. | | PUBLIC CHARITY | CHARITABLE | 24,500. |
| OZARK GUIDANCE FOUNDATION | | PUBLIC CHARITY | CHARITABLE | 24,800. |
| PATHWAY TO FREEDOM INC | | PUBLIC CHARITY | CHARITABLE | 50,000. |
| PATTY CONNER | | PUBLIC CHARITY | CHARITABLE | 13,000. |
| PEACE AT HOME FAMILY SHELTER | | PUBLIC CHARITY | CHARITABLE | 65,400. |
| REGIONAL FOOD BANK OF OKLAHOMA | | PUBLIC CHARITY | CHARITABLE | 60,000. |
| RIVER VALLEY CHRISTIAN CLINIC | | PUBLIC CHARITY | CHARITABLE | 30,000. |
| SAFE ALLIANCE | | PUBLIC CHARITY | CHARITABLE | 30,000. |
| SAMARITAN COMMUNITY CENTER | | PUBLIC CHARITY | CHARITABLE | 75,000. |
| Total from continuation sheets | | | | 75,000. |

THE CLAUDE AND BETTY HARRIS
FOUNDATION, INC.

61-1400416

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|---------|
| SAMARITAN HEALTH MINISTRIES | | PUBLIC CHARITY | CHARITABLE | 74,900. |
| SAVING GRACE OF NWA | | PUBLIC CHARITY | CHARITABLE | 5,000. |
| SEARCH HOUSTON | | PUBLIC CHARITY | CHARITABLE | 30,700. |
| SECOND HARVEST FOOD BANK | | PUBLIC CHARITY | CHARITABLE | 45,000. |
| SECOND MILE MISSION CENTER | | PUBLIC CHARITY | CHARITABLE | 25,000. |
| SEVEN HILLS HOMELESS SHELTER | | PUBLIC CHARITY | CHARITABLE | 55,000. |
| SHELTER FOR HELP IN EMERGENCY | | PUBLIC CHARITY | CHARITABLE | 3,000. |
| SISTER MARY ELZABETH KLIER | | PUBLIC CHARITY | CHARITABLE | 26,900. |
| SOCIETY OF ST ANDREW | | PUBLIC CHARITY | CHARITABLE | 81,400. |
| SOUL HARBOR NWA | | PUBLIC CHARITY | CHARITABLE | 21,900. |
| Total from continuation sheets | | | | |

THE CLAUDE AND BETTY HARRIS
FOUNDATION, INC.

61-1400416

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|----------------|
| ST. FRANCIS HOUS NWA | | PUBLIC CHARITY | CHARITABLE | 88,500. |
| STAR OF HOPE MISSION | | PUBLIC CHARITY | CHARITABLE | 34,400. |
| THE THG FOUNDATION | | PRIVATE FOUNDATION | CHARITABLE | 90,000. |
| THE WOMEN'S HOME | | PUBLIC CHARITY | CHARITABLE | 45,000. |
| THERESA & JOE MOORE CHARITABLE TRUST | | PRIVATE FOUNDATION | CHARITABLE | 90,000. |
| TRANSPARENT MINISTRIES | | PUBLIC CHARITY | CHARITABLE | 5,000. |
| UMCOR GENERAL COUNCIL | | PUBLIC CHARITY | CHARITABLE | 100,000. |
| UT MEDICAL CENTER CHAPLAINS FOUNDATION | | PUBLIC CHARITY | CHARITABLE | 4,000. |
| UT MEDICAL CENTER NEONATAL | | PUBLIC CHARITY | CHARITABLE | 4,000. |
| VALLEY RESCUE MISSION | | PUBLIC CHARITY | CHARITABLE | 65,000. |
| Total from continuation sheets | | | | 65,000. |

THE CLAUDE AND BETTY HARRIS
FOUNDATION, INC.

61-1400416

Part XV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
|--|--|--------------------------------------|-------------------------------------|---------|
| VOLUNTEER MINISTRY CENTER | | PUBLIC CHARITY | CHARITABLE | 63,000. |
| WASHINGTON REGIONAL MEDICAL | | PUBLIC CHARITY | CHARITABLE | 45,700. |
| WATERFRONT RESCUE MISSION, INC. | | PUBLIC CHARITY | CHARITABLE | 36,800. |
| WE CARE, INC. | | PUBLIC CHARITY | CHARITABLE | 5,600. |
| WELCOME HEALTH | | PUBLIC CHARITY | CHARITABLE | 58,600. |
| WELLSPRINGS VILLAGE INC | | PUBLIC CHARITY | CHARITABLE | 5,500. |
| WESLEY COMMUNITY CENTER, INC. | | PUBLIC CHARITY | CHARITABLE | 62,900. |
| WESLEY HOUSE | | PUBLIC CHARITY | CHARITABLE | 3,000. |
| WHAM | | PUBLIC CHARITY | CHARITABLE | 65,000. |
| Total from continuation sheets | | | | |

