Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
HARRIS & ASSOCIATES EMPLOYEE PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/09/1977

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
HARRIS & ASSOCIATES

1401 WILLOW PASS ROAD, SUITE 500
CONCORD, CA 94520

2b Employer Identification Number (EIN) 94-2385238

2c Sponsor's telephone number 925-827-4900

2d Business code (see instructions) 541330

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	MARIE SHOCKLEY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

HARRIS & ASSOCIATES

1401 WILLOW PASS ROAD, SUITE 500
CONCORD, CA 94520

3b Administrator's EIN: 94-2385238

3c Administrator's telephone number: 925-827-4900

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	512
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	353
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	202
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	555
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	2
f	Total. Add lines **6d** and **6e**	**6f**	557
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	392
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2G 2J 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)		**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HARRIS & ASSOCIATES EMPLOYEE PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HARRIS & ASSOCIATES

D Employer Identification Number (EIN)
94-2385238

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2830932	2550566
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	401685	410954
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18018720	24576839
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	21251337	27538359
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21251337	27538359

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	374634	
	(B) Participants	2a(1)(B)	2355714	
	(C) Others (including rollovers)	2a(1)(C)	7814	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2738162
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7919	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	30144	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		38063
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		6071219
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		8847444
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2542554	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2542554
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	137	
(4) Other	2i(4)	17731	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		17868
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2560422
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		6287022
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: CAMPBELL, TAYLOR & COMPANY (2) EIN: 68-0251243

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
HARRIS & ASSOCIATES EMPLOYEE PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
HARRIS & ASSOCIATES

D Employer Identification Number (EIN)
94-2385238

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Financial Statements of

HARRIS & ASSOCIATES
EMPLOYEE PROFIT SHARING PLAN

December 31, 2009 and 2008

HARRIS & ASSOCIATES
EMPLOYEE PROFIT SHARING PLAN

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CTC CAMPBELL TAYLOR & COMPANY ♦ An Accountancy Corporation
CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Steven A. Campbell
Stephen B. Taylor
Linda L. House
Kelly L. O'Brien
E. Preston Hatch

INDEPENDENT AUDITOR'S REPORT

To the Plan Trustees
Harris & Associates
Employee Profit Sharing Plan
Concord, California

We were engaged to audit the financial statements of Harris & Associates Employee Profit Sharing Plan as of December 31, 2009 and 2008 and for the years then ended and the supplemental schedule as of December 31, 2009 as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Campbell Taylor & Company
An Accountancy Corporation

September 30, 2010
Roseville, California

HARRIS & ASSOCIATES
EMPLOYEE PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS:		
Investments, at fair value		
Mutual funds	$ 24,576,839	$ 18,018,720
Money market funds	2,550,566	2,830,932
Participant loans	410,954	401,685
Total investments	27,538,359	21,251,337
Net assets available for plan benefits	$ 27,538,359	$ 21,251,337

The accompanying notes are an integral part of these financial statements.

HARRIS & ASSOCIATES
EMPLOYEE PROFIT SHARING PLAN

STATEMENTS OF CHANGE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2009 and 2008

	2009	2008
Additions to net assets attributable to:		
Investment income:		
Interest and dividends	$ 439,378	$ 855,979
Net appreciation (depreciation) in market value of investments	5,321,934	(10,288,507)
Net realized gain (loss) on sale of investments	347,969	(1,041,066)
Total investment income (loss)	6,109,281	(10,473,594)
Contributions:		
Participant	2,355,714	2,679,780
Employer	374,634	612,264
Participant rollovers	7,815	109,298
Total contributions	2,738,163	3,401,342
Total additions (deductions)	8,847,444	(7,072,252)
Deductions from net assets attributed to:		
Benefits paid to participants	2,542,554	2,972,188
Administrative expenses	17,868	17,436
Total deductions	2,560,422	2,989,624
Net increase (decrease)	6,287,022	(10,061,876)
Net assets available for plan benefits:		
Beginning of year	21,251,337	31,313,213
End of year	$ 27,538,359	$ 21,251,337

The accompanying notes are an integral part of these financial statements.

HARRIS & ASSOCIATES
EMPLOYEE PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 1: DESCRIPTION OF PLAN

The following description of the Harris & Associates (the Plan Sponsor) Employee Profit Sharing Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, adopted February 9, 1977, is a defined contribution plan comprised of a profit sharing plan and an employee salary deferral agreement. The Plan covers all eligible employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The trustee of the Plan is Fidelity Management Trust Company.

