

Form **990-PF**
 Department of the Treasury
 Internal Revenue Service

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

▶ **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.**

OMB No. 1545-0047

2021

Open to Public Inspection

For calendar year 2021, or tax year beginning 01-01-2021, and ending 12-31-2021

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 STE 203	Room/suite	B Telephone number (see instructions)	
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"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name 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) ▶ \$ <u>72,345,039</u>		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)</small>		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	1,260,000			
	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	1,057,762	1,057,762		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	23,624,561			
	b Gross sales price for all assets on line 6a	65,016,860			
	7 Capital gain net income (from Part IV, line 2)		23,624,561		
	8 Net short-term capital gain			4,106,382	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)	10,000				
12 Total. Add lines 1 through 11	25,952,323	24,682,323	4,106,382		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,750	875		875
	c Other professional fees (attach schedule)	431,516	431,516		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	326,777	326,777		
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	25,792	102		25,690
	24 Total operating and administrative expenses. Add lines 13 through 23	785,835	759,270		26,565
	25 Contributions, gifts, grants paid	15,134,527			15,134,527
26 Total expenses and disbursements. Add lines 24 and 25	15,920,362	759,270		15,161,092	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	10,031,961				
b Net investment income (if negative, enter -0-)		23,923,053			
c Adjusted net income (if negative, enter -0-)			4,106,382		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		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	2,997,077	2,282,092	2,282,092
	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 (attach schedule) (see instructions)			
	7 Other notes and loans receivable (attach schedule) ▶ _____ 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 (attach schedule)			
	b Investments—corporate stock (attach schedule)	44,935,973	56,246,025	70,062,947
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment: basis ▶ _____ Less: accumulated depreciation (attach schedule) ▶ _____			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶ _____ 18,706 Less: accumulated depreciation (attach schedule) ▶ _____ 18,706		0	
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	47,933,050	58,528,117	72,345,039	
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 (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds	47,933,050	58,528,117	
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	47,933,050	58,528,117		
30 Total liabilities and net assets/fund balances (see instructions) .	47,933,050	58,528,117		

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 29 (must agree with end-of-year figure reported on prior year's return)	1	47,933,050
2 Enter amount from Part I, line 27a	2	10,031,961
3 Other increases not included in line 2 (itemize) ▶ _____	3	563,106
4 Add lines 1, 2, and 3	4	58,528,117
5 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 29 .	6	58,528,117

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., 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.)
1 a SEE SCHEDULE	P		
b SEE SCHEDULE	P		
c CCI GAIN ADJUSTMENT	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 4,106,382			4,106,382
b 19,520,568			19,520,568
c		2,389	-2,389
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
a			4,106,382
b			19,520,568
c			-2,389
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	23,624,561
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) (see instructions). If (loss), enter -0- in Part I, line 8	{ }	3	4,106,382

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

Table with 11 rows for excise tax calculation. Includes fields for exempt foundations, tax under section 511, subtitle A tax, credits/payments, and total tax due/overpayment.

Part VI-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, political expenditures, and substantial contributors.

Part VI-A Statements Regarding Activities (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 11, 12, 13.

14 The books are in care of CULLINAN ASSOCIATES INC Telephone no. (502) 893-0300

Located at 295 N HUBBARDS LANE SUITE 203 LOUISVILLE KY ZIP+4 40207

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Row 16.

Part VI-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.

Main table for Part VI-B with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a through 4b.

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

5a	During the year did the foundation pay or incur any amount to:		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?.	5a(1)		No
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?.	5a(2)		No
	(3) Provide a grant to an individual for travel, study, or other similar purposes?.	5a(3)		No
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	5a(4)		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?.	5a(5)		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.	5b		
c	Organizations relying on a current notice regarding disaster assistance check <input type="checkbox"/>			
d	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?. <i>If "Yes," attach the statement required by Regulations section 53.4945-5(d).</i>	5d		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870.</i>	6b		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		No
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?.	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 during the year?.	8		No

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

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

(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 Additional Data Table				

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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**

