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Form **990-PF**

Return of Private Foundation

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

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

| | For | or calendar year 2013 or tax year beginning , and ending | | | | | | | |
|-------------|-------------------------------------|--|---|--------------------------------|------------------------------------|----------------------------|--|--|---|
| | Nar | ne of | foundation | | | | | A Employer identification | number |
| | W | IL: | LIAM H. HARF | RIS FOUNDATI | ON | | | 04-6197960 |) |
| | | | nd street (or P O box number | | | Room/ | /suite | B Telephone number | |
| | 1 | 9 1 | WINDEMERE CIRCLE | | | | | 781-848-31 | 87 |
| | | | own, state or province, coi | | nostal code | | | C If exemption application is p | |
| | | | INTREE, MA | 02184 | postal code | | | i exemption application is p | bending, check here |
| | G C | heck | all that apply: | Initial return | D 1. Foreign organization | s, check here | | | |
| | | | | Final return | 2 | | | | |
| | | | | Address change | | | 2 Foreign organizations me check here and attach co | omputation | |
| | H_C | _ | | X Section 501(c)(3) e | | | | E If private foundation sta | tus was terminated |
| | ب | | ction 4947(a)(1) nonexem | | Other taxable private foun | | | under section 507(b)(1 | |
| | | | rket value of all assets at | · — | ting method: X Cash | Accrual | | F If the foundation is in a | |
| | | | | | Other (specify) | - h 1 | | under section 507(b)(1 |)(B), check here |
| | | <u> </u> | | | Tinn (a) must be on cast | T . | | | T 11 |
| Sou | | ırt I | (The total of amounts in colunecessarily equal the amount | ımns (b), (c), and (d) may not | (a) Revenue and expenses per books | (b) Net investme income | ent | (c) Adjusted net income | (0) Disbursements for charitable purposes (cash basis only) |
| 3 | <u> </u> | 1 | Contributions, gifts, gran | its, etc., received | | | | | |
| ©: | | 2 | Check X If the foundation | | | | | | |
| M | | 3 | Interest on savings and temporals investments | orary | 3,500 | . 3,5 | 00. | | STATEMENT 1 |
| SCANNED NOY | | 4 | Dividends and interest fro | om securities | 128,724 | | | | STATEMENT 2 |
| | | 5a | Gross rents | | | | | | |
| | | | Net rental income or (loss) | | | | | F | |
| | 4. | _ | Net gain or (loss) from sale of | assets not on line 10 | 86,361 | | | REC | EIVED |
| | Ę | ь | Gross sales price for all assets on line 6a | 793,729. | | | | | LIVEU . |
| | Revenue | 7 | Capital gain net income (from | | | 86,3 | 61. | S NOV | 16. |
| | æ | 8 | Net short-term capital gai | • | | 00,0 | | 8 NOV I | 8 2014 19 |
| Ø | | 9 | Income modifications | | | | | | 1(r) |
| | | 40- | Gross sales less returns | 1 | | | | OGDI | Al Ray |
| | | Ι. | Less Cost of goods sold | | | | | | 1. U |
| | | I | Gross profit or (loss) | | | | | | |
| | | l | . ' ' | | 831,251 | 831,2 | 51. | 0. | STATEMENT 3 |
| | | 12 | Total. Add lines 1 through | nh 11 | 1,049,836 | 1,049,8 | | 0. | |
| | | 13 | Compensation of officers, dire | | 0 | | 0. | 0. | 0. |
| | | 14 | Other employee salaries a | | | <u> </u> | | - | |
| | | | Pension plans, employee | = | | | | | |
| | es | I | Legal fees | Dononto | | | | | |
| | SUS | I | Accounting fees | | | | | | |
| | Ŏ. | | Other professional fees | | | | | | |
| | ē | ! | Interest | | | + | | | |
| | aţi | | Taxes | STMT 4 | 29,664 | . 29,6 | 64 | 0. | 0. |
| | str | | Depreciation and depletion | | 25,004 | 23,0 | 0 = 0 | • | |
| | Ë | l | Occupancy | JII | | | | | |
| | μþ | | Travel, conferences, and | maatinas | | | | | |
| | Þ | | Printing and publications | = | | <u> </u> | | | |
| | ğ | | Other expenses | STMT 5 | 149,124 | . 116,8 | 71 | 0. | 32,250. |
| | Operating and Administrative Expens | | Total operating and adm | | 149,124 | 110,0 | /4. | U . | 34,230. |
| | era | 24 | • • | | 170 700 | . 146,5 | 20 | | 22.250 |
| | Ö | 25 | expenses. Add lines 13 t | | 178,788 435,565 | | 30. | 0. | 32,250. 435,565. |
| | | | Contributions, gifts, gran | | 433,363 | • | | | 435,565. |
| | | 26 | Total expenses and disb | ouisements. | 614 252 | 146 5 | 20 | | ACT 015 |
| | | | Add lines 24 and 25 | - 40- | 614,353 | . 146,5 | <u> 38.</u> | 0, | 467,815. |
| | | l | Subtract line 26 from line | | 125 402 | | | | |
| | | ı | Excess of revenue over exper | | 435,483 | | 0.0 | | |
| | | 1 | Net investment income | | | 903,2 | . y o . | | |
| | | C | Adjusted net income (if n | negative, enter -0-) | <u>i</u> | _l | | 0. | 1 |

