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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.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

	Ford	alen	dar year 2013 or tax year b	eginning			, and er	iding					
	Nar	ne of	foundation						A Emp	loyer identificatio	n number		
	В	RA.	DLEY C. HIGG	INS FOUNDAT	ION		·		04	4-6027026	5		
	Nun	bera	nd street (or PO box number if r		•			Room/suite	1	phone number			
	<u>3</u>	<u>70</u>	MAIN STREET	, 12TH FLOO	R				(!	<u>508) 459-</u>	-8000		
	-		own, state or province, coun CESTER, MA (try, and ZIP or foreign p 01608–1779	oostal co	de			C If exe	emption application is p	oending, check l	nere	>
-				nitial return		Initial return of a fo	ormar nublic c	harity	n 1 E	oreign organization	c chack hara		
,	u C	HEUN		Final return		Amended return	ormer public c	nainy	ייי	oreign organization	3, 011668 11616	•	
			==	Address change		Name change			2 Fo	oreign organizations m neck here and attach c	eeting the 85%	test,	
•	H C	heck		Section 501(c)(3) e	xempt or				7				
,		٦.	ction 4947(a)(1) nonexempt	·		xable private found	ation			ivate foundation sta er section 507(b)(1			
	Fa		arket value of all assets at en				Accri	ual	7	e foundation is in a			
			Part II, col (c), line 16)	· —	ther (spe					er section 507(b)(1			
	•		2,055	, 853 . (Part I, colu	ımn (d)	must be on cash	basis)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Pa	rt I	Analysis of Revenue and	Expenses	1) Revenue and	(b) Net in	vestment	(c	:) Adjusted net	(d) Dist		
			(The total of amounts in column necessarily equal the amounts	ns (D), (C), and (d) may not in column (a))		enses per books	inco			income	for charita (cash b		
		1	Contributions, gifts, grants,	, etc., received						N/A			
		2	Check X If the foundation is	·	1, , ,	* * *	્ષ્ટે						
		3	Interest on savings and tempora cash investments	ary		8.							
_		4	Dividends and interest from	n securities		56,577.	5	<u>6,577.</u>			STATE	1EN	r 2
2014		5a	Gross rents										
2		þ	Net rental income or (loss)				•	8. STATE		, .			
6	ē	6a	Net gain or (loss) from sale of as Gross sales price for all		_	<22,601.	>		1 3.		2 2 2014		
MAY 29	Revenue	b	assets on line 6a	32,389.					1	DECE	IVED		
≽	ě	7	Capital gain net income (from Pa	art IV, line 2)				0.		NLO.	-		
\geq	_	8	Net short-term capital gain		-					 	2 2014		
\Box		9	Income modifications Gross sales less returns		592 111	4, 1 47		*	 	 O 	D 2011	2 2014	ļ
SCANNED		10a			1.33.4	* * * * * * * * * * * * * * * * * * * *	,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ENI LIT		* *
Z			Gross profit or (loss)					*	OGDEN, UT	<u>.</u>			
ਠ			Other income							<u> </u>	<u> </u>	2014 050	
S		12	Total. Add lines 1 through	11	MAY 2 2 2014 OS								
-		13	Compensation of officers, direct										0.
		14	Other employee salaries an	d wages									
		15	Pension plans, employee b	enefits									
	ses	16a	Legal fees						ļ				T 2
	pen		Accounting fees	STMT 3		21,558.	1	1,558.] :	LO,(<u> </u>
	Ä	C	Other professional fees						ļ		1		
	ţi		Interest						-		 		
	itra		Taxes	STMT 4		2,469.		0.	+		ļ		0.
	Ē	19	Depreciation and depletion						1		 		
	Ę	20	Occupancy Travel, conferences, and m	4					 		-		
	þ	21	Printing and publications	leemigs					 				
	a	22 23	Other expenses	STMT 5	-	120.		52.	 		+		68
	ij		Total operating and admir			120.		74.	'		†		00.
	Operating and Administrative Expenses		expenses Add lines 13 thr			30,147.	1	1,610.	.]		-	10.0	068.
	ŏ	25	Contributions, gifts, grants	=		87,500.	_	,	1	······································	1 8	37.'	500.
			Total expenses and disbut	•									
			Add lines 24 and 25			117,647.	1	1,610.			<u> </u>	<u>€7,</u> !	568.
,		27	Subtract line 26 from line 1	2:									
		а	Excess of revenue over expense	es and disbursements		<83,663.					ļ		
		Ь	Net investment income (if r	negative, enter -0-)			4	4,975.	<u> </u>				
		C	Adjusted net income (if neg	ative, enter -0-)	1]	N/A			

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LHA For Paperwork Reduction Act Notice, see instructions.