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
CULLINAN ASSOCIATES INC 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207	INVESTMENT ADVISOR	431,516
Total number of others receiving over \$50,000 for professional services. ▶		

Part VIII-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 NA	0
2	
3	
4	

Part VIII-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NA	0
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3 ▶	

Part IX 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	73,129,719
b	Average of monthly cash balances.	1b	1,968,453
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	75,098,172
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	75,098,172
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions).	4	1,126,473
5	Net value of noncharitable-use assets. Subtract line 4 from line 3.	5	73,971,699
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	3,698,585

Part X 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 IX, line 6.	1	3,698,585
2a	Tax on investment income for 2021 from Part V, line 5.	2a	332,530
b	Income tax for 2021. (This does not include the tax from Part V.).	2b	
c	Add lines 2a and 2b.	2c	332,530
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	3,366,055
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	3,366,055
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1.	7	3,366,055

Part XI 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	15,161,092
b	Program-related investments—total from Part VIII-B.	1b	
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 XII, line 4.	4	15,161,092

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				3,366,055
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only.				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2021:				
a From 2016.	803,318			
b From 2017.	827,615			
c From 2018.	1,139,073			
d From 2019.	3,997,467			
e From 2020.	2,384,558			
f Total of lines 3a through e.	9,152,031			
4 Qualifying distributions for 2021 from Part XI, line 4: ▶ \$ _____ 15,161,092				
a Applied to 2020, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2021 distributable amount.				3,366,055
e Remaining amount distributed out of corpus	11,795,037			
5 Excess distributions carryover applied to 2021. (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	20,947,068			
b Prior years' undistributed income. Subtract line 4b from line 2b.				
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.				
d Subtract line 6c from line 6b. Taxable amount—see instructions.				
e Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022.				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).				
8 Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions).	803,318			
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a.	20,143,750			
10 Analysis of line 9:				
a Excess from 2017.	827,615			
b Excess from 2018.	1,139,073			
c Excess from 2019.	3,997,467			
d Excess from 2020.	2,384,558			
e Excess from 2021.	11,795,037			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, 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 IX, 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)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV 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. See instructions
-
- 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:

Part XIV **Supplementary Information** (continued)

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

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)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				15,134,527
b <i>Approved for future payment</i>				
Total ▶ 3b				0

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

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

	Yes	No
1a(1)		No
1a(2)		No
1b(1)		No
1b(2)		No
1b(3)		No
1b(4)		No
1b(5)		No
1b(6)		No
1c		No

a Transfers from the reporting foundation to a noncharitable exempt organization of:

- (1)** Cash.
 - (2)** Other assets.
- b** Other transactions:
- (1)** Sales of assets to a noncharitable exempt organization.
 - (2)** Purchases of assets from a noncharitable exempt organization.
 - (3)** Rental of facilities, equipment, or other assets.
 - (4)** Reimbursement arrangements.
 - (5)** Loans or loan guarantees.
 - (6)** Performance of services or membership or fundraising solicitations.

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.









(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

*****	2022-04-20	*****	May the IRS discuss this return with the preparer shown below? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Signature of officer or trustee	Date	Title	

Paid Preparer Use Only	Print/Type preparer's name Joseph M Baker	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01061123
	Firm's name ▶ Rueff and Associates CPAs				Firm's EIN ▶ 61-1231152
	Firm's address ▶ 312 Macon Avenue Louisville, KY 40207				Phone no. (502) 896-2451

Form 990PF Part VII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
THERESA JEAN HARRIS MOORE  295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207	DIRECTOR 1.00	0	0	0
PAULA HARRIS STANSELL  295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207	SECRETARY 1.00	0	0	0
DON HARRIS  295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207	CHAIR 16.00	0	0	0
GAYLA HARRIS  295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207	DIRECTOR 1.00	0	0	0
TIMOTHY HARRIS  295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207	DIRECTOR 1.00	0	0	0
DAVID HARRIS  295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207	VICE-CHAIRTREASURER 2.00	0	0	0
GARY HARRIS  295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207	DIRECTOR 1.00	0	0	0
STACEY MOORE HANBY  295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207	MANAGER 4.00	0	0	0