LHA For Paperwork Reduction Act Notice, see instructions

Form **990-PF** (2013)

1

2013.04030 WILLIAM H. HARRIS FOUNDATIO 04619791

| For | m 99 | 0-PF (2013) WILLIAM H. HARRIS FOUND | | | 6197960 Page <u>2</u> |
|----------------------|------|--|--------------------|----------------|---------------------------|
| Р | art | Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of | |
| _ | 1 | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | F11 740 | 642 940 | 643,849. |
| | | Savings and temporary cash investments | 511,749. | 643,849. | 043,849. |
| | 3 | Accounts receivable ► | | | |
| | | | | | |
| | 4 | Pledges receivable ► Less: allowance for doubtful accounts ► | | | |
| | 5 | Grants receivable | | | |
| | 6 | Receivables due from officers, directors, trustees, and other disqualified persons | | | |
| | 7 | Other notes and loans receivable | | | |
| | | Less: allowance for doubtful accounts | | | |
| Assets | | Inventories for sale or use | | | |
| Ass | | Prepaid expenses and deferred charges Investments - U.S. and state government obligations | | | |
| | | Investments - corporate stock STMT 7 | 314,373. | 449,653. | 430,942. |
| | | Investments - corporate stock STMT / | 314,3/3. | 449,033. | 430,342. |
| | ١ | Investments - Land, buildings, and equipment basis | | | |
| | 11 | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other STMT 8 | 6,283,298. | 6,923,739. | 7,254,082. |
| | | Land, buildings, and equipment basis | 0,200,200 | 0,520,7000 | ,,201,0021 |
| | '' | Less accumulated depreciation | | | |
| | 15 | Other assets (describe STATEMENT 9) | 300,000. | 0. | 0. |
| | 1 | Total assets (to be completed by all filers - see the | | | |
| | | instructions. Also, see page 1, item 1) | 7,409,420. | 8,017,241. | 8,328,873. |
| | 17 | Accounts payable and accrued expenses | | • | |
| | 18 | Grants payable | | | |
| Ś | 19 | Deferred revenue | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| abi | 21 | Mortgages and other notes payable | | | |
| | 22 | Other liabilities (describe) | | | |
| | | | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | | Foundations that follow SFAS 117, check here | | | |
| s | Ì | and complete lines 24 through 26 and lines 30 and 31. | | | |
| JC. | 24 | Unrestricted | - | | |
| alai | 25 | Temporarily restricted | | | |
| Ö | 26 | Permanently restricted | | | |
| Fund Balances | | Foundations that do not follow SFAS 117, check here | | | |
| o F | 0.7 | and complete lines 27 through 31. | 0 | , | |
| Net Assets or | 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| \ss(| 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | 7,409,420. | 8,017,241. | |
| et / | 29 | Retained earnings, accumulated income, endowment, or other funds | 7,409,420. | 8,017,241. | |
| Ž | 30 | Total net assets or fund balances | 1,403,420. | 0,017,241. | |
| | 31 | Total liabilities and net assets/fund balances | 7,409,420. | 8,017,241. | |
| | | | | 0,017,2414 | |
| LP | art | Analysis of Changes in Net Assets or Fund B | alances | | |
| 1 | Tota | net assets or fund balances at beginning of year - Part II, column (a), line | 30 | | |
| | | st agree with end-of-year figure reported on prior year's return) | | 1 | 7,409,420. |
| 2 | Ente | r amount from Part I, line 27a | | 2 | 435,483. |
| 3 | Othe | r increases not included in line 2 (itemize) | SEE STA | TEMENT 6 3 | 172,338. |
| 4 | | lines 1, 2, and 3 | | 4 | 8,017,241. |
| 5 | | eases not included in line 2 (itemize) | | 5 | 0. |
| 6 | Tota | I <u>net assets or fund balances at end of year (line 4 minus line 5) - Part II, co</u> | olumn (b), line 30 | 6 | 8,017,241. |
| | | | | | Form 990-PF (2013) |