04-6027026

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BRADLEY C. HIGGINS FOUNDATION

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1a FREEPORT-MCMORA b c d e (e) Gross sales price a 32,389. b c d e Complete only for assets showing (i) F.M.V. as of 12/31/69	(f) Depreciation allowed (or allowable)	(g) Cos plus e	st or other basis expense of sale 54,990		P	(h) Gain or (los (e) plus (f) minus	s (g)
b c d e (e) Gross sales price a 32,389. b c d e Complete only for assets showing	(f) Depreciation allowed (or allowable)	(g) Cos plus e	expense of sale	•			s (g)
d e (e) Gross sales price a 32,389. b c d e Complete only for assets showing	(or allowable) gain in column (h) and owned by	plus e	expense of sale	•			s (g)
e (e) Gross sales price a 32,389. b c d e Complete only for assets showing	(or allowable) gain in column (h) and owned by	plus e	expense of sale	•			s (g)
(e) Gross sales price a 32,389. b c d e Complete only for assets showing	(or allowable) gain in column (h) and owned by	plus e	expense of sale	•			s (g)
a 32,389. b c d e Complete only for assets showing	(or allowable) gain in column (h) and owned by	plus e	expense of sale	•			s (g)
b c d e Complete only for assets showing	······································		54,990	•			2)')') LN7
c d e Complete only for assets showing	······································			. L			<22,601.
e Complete only for assets showing	······································						
Complete only for assets showing	······································						
Complete only for assets showing	······································						
	······································	the foundation	on 12/31/69		(I) G	ains (Col. (h) gai	n minus
(i) F.M.V. as of 12/31/69	TII AURUSTEU DASIS		cess of col. (I)	7	còl. (k	(), but not less th	an -0-) or
	as of 12/31/69		col. (j), if any		L	losses (from col.	(h))
a							<22,601.
b							
C							
d							-
e							
2 Capital gain net income or (net capi	If gain, also ente	r in Part I, line	7	} 2			<22,601.
, , ,	•		′	' 			<u> </u>
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, co		na (6):	-	۱ ۱			
If (loss), enter -0- in Part I, line 8	Sidiffit (c).			} 3		N/2	A
Part V Qualification Un	der Section 4940(e) for	r Reduced	Tax on Net I	nvestm	ent Inco	me	
If section 4940(d)(2) applies, leave this Was the foundation liable for the section If "Yes," the foundation does not qualif Enter the appropriate amount in ea	on 4942 tax on the distributable an y under section 4940(e). Do not co	omplete this pa	art.				Yes X No
	(b)	inou douono de		(c)			(d)
(a) Base period years Calendar year (or tax year beginning	Advicted avaliture dia	stributions	Net value of nonc		use assets	Disti (col. (b) d	ribùtión ratio livided by col. (c))
2012		7,889.		1,68	9,979.		.040172
2011	7	73,517.		1,71	6,558.		.042828
2010	9	1,300.		1,60	4,037.		.056919
2009		00,063.			3 <u>,452.</u>		.067453
2008	10	00,579.	<u></u>	<u>1,96</u>	<u>2,195.</u>		.051258
							050600
2 Total of line 1, column (d)			b Al			2	.258630
3 Average distribution ratio for the 5-	•	on line 2 by 5,	or by the number of	years			051706
the foundation has been in existent	ce it less than 5 years					3	.051726
4 Enter the net value of noncharitable	e-use assets for 2013 from Part X,	, line 5				4	1,895,701.
5 Multiply line 4 by line 3						5	98,057.
6 Enter 1% of net investment income	(1% of Part I, line 27b)					6	450.
7 Add lines 5 and 6						7	98,507.
8 Enter qualifying distributions from	Part XII. line 4					8	97,568.
If line 8 is equal to or greater than I	•	a 1h and come	nlate that part using	a 1% tav r	ato		27,300.