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
ARKANSAS CHILDRENS HOSPITAL 1 CHILDRENS WAY LITTLE ROCK, AR 72202		PC	CHARITABLE	125,000
BEARDEN METHODIST CHURCH PO BOX 11065 KNOXVILLE, TN 37939		PC	CHARITABLE	10,000
COMMUNITY CLINIC 3162 W MARTIN LUTHER FAYETTEVILLE, AR 72704		PC	CHARITABLE	200,000
Total				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
CENTRAL TEXAS FOOD BANK 6500 METROPOLIS DRIVE AUSTIN, TX 78744		PC	CHARITABLE	200,000
FOOD BANK OF NE ARKANSAS 3414 ONE PL JONESBORO, AR 72404		PC	CHARITABLE	51,166
NWA CHILDRENS SHELTER 14100 VAUGHN ROAD BENTONVILLE, AR 72712		PC	CHARITABLE	150,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
FISH PANTRY 800 NORTSHORE DRIVE KNOXVILLE, TN 37919		PC	CHARITABLE	430,000
HARVEST TEXARKANA 3120 E 19TH ST TEXARKANA, AR 71854		PC	CHARITABLE	10,000
HILL COUNTRY COMMUNITY MINISTRIES 1005 LACY DRIVE LEANDER, TX 78641		PC	CHARITABLE	150,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
INTERFAITH CLINIC 315 GILL AVENUE KNOXVILLE, TN 37917		PC	CHARITABLE	50,000
JOHN 316 MISSION 575 NORTH 39TH WEST AVE TULSA, OK 74127		PC	CHARITABLE	110,000
MANNA CENTER 670 HERITAGE CT SILOAM SPRINGS, AR 72761		PC	CHARITABLE	260,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
EXPONENTIAL PHILANTHROPY 1720 N STREET NW WASHINGTON, DC 20036		PC	CHARITABLE	1,000
REGIONAL FOOD BANK OF OKLAHOMA PO BOX 270968 OKLAHOMA CITY, OK 73137		PC	CHARITABLE	200,000
SALVATION ARMY 219 W 15 STREET FAYETTEVILLE, AR 72701		PC	CHARITABLE	5,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
SAMARITAN COMMUNITY CENTER 1211 W HUDSON RD ROGERS, AR 72756		PC	CHARITABLE	1,968,062
SAMARITAN HEALTH MINISTRIES 1211 W HUDSON RD ROGERS, AR 72756		PC	CHARITABLE	200,000
SAMARITANS PURSE PO BOX 3000 BOONE, NC 28607		PC	CHARITABLE	25,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
SECOND MILE MISSION 1135 HIGHWAY 90 A MISSOURI CITY, TX 77489		PC	CHARITABLE	75,000
7HILLS 1831 S SCHOOL AVE FAYETTEVILLE, AR 72701		PC	CHARITABLE	126,500
UMCOR 458 PONCE DE LEON AVE NE ATLANTA, GA 30308		PC	CHARITABLE	447,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
WASHINGTON REGIONAL FOUNDATION 3215N NORTHHILLS BLVD FAYETTEVILLE, AR 72703		PC	CHARITABLE	178,600
WELCOME HEALTH 1100 N WOOLSEY AVE FAYETTEVILLE, AR 72703		PC	CHARITABLE	75,000
DR FAMILY CHARITABLE TRUST 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207		PF	CHARITABLE	100,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
DON S HARRIS DEBRA D HARRIS FAMIL 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207		PF	CHARITABLE	100,000
GARY M HARRIS FAMILY CHARITABLE TRU 295 N HUBBARDS LANE STE 203 LOUISVILLE, KY 40207		PF	CHARITABLE	100,000
GAYLA S HARRIS KENNETH BIELAK CHA 295 N HUBBARDS LANE STE 203 LOUISVILLE, KY 40207		PF	CHARITABLE	100,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