The Plan was amended in 2009 to change plan compensation and change the employer match from Non-Discretionary to Discretionary. As of August 2009 the Plan Sponsor discontinued employer matching contributions to the plan.

Plan Year

The plan year begins January 1 and ends December 31.

Contributions

The Plan allow for the following types of contributions:

- *Employee Salary Deferral 401(k) Contributions*
  The Plan includes an elective salary deferral arrange pursuant to Section 401(k) of the Internal Revenue Code (the Code). Employees may voluntarily contribute from 1% to 60% of their regular wages allowable, subject to various nondiscrimination tests and limitations prescribed by the Code.

- *Non-Discretionary Employer Matching Contributions*
  The Plan Sponsor matches the participants' deferral amount in an amount equal to 50% of the first 5% deferred. The Plan Sponsor's matching contributions for the years ended December 31, 2009 and 2008 were $374,634 and $587,167, respectively.

- *Discretionary Employer Matching Contributions*
  The Plan Sponsor may make a basic matching employer contribution on behalf of each participant in an amount equal to the percentage declared for the contribution period, if any, by a Board of Directors' Resolution.

- *Discretionary Employer Profit Sharing Contributions*
  Employer profit sharing contributions are determined by the Plan Sponsor's Board of Directors. The Plan Sponsor may contribute, at its discretion, to the Plan an amount from its current or accumulated net profits. Participants must be employed at year end and have 1,000 hours of service to be eligible. The Plan Sponsor elected not to make a profit sharing contribution to the Plan for the years ended December 31, 2009 and 2008.

- *Employee Rollover Contributions*
  Participants may make rollover contributions from another qualified plan.

NOTE 1: **DESCRIPTION OF PLAN (Continued)**

Participants' Accounts
Each participant's account is credited with the participant's contribution, including the Plan Sponsor's matching contribution, and allocation of (a) the Plan Sponsor's discretionary profit sharing contribution, and (b) Plan earnings.

Participant Loans
The Plan allows participants to borrow from their accounts. Loans may not exceed 50% of the vested balance in a participant's account or $50,000 and are due within five years (10 years for primary resident loans). Loans are secured by the participant's vested account balances.

Vesting
Participants are always 100% vested in their voluntary contributions as well as employer's matching contributions and all earnings thereon. Vesting on employer discretionary profit sharing contributions is based on years of continuous service. Participants become vested in employer discretionary contributions in accordance with the following schedule:

Years of Service	Nonforfeitable vested interest
Less than 2 years	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

Additionally, a participant's interest in their respective accounts becomes 100% vested when the employee (a) attains age 65 while employed by the Plan Sponsor, (b) becomes disabled while employed by the Plan Sponsor or (c) dies while employed by the Plan Sponsor.

Forfeitures
Forfeitures may be used to reduce the employer contribution and administrative expenses during the Plan year. Forfeiture balance of unvested employer discretionary contributions for terminated participants totaled $65,369 and $64,916 for the years ended December 31, 2009 and 2008, respectively.

Payment of Benefits
Payment of benefits may be made at the following times under the Plan: 1) normal retirement; 2) early retirement; 3) termination of employment of the participant; 4) upon demonstration of financial hardship; 5) total and permanent disability; or 6) death of the participant. Upon termination of service, a participant with a vested account of $5,000 or less will receive a lump sum distribution. Participants with vested accounts greater than $5,000 may elect to receive a lump sum distribution or cash installments.

Retirement
Normal retirement under the Plan is age sixty-five (65).

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting
The financial statements of the Plan are maintained on the accrual basis of accounting.

NOTE 2: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Investments

The Plan provides for participant-directed investments for employee salary deferrals, rollovers, participant loans and Plan Sponsor matching contributions. The Plan's assets are held by a trustee, Fidelity Management Trust Company. The Trust has valued the assets at the current market value using quoted market prices. Investments are participant directed and are valued daily by the trustee.

Administrative Expenses

Fees for investment management services are paid by the Plan. All other administrative fees are paid by the Plan Sponsor.