	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	<u>04~</u>	502	inetr	uctio	Page 4
		540	- 366	msu	uctio	115)
14	Exempt operating foundations described in section 4940(d)(2), check here \[\bigstyle	13.00	¥*,	*		\
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		` ډ			
U	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	<u> </u>	*	9	00.
	of Part I, line 27b		,		,	. 3
	: All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b). Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)					Λ
	Add lines 1 and 2	2			0	0.
A	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3 4				00.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	 			00.
6	Credits/Payments:	<u> </u>	, ,			00.
	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 880 .					
	Exempt foreign organizations - tax withheld at source 6b	, ,×	*		``	
	Tax paid with application for extension of time to file (Form 8868) 6c					· 4
	Backup withholding erroneously withheld 6d			. ,		
	Total credits and payments. Add lines 6a through 6d	7		`	Ω	80.
	Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached	8				00.
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				20.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	l			40.
	Enter the amount of line 10 to be: Credited to 2014 estimated tax	11				
	art VII-A Statements Regarding Activities		<u> </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		7-	Yes	No
	any political campaign?			1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	•		17		<u> </u>
	distributed by the foundation in connection with the activities.			× 5.		* è ,
C	Did the foundation file Form 1120-POL for this year?			1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			* 3 ;	1. 1	2/5 7/5 7/4
	(1) On the foundation. \blacktriangleright \$ 0. (2) On foundation managers. \blacktriangleright \$ 0.					1/3
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				W (Cs	ĺ
	managers. ▶ \$ 0 .				l` 🖫	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.			3 3	Î	2.
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	r				% ^
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	ļ	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	ļ	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	/A	4b	<u> </u>	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			_ 5		X
	If "Yes," attach the statement required by General Instruction T.				₹ ´	***
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	By language in the governing instrument, or				. 35,	, X.
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law			~s	
_	remain in the governing instrument?			6	X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV			7	X	
_				1 . 2	e*.	3
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			1		
_	MA			35	,	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
^	of each state as required by General Instruction G? If "No," attach explanation			8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar		1	1'	
10	year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	 	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10_		X

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Form 990-PF (2013) BRADLEY C. HIGGINS FOUNT		3	04-60270)26 Pa	age 6
Part VII-B Statements Regarding Activities for Which	Form 4/20 May Be I	Requirea (contin	ued)	· · · · · · · · · · · · · · · · · · ·	
5a During the year did the foundation pay or incur any amount to:		r1		` ` ,	(gy. Ke
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	· · ·		es X No	,` '	7 S 4) S
(2) Influence the outcome of any specific public election (see section 4955);	or to carry on, directly or indire	·	[]		÷ }
any voter registration drive?	. 0		es X No	.	5
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	es X No		, °
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section	<u> </u>	[77]		÷ (4.
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No	1,1	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t		F\$27		
the prevention of cruelty to children or animals?			s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		in Regulations	37/3	_	, <u>,</u> ,
section 53.4945 or in a current notice regarding disaster assistance (see instri	•		N/A	5b	
Organizations relying on a current notice regarding disaster assistance check in the account of North angular for (A) does the foundation along a contract of the account of North angular for (A) does the foundation along a contract of the contract of the account of North Angular for (A) does the foundation of the contract of the con					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to			. .		
expenditure responsibility for the grant?		I/A	es L No		, ,
If "Yes," attach the statement required by Regulations section 53 494	` '			4 - 1	* 1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[12]	* . .	
a personal benefit contract?		Ye	es X No	1 1	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6b .	X
If "Yes" to 6b, file Form 8870	-h-ltt		□)). :
7a At any time during the tax year, was the foundation a party to a prohibited tax:		Ye	es X No		<u>```</u>
b If "Yes," did the foundation receive any proceeds or have any net income attrib Part VIII Information About Officers, Directors, Trust		nogoro Highly	N/A	7b	
Paid Employees, and Contractors	lees, roundation wa	magers, mgm	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	т	(c) Compensation	(d) Contributions to	(e) Expen	
(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expen account, of allowance	ther
SUMNER B. TILTON, JR.	TRUSTEE/CHAIR		compensation	allowalice	
370 MAIN STREET, 12 FLOOR	INODIDE/CIMIN	115314			
WORCESTER, MA 01608-1779	0.50	2,000.	0.		0.
JOHN E. HODGSON	TRUSTEE	2,000.	0.	-	<u> </u>
370 MAIN STREET, 12 FLOOR	11100100				
WORCESTER, MA 01608-1779	0.20	2,000.	0.		0.
PHILLIPS S. DAVIS	TRUSTEE	2,000.	•		<u> </u>
370 MAIN STREET, 12 FLOOR	11100100				
WORCESTER, MA 01608-1779	0.20	2,000.	0.		0.
	0.20	2,000.			<u>••</u>
	1				
	1]			
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none,	enter "NONE."		<u></u>	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		(d) Contributions to employee benefit plans	(e) Expensaccount, ot	ise
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, of	ther es
NONE					_
	1				
	1				
	1				
				-	
Total number of other employees paid over \$50,000		·		·	n