HARRIS-STANSELL FAMILY CHARITABLE T 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207		PF	CHARITABLE	100,000
THERESA HARRIS MOORE JOE B MOORE 295 N HUBBARDS LANE SUITE 203 LOUISVILLE, KY 40207		PF	CHARITABLE	100,000
THE THG FOUNDATION 295 N HUBBARDS LN SUITE 203 LOUISVILLE, KY 40207		PF	CHARITABLE	100,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
BLUE RIDGE AREA FOOD BANK 96 LAUREL ROAD VERONA, VA 24482		PC	CHARITABLE	850,000
FELLOWSHIP BIBLE CHURCH 1051 W PLEASANT GROVE RD ROGERS, AR 72758		PC	CHARITABLE	31,100
NEW LIFE RANCH 160 NEW LIFE RANCH DR COLCORD, OK 74338		PC	CHARITABLE	106,167
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
NWA FOOD BANK 1378 JUNE SELF DRIVE SPRINGDALE, AR 72764		PC	CHARITABLE	210,000
ARKANSAS CHILDRENS FOUNDATION PO BOX 2222 LITTLE ROCK, AR 722039984		PC	CHARITABLE	325,600
KIND AT HEART MINISTRIES 22037 CHERLY DR SILOAM SPRINGS, AR 72761		PC	CHARITABLE	55,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
WESLEY HOUSE COMMUNITY CENTER 1719 REYNOLDS STREET KNOXVILLE, TN 37921		PC	CHARITABLE	155,000
UT CHAPLAINS FUND 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920		PC	CHARITABLE	5,000
OASIS OF NW ARKANSAS 38 BASILDON CIRCLE BELLA VISTA, AR 72715		PC	CHARITABLE	5,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVE DALLAS, TX 75231		PC	CHARITABLE	5,000
AMERICAN RED CROSS 1200 W WALNUT ST SUITE 2301 ROGERS, AR 72756		PC	CHARITABLE	5,000
PATHWAY TO FREEDOM 17200 CHENAL PKWY STE 300 LITTLE ROCK, AR 72223		PC	CHARITABLE	85,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
AMERICAN HEARTLAND FOOD BANK OF KY 313 PETERSON DRIVE ELIZABETHTOWN, KY 42701		PC	CHARITABLE	30,000
ROCKBRIDGE CHURCH 2001 WEST NEW HOPE DRIVE CEDAR PARK, TX 78613		PC	CHARITABLE	30,000
VALLEY RESCUE MISSION PO BOX 1232 COLUMBUS, GA 31902		PC	CHARITABLE	150,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
BREAD LIFE MISSION 2019 CRAWFORD ST HOUSTON, TX 77002		PC	CHARITABLE	150,000
CHARLOTTEVILLE FREE CLINIC 1138 ROSE HILL DR CHARLOTTESVILLE, VA 22903		PC	CHARITABLE	150,000
FORT BEND SENIOR CENTER PO BOX 1488 ROSENBERG, TX 77471		PC	CHARITABLE	150,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
HOLSTON UM HOME FOR CHILDREN PO BOX 188 GREENEVILLE, TN 37744		PC	CHARITABLE	150,000
VOLUNTEER MINISTRY CENTER PO BOX 27406 KNOXVILLE, TN 37927		PC	CHARITABLE	150,000
WHAM 10501 MEADOWGLEN LANE HOUSTON, TX 77042		PC	CHARITABLE	150,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
ARKANSAS FOOD BANK 4301 W 65TH STREET LITTLE ROCK, AR 72209		PC	CHARITABLE	200,000
ATLANTA COMMUNITY FOOD BANK 3400 NORTH DESERT DRIVE ATLANTA, GA 30344		PC	CHARITABLE	200,000
CITY RESCUE OF SAGINAW 1021 BURT ST SAGINAW, MI 48607		PC	CHARITABLE	200,000
Total				15,134,527