Estimates and Assumptions

The preparation of these financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 3: **INFORMATION CERTIFIED BY TRUSTEE**

These financial statements were taken directly from statements provided and certified as complete and accurate by the Plan's trustee (Fidelity Management Trust Company) as of and for the years ended December 31, 2009 and 2008 as follows:

	2009	2008
Investments in mutual funds	$ 24,576,839	$ 18,018,720
Money market funds	$ 2,550,566	$ 2,830,932
Participant loans	$ 410,954	$ 401,685
Net investment income (loss)	$ 6,109,281	$ (10,473,594)

NOTE 4: **TAX STATUS**

The Plan obtained a favorable determination letter on September 9, 2003, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 5: **PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

NOTE 6: **FAIR VALUE MEASUREMENTS**

The Financial Accounting Standards for Fair Value Measurements establish a hierarchy that prioritizes the inputs for valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs include quoted market prices for identical or similar assets or liabilities in active or inactive markets or inputs other than quoted prices that are observable or corroborated by observable market data for the asset or liability; and Level 3 inputs have the lowest priority and are unobservable and significant to the fair value measurement. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009

	Level 1	Level 2	Level 3
Mutual funds	$ 24,576,839	$ -	$ -
Money market funds	2,550,566	-	-
Participant loans	-	-	410,954
	$ 27,127,405	$ -	$ 410,954

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2009.

	Participant Loans
Balance, beginning of year	$ 401,685
Principal payments	(191,886)
New loans issued	201,155
Balance, end of year	$ 410,954

NOTE 7: **INVESTMENTS**

At December 31, 2009, investments included mutual funds and money market funds that represent 5% or more of the net assets available for Plan benefits as follows:

	2009
Fidelity Contrafund	$ 4,344,197
Fidelity Balanced Fund	$ 2,908,418
Fidelity Ret Gov't Money Market	$ 2,550,566
Fidelity Freedom 2020	$ 2,034,914
Fidelity Diversified International	$ 2,026,276
Fidelity Value Fund	$ 1,658,695
Fidelity Magellan Fund	$ 1,568,119
Fidelity OTC Portfolio	$ 1,552,908
Pimco Total Return Adm	$ 1,426,393
Fidelity Mid-Cap Stock	$ 1,402,745

NOTE 7: **INVESTMENTS (Continued)**

At December 31, 2008, investments included mutual funds and money market funds that represent 5% or more of the net assets available for Plan benefits as follows:

	2008
Fidelity Contrafund	$ 3,399,546
Fidelity Ret Gov't Money Market	$ 2,830,932
Fidelity Balanced Fund	$ 2,248,219
Fidelity Diversified International	$ 1,471,276
Fidelity Freedom 2020	$ 1,468,739
Fidelity Magellan Fund	$ 1,239,455
Fidelity Value Fund	$ 1,132,055

NOTE 8: **SUBSEQUENT EVENTS**

Management has evaluated subsequent events through September 30, 2010, the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

HARRIS & ASSOCIATES
EMPLOYEE PROFIT SHARING PLAN
EIN: 94-2385238 Plan No. 001

Schedule H, Line 4i -
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

(a)	(b) Identity of Issue Borrower, Lessor or Similar Party	(c) Description of Investment	(e) Market Value
*	Fidelity Contrafund	Mutual Fund	$ 4,344,197
*	Fidelity Balanced Fund	Mutual Fund	2,908,418
*	Fidelity Ret Gov't Money Market	Money Market	2,550,566
*	Fidelity Freedom 2020	Mutual Fund	2,034,914
*	Fidelity Diversified International	Mutual Fund	2,026,276
*	Fidelity Value Fund	Mutual Fund	1,658,695
*	Fidelity Magellan Fund	Mutual Fund	1,568,119
*	Fidelity OTC Portfolio	Mutual Fund	1,552,908
	Pimco Total Return Adm	Mutual Fund	1,426,393
*	Fidelity Mid-Cap Stock	Mutual Fund	1,402,745
*	Fidelity Low PR Stock	Mutual Fund	1,308,677
*	Fidelity Interm. Bond Fund	Mutual Fund	1,093,040
	Spartan US Eq Ind	Mutual Fund	981,918
*	Fidelity Freedom 2030	Mutual Fund	452,918
*	Fidelity Freedom 2010	Mutual Fund	344,335
	RS PartnersAdm	Mutual Fund	277,075
*	Fidelity Freedom 2025	Mutual Fund	220,901
*	Fidelity Freedom Income	Mutual Fund	207,558
*	Fidelity Freedom 2040	Mutual Fund	178,849
*	Fidelity Freedom 2015	Mutual Fund	166,496
*	Fidelity Freedom 2000	Mutual Fund	136,825
	ABF Large Cap Val PA	Mutual Fund	84,725
*	Fidelity Freedom 2035	Mutual Fund	81,662
*	Fidelity Freedom 2050	Mutual Fund	74,230
*	Fidelity Freedom 2045	Mutual Fund	36,995
*	Fidelity Freedom 2005	Mutual Fund	7,970
*	Participant loans	Interest rate at 8.0%	410,954
	Total investments		$ 27,538,359