orm 990-PF (2013) BRADLEY C. HIGGINS FOUNDATION	04-60	27026 Pag	e 7_
Part VIII Information About Officers, Directors, Trustees, Foundation Manage Paid Employees, and Contractors (continued)	ers, Highly		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."			
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensat	.ion
NONE			
			—
Total number of others receiving over \$50,000 for professional services		•	0
Part X-A Summary of Direct Charitable Activities	-	· · · · · · · · · · · · · · · · · · ·	_ _
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information sinumber of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	uch as the	Expenses	
ı N/A			
2			
3			
			—
	-		
Part IX-B Summary of Program-Related Investments			_
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	1.2.5.	Amount	
N/A			_
2			
All other program-related investments. See instructions.			
3			
Total. Add lines 1 through 3	>		<u>o.</u>
		Form 990-PF (2	J13)

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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97,568.

97,568.

3a

3b

4

6

Suitability test (prior IRS approval required)

income. Enter 1% of Part I, line 27b

Cash distribution test (attach the required schedule)

4940(e) reduction of tax in those years.

Adjusted qualifying distributions. Subtract line 5 from line 4

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7	< .º ·		, \$, , , , , , , , , , , , , , , , , ,	93,885.
2 Undistributed income, if any, as of the end of 2013	. ` *		·	75,003.
a Enter amount for 2012 only	, () (*		0.	* '
b Total for prior years:	* .			,
, ,	. ` `	0.	,	, ^
3 Excess distributions carryover, if any, to 2013:		,	y'	
a From 2008 3,380.		, , , , , , , , , , , , , , , , , , , ,	* \	,
b From 2009 27,364.		* **	, ,	/
c From 2010 11,777.		× ****	· 3.4	. 5
d From 2011 11,506.		, * * v	,	ر پھر ہ
e From 2012	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		, at 35 for	
f Total of lines 3a through e	54,027.		***	* * * *
4 Qualifying distributions for 2013 from	** ** *	'. .	. V. M.	× ,
Part XII, line 4: ►\$ 97,568.	, ;	* · ·		,
a Applied to 2012, but not more than line 2a	<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0.	* * \ /n \ /
b Applied to undistributed income of prior	,		X \$ 4 \$	* * * * * * * * * * * * * * * * * * * *
years (Election required - see instructions)	,	0.	***	
c Treated as distributions out of corpus		, , , , , , , , , , , , , , , , , , ,		(* · ·) * .
(Election required - see instructions)	0.	· · · · · · · · · · · · · · · · · · ·		
d Applied to 2013 distributable amount	1477433 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	.		93,885.
e Remaining amount distributed out of corpus	3,683.			- 17 74
5 Excess distributions carryover applied to 2013	0.	\$ \$ *x *x *	* ** (45	0.
(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:	F			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	57,710.	*******	> 3	* * * * * * * * * * * * * * * * * * *
b Prior years' undistributed income. Subtract	 2 . €			
line 4b from line 2b	* \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0.	3	`
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	````````			经销售证券
amount - see instructions	, , ,	0.	\	1. 1.2.8.1.3
e Undistributed income for 2012. Subtract line	* * *			
4a from line 2a. Taxable amount - see instr.	,		0.	·) () () () () () () () () ()
f Undistributed income for 2013. Subtract	* *		*	
lines 4d and 5 from line 1. This amount must	3 3 3		,	
be distributed in 2014	7 _ L \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	33 (C) 1850 18 18 18	, , ,	0.
7 Amounts treated as distributions out of		Section 1978	"	, , , , , , , , , , , , , , , , , , ,
corpus to satisfy requirements imposed by	_			, <u>, , , , , , , , , , , , , , , , , , </u>
section 170(b)(1)(F) or 4942(g)(3)	0.		~ v { v , ' ' ' '	·
8 Excess distributions carryover from 2008				, 5a , 2a
not applied on line 5 or line 7	3,380.	, , ,	<u></u>	3 2 2 2 2
9 Excess distributions carryover to 2014.		4"	,	, , , , , , , , , , , , , , , , , , , ,
Subtract lines 7 and 8 from line 6a	54,330.			
10 Analysis of line 9:	, ,			
a Excess from 2009 27, 364.		,		,
b Excess from 2010 11,777.		2° 34, 4	· · · · · · · · · · · · · · · · · · ·	· · ·
c Excess from 2011 11,506.		\$ `x		,
d Excess from 2012		,		,
e Excess from 2013 3,683.	* , *,		my markety it in	<u> </u>