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 1

| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
|-----------------------------|--------------|-------------------------|-----------------------|---------------------------|-------------------------|
| NATIONAL FINANCIAL SERVICES | 996,765. | 0. | 996,765. | 996,765. | |
| TO PART I, LINE 4 | 996,765. | 0. | 996,765. | 996,765. | |

FORM 990-PF ACCOUNTING FEES STATEMENT 2

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------|---------------------------|-------------------------|-------------------------|
| ACCOUNTING FEES | 1,500. | 750. | | 750. |
| STATE FEE | 15. | 7. | | 8. |
| TO FORM 990-PF, PG 1, LN 16B | 1,515. | 757. | | 758. |

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 3

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|------------------------------|------------------------|---------------------------|-------------------------|-------------------------|
| INVESTMENT ADVISOR FEES | 321,896. | 321,896. | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 321,896. | 321,896. | | 0. |

FORM 990-PF TAXES STATEMENT 4

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|-----------------------------|------------------------|---------------------------|-------------------------|-------------------------|
| INVESTMENT INCOME TAX | 165,979. | 165,979. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 165,979. | 165,979. | | 0. |

| FORM 990-PF | OTHER EXPENSES | | | STATEMENT 5 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| MEETING | 19,146. | 0. | | 19,146. |
| POSTAGE | 214. | 0. | | 214. |
| LIABILITY INSURANCE | 2,250. | 0. | | 2,250. |
| MEMBERSHIP DUES | 2,750. | 0. | | 2,750. |
| TELEPHONE | 12. | 0. | | 12. |
| MISCELLANEOUS SERVICES | 5,107. | 0. | | 5,107. |
| OFFICE SUPPLIES | 43. | 0. | | 43. |
| CONTRACT LABOR | 8,207. | 0. | | 8,207. |
| TO FORM 990-PF, PG 1, LN 23 | 37,729. | 0. | | 37,729. |

| FORM 990-PF | CORPORATE STOCK | | STATEMENT 6 |
|---|-----------------|----------------------|-------------|
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE | |
| SEE ATTACHED SCHEDULE | 44,273,857. | 53,910,566. | |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 44,273,857. | 53,910,566. | |

| FORM 990-PF | DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT | | | STATEMENT 7 |
|------------------------------------|--|-----------------------------|------------|-------------|
| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE | |
| COMPUTER | 3,923. | 3,923. | 0. | |
| PRINTER | 2,299. | 2,299. | 0. | |
| COPIER | 6,409. | 6,409. | 0. | |
| COMPUTER | 2,660. | 2,660. | 0. | |
| DESK | 2,005. | 2,005. | 0. | |
| COMPUTER - IBM | 1,410. | 1,410. | 0. | |
| TOTAL TO FM 990-PF, PART II, LN 14 | 18,706. | 18,706. | 0. | |

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 8

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|------------------------------|-------------------|---------------------------------|--------------------|
| THERESA JEAN HARRIS MOORE C/O CULLINAN ASSOCIATES INC 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207 | DIRECTOR 1.00 | 0. | 0. | 0. |
| PAULA HARRIS STANSELL C/O CULLINAN ASSOCIATES INC 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207 | SECRETARY 1.00 | 0. | 0. | 0. |
| DON HARRIS C/O CULLINAN ASSOCIATES INC 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207 | CHAIR 16.00 | 0. | 0. | 0. |
| GAYLA HARRIS C/O CULLINAN ASSOCIATES INC 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207 | DIRECTOR 1.00 | 0. | 0. | 0. |
| TIMOTHY HARRIS C/O CULLINAN ASSOCIATES INC 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207 | DIRECTOR 1.00 | 0. | 0. | 0. |
| DAVID HARRIS C/O CULLINAN ASSOCIATES INC 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207 | VICE-CHAIR/TREASURER 2.00 | 0. | 0. | 0. |
| GARY HARRIS C/O CULLINAN ASSOCIATES INC 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207 | DIRECTOR 1.00 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII | | 0. | 0. | 0. |

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. ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

2018

Name of the organization **THE CLAUDE AND BETTY HARRIS FOUNDATION, INC.** Employer identification number **61-1400416**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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| Name of organization THE CLAUDE AND BETTY HARRIS FOUNDATION, INC. | Employer identification number 61-1400416 |
|--|---|

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|--|
| 1 | HARRIS FAMILY CHARITABLE LEAD TRUST #2 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207 | \$ 1,260,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions) |