* *Party in Interest*

Note: Cost basis omitted as investments are participant directed.

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HARRIS & ASSOCIATES EMPLOYEE PROFIT SHARING PLAN **EIN:** 94-2385238
Plan Sponsor's Name HARRIS & ASSOCIATES **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PIMCO TOT RETURN ADM	132,073.411 SHARES @ $10.80/SH	1,398,696	1,426,393
	ABF LARGE CAP VAL INV	5,159.881 SHARES @ $16.42/SH	95,692	84,725
	RS PARTNERS A	10,714.408 SHARES @ $25.86/SH	286,308	277,075
	FIDELITY MAGELLAN	24,379.955 SHARES @ $64.32/SH	2,305,972	1,568,119
	FID CONTRAFUND	74,540.094 SHARES @ $58.28/SH	4,155,400	4,344,197
	FID INTERMED BOND	107,688.651 SHARES @ $10.15/SH	1,090,405	1,093,040
	FID VALUE	29,130.576 SHARES @ $56.94/SH	1,816,727	1,658,695

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HARRIS & ASSOCIATES EMPLOYEE PROFIT SHARING PLAN **EIN:** 94-2385238
Plan Sponsor's Name HARRIS & ASSOCIATES **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FID OTC PORTFOLIO	33,975.617 SHARES @ $45.72/SH	1,295,091	1,552,908
	FID BALANCED	177,776.161 SHARES @ $16.36/SH	2,944,530	2,908,418
	FIDELITY LOW PR STK	40,972.969 SHARES @ $31.94/SH	1,320,642	1,308,677
	FID DIVERSIFIED INTL	72,366.997 SHARES @ $28.00/SH	2,032,942	2,026,276
	FID MID CAP STOCK	59,895.189 SHARES @ $23.42/SH	1,481,662	1,402,745
	FID FREEDOM INCOME	19,325.682 SHARES @ $10.74/SH	209,395	207,558
	FID FREEDOM 2000	12,055.077 SHARES @ $11.35/SH	133,749	136,825

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HARRIS & ASSOCIATES EMPLOYEE PROFIT SHARING PLAN **EIN:** 94-2385238
Plan Sponsor's Name HARRIS & ASSOCIATES **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FID FREEDOM 2010	27,524.809 SHARES @ $12.51/SH	360,605	344,335
	FID FREEDOM 2020	162,144.551 SHARES @ $12.55/SH	2,185,042	2,034,914
	FID FREEDOM 2030	36,555.095 SHARES @ $12.39/SH	494,048	452,918
	FIDELITY RET GOVT MM	2,550,565.690 SHARES @ $1.00/SH	2,550,566	2,550,566
	SPARTAN US EQ INDEX	24,902.806 SHARES @ $39.43/SH	1,005,437	981,918
	FID FREEDOM 2040	24,978.910 SHARES @ $7.16/SH	188,869	178,849
	FID FREEDOM 2005	794.639 SHARES @ $10.03/SH	7,790	7,970

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name HARRIS & ASSOCIATES EMPLOYEE PROFIT SHARING PLAN **EIN:** 94-2385238
Plan Sponsor's Name HARRIS & ASSOCIATES **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	FID FREEDOM 2015	15,978.547 SHARES @ $10.42/SH	173,768	166,496
	FID FREEDOM 2025	21,260.961 SHARES @ $10.39/SH	244,849	220,901
	FID FREEDOM 2035	7,959.277 SHARES @ $10.26/SH	90,938	81,662
	FID FREEDOM 2045	4,367.848 SHARES @ $8.47/SH	37,228	36,996
	FID FREEDOM 2050	8,889.783 SHARES @ $8.35/SH	92,000	74,230