Form 990-PF (2013) BRADLES Part XIV Private Operating F	C'. HIGGINS	FOUNDATION	-A guestion 9)	N/A	5027026 Page 10
1 a If the foundation has received a ruling of			74, question 5)	N/A	
foundation, and the ruling is effective for					
b Check box to indicate whether the foun			n section	4942(j)(3) or	4942(J)(5)
2 a Enter the lesser of the adjusted net	Tax year	ig louridation described i	Prior 3 years	1 4342(J)(3) OI L	1 4342(])(3)
income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
	(4) 2010	(5) 2012	(0) 2011	(0) 2010	(0) 10141
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets				-	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt	Ĭ				
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from				 	
an exempt organization					,
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5.000 or	more in assets
at any time during					
1 Information Regarding Foundation	on Managers:				
List any managers of the foundation where the second street is a second se	no have contributed more		ributions received by th	e foundation before the	close of any tax
NONE	11010 Indi \$40,000). (000 0	00.1011 001 (0)(2).)			
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large port	ion of the ownership of	a partnership or
NONE	·				
2 Information Regarding Contribut	tion, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here In the foundation the foundation makes gifts, grants, etc.	only makes contributions t	to preselected charitable (organizations and does		
a The name, address, and telephone num	·				
SUMNER B. TILTON, JE			oations should be addit		
370 MAIN ST., 12TH B			608		
b The form in which applications should					
LETTER WITH COPY OF					
c Any submission deadlines:					.
NO					
d Any restrictions or limitations on award			•		
GRANTS TO HEALTH, EI					NIZATIONS
THAT ARE EXEMPT UNDE	TV 201(C)(3)	OF THE INT	EKWAL KEVE	NOE CODE	Form 990-PF (2013)

3: Grants and Contributions Paid During the	If recipient is an individual,	rayment		
Recipient	show any relationship to	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
a Paid during the year				
SOOTHBAY RAILWAY VILLAGE MUSEUM	NONE	Dimi ra	ONGOTIVO ODVIDANTOVO	
586 WISCASSET RD	NONE	PUBLIC	ONGOING OPERATIONS	
BOOTHBAY ME 04537				1,00
CAPE COD HEALTHCARE FOUNDATION	NONE	PUBLIC	ONGOING OPERATIONS	
P.O. BOX 370		100010	oncorne of Enarrons	
TYANNIS MA 02601				25,00
BIG BROTHERS BIG SISTER OF CENTRAL	NONE	DUBLIC.	ONCOTNO ODERNATONO	
MASS	NOME	PUBLIC	ONGOING OPERATIONS	
484 MAIN ST, SUITE #360				
WORCESTER, MA 01608				1,00
HIGGINS ARMORY MUSEUM	NONE	PUBLIC	ONGOING OPERATIONS	
100 BARBER AVE				
WORCESTER, MA 01606				30,00
MAJOR DAVID BRODEUR MEMORIAL	NONE	PUBLIC	ONGOING OPERATIONS	
FOUNDATION INC				
PO BOX 124				
AUBURN MA 01501	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\] (a)	1	10,00
total SEE CC b Approved for future payment	ONTINUATION SHE	T(S)	▶ 3a	87,50
a Approved for future payment				
NONE				
				