▶ 3a

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
KNOX AREA RESCUE MINISTRIES 733 N HALL OF FAME DR KNOXVILLE, TN 37917		PC	CHARITABLE	200,000
SOCIETY OF ST ANDREW 3383 SWEET HOLLOW ROAD BIG ISLAND, VA 24526		PC	CHARITABLE	200,000
OPEN DOOR MISSION 5803 HARRISBURG BLVD HOUSTON, TX 77011		PC	CHARITABLE	200,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
FOOD BANK OF THE ROCKIES 10700 EAST 45TH STREET DENVER, CO 80239		PC	CHARITABLE	250,000
SECOND HARVEST FOOD BANK OF EAST TN 136 HARVEST LANE MARYVILLE, TN 37801		PC	CHARITABLE	250,000
BETHANY PLACE 8024 E CHEROKEE RD CANTON, GA 30115		PC	CHARITABLE	25,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
MAGGIES PLACE PO BOX 1102 PHOENIX, AZ 85001		PC	CHARITABLE	25,000
RIVER VALLEY CHRISTIAN CLINIC 1714 STATE HWY 22 DARDANELLE, AR 72834		PC	CHARITABLE	30,000
SOULS HARBOR 1206 N 2ND ST ROGERS, AR 72756		PC	CHARITABLE	40,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
LOAVES AND FISHES SOUP KITCHEN PO BOX 1303 PENSACOLA, FL 32503		PC	CHARITABLE	50,000
OZARK GUIDANCE FOUNDATION PO BOX 6430 SPRINGDALE, AR 72766		PC	CHARITABLE	50,000
OF ONE ACCORD PO BOX 207 ROGERSVILLE, TN 37857		PC	CHARITABLE	50,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
HOPE CANCER RESOURCES 5835 W SUNSET AVE SPRINGDALE, AR 72762		PC	CHARITABLE	75,000
SAFE ALLIANCE 601 E FIFTH STREET NO 400 CHARLOTTE, NC 28202		PC	CHARITABLE	75,000
HOPE ALLIANCE CRISIS CENTER 1011 GATTIS SCHOOL RD ROUND ROCK, TX 78664		PC	CHARITABLE	80,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
INTERFAITH OUTREACH HOME 5200-A BUFORD HIGHWAY ATLANTA, GA 30340		PC	CHARITABLE	100,000
SEARCH HOMELESS SERVICES 2015 CONGRESS AVE HOUSTON, TX 77002		PC	CHARITABLE	100,000
WATERFRONT RESCUE MISSION PO BOX 870 PENSACOLA, FL 32591		PC	CHARITABLE	100,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
THE WOMENS HOME 607 WESTHEIMER HOUSTON, TX 77006		PC	CHARITABLE	100,000
EAST FORT BEND HUMAN NEEDS MINISTRY PO BOX 1611 STAFFORD, TX 77497		PC	CHARITABLE	100,000
EMERALD YOUTH FOUNDATION 1014 HEISKELL AVE KNOXVILLE, TN 37921		PC	CHARITABLE	100,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
a <i>Paid during the year</i>				
EMERGENCY INFANT SERVICES 222 S HOUSTON AVE TULSA, OK 74127		PC	CHARITABLE	100,000
LIFE HOUSTON 2002 S WAYSIDE HOUSTON, TX 77023		PC	CHARITABLE	100,000
NWA WOMENS SHELTER PO BOX 1059 ROGERS, AR 72757		PC	CHARITABLE	100,000
Total ▶ 3a				15,134,527

Form 990PF Part XIV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

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)				
<i>a Paid during the year</i>				
SAMARITAN COMMUNITY CENTER 1211 W HUDSON ROGERS, AR 72756				
Total	▶ 3a			15,134,527

TY 2021 Accounting Fees Schedule**Name:** THE CLAUDE AND BETTY HARRIS FOUNDATION INC**EIN:** 61-1400416

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING	1,750	875	0	875

TY 2021 Compensation Explanation**Name:** THE CLAUDE AND BETTY HARRIS FOUNDATION INC**EIN:** 61-1400416