		1		
Total			<u>▶ 3b</u>	rm 990-PF (20

Part X	VI-A Analysis of Income-Produ	icing Activit	ies			
Enter gross	amounts unless otherwise indicated.	Unrelate (a)	d business income (b)	(c) Exclu-	by section 512, 513, or 514 (d)	(e) Related or exempt
1 Program	n service revenue:	Business code	Amount	sion	Amount	function income
				1 1		
		-				
						<u></u>
		1 1				
			, <u></u>			
g Fees	and contracts from government agencies					
-	rship dues and assessments					
	on savings and temporary cash					
ınvestm				14	8.	
4 Dividen	ds and interest from securities			14	56,577.	
5 Net rent	tal income or (loss) from real estate:					
	t-financed property					
	debt-financed property					
	tal income or (loss) from personal					
propert						
	vestment income					
8 Gain or	(loss) from sales of assets other					
than inv				18	<22,601.	•
9 Net inco	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
11 Other re	evenue:	1				
a						
		I I				
-		1				
е				<u> </u>		
12 Subtota	al. Add columns (b), (d), and (e)	· ~ `` .`	0	<u>. </u>	33,984.	0.
13 Total.	Add line 12, columns (b), (d), and (e)				13	33,984.
(See works	sheet in line 13 instructions to verify calculations.)					
Part X	VI-B Relationship of Activities	to the Acco	mplishment of E	xempt F	Purposes	
tine No	Explain below how each activity for which inc	nome is reported in	a column (a) of Part X/I	A contribut	ad importantly to the accom	plichment of
Line No. ▼	the foundation's exempt purposes (other tha			A CONTINUE	su importantly to the accom	plianinent of
	N/A	<u>,, </u>				
	14/11					
			· · · · · · · · · · · · · · · · · · ·			······································
				-		
					-	
					7.7.	
						

Pai ·	t XVII	Information Re Exempt Organ		sfers To a	and Transactions	s an	d Relations	hips With No	ncharitable	9	
1	Did the or	ganization directly or indir		of the following	n with any other organiz		described in secti	on 501(c) of		Yes	No
		(other than section 501(c)						011 50 1(0) 01		163	140
		from the reporting founda				yanıza	10015				
	(1) Cash	nom the reporting realist	Allon to a mononanta	bio exempt org	junization of.				1a(1)		X
	(2) Other	assets							1a(2)		X
	Other tran								14(2)		
		of assets to a noncharital	ble exempt organiza	tion					1b(1)		X
	•	nases of assets from a noi	• •						1b(2)		X
	• •	al of facilities, equipment,	•	•					1b(3)		X
	• •	bursement arrangements							1b(4)		X
	(5) Loan	s or loan guarantees							1b(5)		X
	(6) Perfo	rmance of services or me	mbership or fundrai	sing solicitation	ns				1b(6)		Х
C	Sharing o	f facilities, equipment, ma	iling lists, other asse	ets, or paid emp	oloyees				1c		Х
d	If the ansv	wer to any of the above is	"Yes," complete the	following sche	dule. Column (b) should	l alwa	ys show the fair m	narket value of the g	oods, other ass	ets,	
		s given by the reporting fo			ed less than fair market v	value i	in any transaction	or sharing arrange	ment, show in		
	column (c	I) the value of the goods,									
a) Lir	ne no	(b) Amount involved	(c) Name of		exempt organization		(d) Description	of transfers, transaction	ons, and sharing ar	rangeme	nts
				N/A							
								= 			
								<u> </u>			
	-				<u> </u>						
	-+-										
	_				·						
											
			·					<u>.</u>	•		
									- n		
								-			
22	le the fou	ndation directly or indirect	lthe affiliated with or	related to one	or more tay-eyempt ora	201721	tions described	-			
		501(c) of the Code (other				lattizat	aons described		Yes	T	No
		omplete the following sch)(3)) or in secti	011 327				162	لـــــــــــــــــــــــــــــــــــــ	J NO
	11 100, 0	(a) Name of org			(b) Type of organization	on I		(c) Description of re	elationship		
		N/A					· · · · · · · · · · · · · · · · · · ·	(-)			
											
		<u></u>			 	_	*				
						_					
											
-	Under	penalties of perjury, I declare	that I have camined the	is rejum, includin	g accompanying schedules	and sta	atements, and to the	best of my knowledge	May the IRS	decree t	bie
Sig		elief, it is true, correct and con	polete Declaration of pr	eparer (other than	taxpayer) is based on all in	formatı	ion of which preparer	has any knowledge	return with the	e prepar	er i
He	re	I = A - 2I	Vellow?	- lei	- 5/12/2	0	TRUSTE	EΕ	X Yes]″ _{No}
	Sigi	nature of officer or trustee			Date		Title				
		Print/Type preparer's na	ame	Preparer's si	gnature	D	Date	Check if	PTIN		
_	_			11				self- employed			
Pai		ROBERT THO				0	5/02/14		P01236	382	
	parer	Firm's name ► FLE		TON PC				Firm's EIN ► 0			
Us	e Only										
		Firm's address ► 37					-				
		WO	RCESTER,	MA 016	08-1779			Phone no. (5	08)459-	800	0

FORM 990-PF INTERES	ST ON SAVIN	GS AND TEM	PORARY	CASH IN	VESTMENTS	STATEMENT 1
SOURCE		(A REVEI PER BO	NUE	NET IN	(B) VESTMENT COME	(C) ADJUSTED NET INCOME
FTW & CO -NON MA MUN	1		8.		8.	
TOTAL TO PART I, LIN	NE 3		8.		8.	
FORM 990-PF	DIVIDENDS	AND INTER	EST FRO	M SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	RE	(A) EVENUE BOOKS	(B) NET INVES MENT INCO	
FTW & CO DIVIDENDS	56,577.		0.	56,577.	56,57	7.
TO PART I, LINE 4	56,577.	(0.	56,577.	56,57	77.
FORM 990-PF		ACCOUNTI	NG FEES	3		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(ENET IN	WEST-	(C) ADJUSTED NET INCOM	
FLETCHER TILTON PC FTW & CO	_	20,000. 1,558.	1	1,558.		10,000.
TO FORM 990-PF, PG	1, LN 16B	21,558.	1	1,558.		10,000.
FORM 990-PF		TAX	ES			STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET IN	3) NVEST- INCOME	(C) ADJUSTED NET INCOM	
FOREIGN TAX FEDERAL BAL DUE 2012 FEDERAL ESTIMATED PA		1,551. 38. 880.		0. 0. 0.		0. 0. 0.
TO FORM 990-PF, PG	1, LN 18	2,469.		0.		0.

FORM 990-PF	OTHER E	XPENSES	=	STATEMENT	5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTEI NET INCOI		
COMMONWEALTH OF MASS-PC FILING FEE MICROEDGE FND ANNUAL FEE ADR FEE	35. 33. 52.		0. 0. 52.			35. 33. 0.
TO FORM 990-PF, PG 1, LN 23	120.		52.			68.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT	6
DESCRIPTION			вос	OK VALUE	FAIR MARK VALUE	ET
STATE STEET BANK EQUITIES		-		677,852.	1,932,	425.
TOTAL TO FORM 990-PF, PART II	, LINE 10B	:		677,852.	1,932,	425.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARK VALUE	ET
STATE STREET MUTUAL FUND		COST		75,183.	87,	224.
TOTAL TO FORM 990-PF, PART I	I, LINE 13			75,183.	87,	224.

BRADLEY C. HIGGINS FOUNDATION

04-6027026

20 500

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient UMASS MEMORIAL FOUNDATION NONE PUBLIC ONGOING OPERATIONS 333 SOUTH ST SHREWSBURY MA 01545 1,000. UNITED WAY OF CENTRAL MASSACHUSETTS NONE PUBLIC bngoing operations 484 MAIN ST, #300 WORCESTER MA 01608 3,000. WILLARD HOUSE AND CLOCK MUSEUM NONE PUBLIC ONGOING OPERATIONS 11 WILLARD ST 500. GRAFTON MA 01536 WILLIAMS COLLEGE NONE PUBLIC ONGOING OPERATIONS 880 MAIN STREET WILLIAMSTOWN MA 01267 1,000. WORCESTER ART MUSEUM NONE PUBLIC ONGOING OPERATIONS 55 SALISBURY ST WORCESTER MA 01609 500, MASSACHUSETTS COLLEGE OF PHARMACY AND NONE PUBLIC ON GOING OPERATIONS HEALTH SCIENCES 179 LONGWOOD AVE BOSTON MA 02115 1,000. THREE BAYS PRESERVATION INC NONE PUBLIC ON GOING OPERATIONS 864 MAIN STREET OSTERVILLE, MA 02655 1,000. WORCESTER AREA BUSINESS FOUNDATION NONE ON GOING OPERATIONS PUBLIC 446 MAIN STREET, SUITE 200 WORCESTER, MA 01608 7,500. MINUTEMAN FLAMES MINOR HOCKEY ASSOC NONE PUBLIC ON GOING OPERATIONS P.O. BOX 242 S LANCASTER, MA 01561 5 000.

Total from continuation sheets