Person Name	Explanation
THERESA JEAN HARRIS MOORE	NONE
PAULA HARRIS STANSELL	NONE
DON HARRIS	NONE
GAYLA HARRIS	NONE
TIMOTHY HARRIS	NONE
DAVID HARRIS	NONE
GARY HARRIS	NONE
STACEY MOORE HANBY	NONE

TY 2021 Contractor Compensation Explanation**Name:** THE CLAUDE AND BETTY HARRIS FOUNDATION INC**EIN:** 61-1400416

Contractor	Explanation
CULLINAN ASSOCIATES INC	INVESTMENT ADVISORS

TY 2021 Investments Corporate Stock Schedule**Name:** THE CLAUDE AND BETTY HARRIS FOUNDATION INC**EIN:** 61-1400416

Investments Corporation Stock Schedule

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SEE SCHEDULE	56,246,025	70,062,947

**TY 2021 Land, Etc.
Schedule****Name:** THE CLAUDE AND BETTY HARRIS FOUNDATION INC**EIN:** 61-1400416

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
COMPUTER	3,923	3,923	0	0
PRINTER	2,299	2,299	0	0
COPIER	6,409	6,409	0	0
COMPUTER	2,660	2,660	0	0
DESK	2,005	2,005	0	0
COMPUTER-IBM	1,410	1,410	0	0

TY 2021 Other Expenses Schedule**Name:** THE CLAUDE AND BETTY HARRIS FOUNDATION INC**EIN:** 61-1400416**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
MEETING	2,033	0	0	2,033
POSTAGE	322	0	0	322
LIABILITY INSURANCE	2,250	0	0	2,250
MEMBERSHIP DUES	1,820	0	0	1,820
MISCELLANEOUS	11,797	0	0	11,797
OFFICE SUPPLIES	2,303	0	0	2,303
ADR FEES	102	102	0	0
CONTRACT LABOR	5,150	0	0	5,150
FILING FEE	15	0	0	15

TY 2021 Other Income Schedule**Name:** THE CLAUDE AND BETTY HARRIS FOUNDATION INC**EIN:** 61-1400416**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
SALVATION ARMY CK NOT CASHED	10,000	0	0

TY 2021 Other Increases Schedule**Name:** THE CLAUDE AND BETTY HARRIS FOUNDATION INC**EIN:** 61-1400416**Other Increases Schedule**

Description	Amount
FMV OF CONT IN EXCESS OF BASIS	563,106

TY 2021 Other Professional Fees Schedule**Name:** THE CLAUDE AND BETTY HARRIS FOUNDATION INC**EIN:** 61-1400416

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVISOR FEES	431,516	431,516	0	0

**TY 2021 Substantial Contributors
Schedule****Name:** THE CLAUDE AND BETTY HARRIS FOUNDATION INC**EIN:** 61-1400416**Name****Address**

HARRIS FAMILY CHARITABLELEAD TRUST2

295 N HUBBARDS LANE SUITE 203
LOUISVILLE, KY 40207

TY 2021 Taxes Schedule**Name:** THE CLAUDE AND BETTY HARRIS FOUNDATION INC**EIN:** 61-1400416**Taxes Schedule**

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT EXCISE TAX	326,000	326,000	0	0
FOREIGN TAX	777	777	0	0

Schedule B
(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
▶ **Attach to Form 990, 990-EZ, or 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047
2021

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 other 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 33¹/₃% 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, 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 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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 295 N HUBBARDS LN STE 203 LOUISVILLE, KY 40207	\$ 1,260,000	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
 THE CLAUDE AND BETTY HARRIS FOUNDATION INC

Employer identification number
 61-1400416

Part II Noncash Property

(a) No. from Part I	(b) Description of noncash property given <small>(see instructions). Use duplicate copies of Part II if additional space is needed.</small>	(c) FMV (or estimate) <small>(See instructions)</small>	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization
THE CLAUDE AND BETTY HARRIS FOUNDATION INC

Employer identification number

61-1400416

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____ _____	_____ _____	_____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____ _____		_____ _____	