| Part IV Capital Gains ar | nd Losses for Tax on In | vestment | Income | | | | | 7500gc c |
|---|--|-----------------|--------------------------------------|---------------------------|--|------------------------|-----------------------------|---|
| | e the kınd(s) of property sold (e.g house; or common stock, 200 shs | | | (b) ^l | low acquired - Purchase - Donation | (c) Date a (mo , da | | (d) Date sold (mo., day, yr.) |
| 1a | | | _ | | | | | |
| | STATEMENT | | | | | | | |
| _c | | | | <u> </u> | | | | |
| <u>d</u> | | | | <u></u> | | | - | |
| _e | | | | <u> </u> | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | _ | | in or (loss (f) minus (| |
| a | | | | | | | | |
| <u>b</u> | | | | | | | | |
| <u>c</u> | | | | + | | | | · · · · · · |
| d 793,729. | - | | 734,80 | 0 | | | | 86,361. |
| Complete only for assets showing | nain in column (b) and owned by | the foundation | | 0. | | Coine /Co | ol. (h) gain | |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Ex | cess of col. (i) col. (j), if any | | | (k), but no | ot less that from col. (| n -0-) o r |
| a | | | | | | | | |
| b | | | | | | | | |
| С | | | | | | | | |
| d | | | | | | | | |
| е | | | | | | | | 86,361. |
| 2 Capital gain net income or (net capit | If gain, also enter tal loss) | | | }[| 2 | | | 86,361. |
| 3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co | | nd (6): | | } | | | NT / N | |
| If (loss), enter -0- in Part I, line 8 Part V Qualification Union | der Section 4940(e) for | Reduced | Tax on Net | Inv | _3 ↓ estment inc | ome | N/A | |
| (For optional use by domestic private for | | | | | | | | |
| (i or optional use by domestic private it | Junuations Subject to the Section - | 4340(a) lax on | net investment in | icomic | -) | | | |
| If section 4940(d)(2) applies, leave this | part blank. | | | | | | | |
| Was the foundation liable for the section If "Yes," the foundation does not qualify | under section 4940(e). Do not co | mplete this pa | ırt. | | | | | Yes X No |
| 1 Enter the appropriate amount in each | ch column for each year; see the ii | nstructions be | fore making any e | ntries | • | | | (1) |
| (a) Base period years Calendar year (or tax year beginning | | | Net value of no | | ıtable-use assets | | | (d) oution ratio vided by col. (c)) |
| 2012 | | 8,600. | | | <u>,022,652</u> | | | .092358 |
| 2011 | | 8,366. | | | <u>,918,450</u> | | | .103833 |
| 2010 | | 5,531. | | | ,870,694 | | | .118697 |
| 2009 | | 8,510. | | | ,563,003 | | | .034818 |
| 2008 | 56 | 9,197. | | 5_ | <u>,972,035</u> | + | | .095310 |
| 2 Total of line 1, column (d) | | | | | | 2 | · | .445016 |
| 3 Average distribution ratio for the 5-y the foundation has been in existence | | on line 2 by 5, | or by the number | of ye | ars | 3 | | .089003 |
| 4 Enter the net value of noncharitable | -use assets for 2013 from Part X, | line 5 | | | | 4 | | 7,774,605. |
| 5 Multiply line 4 by line 3 | | | | | | 5 | | 691,963. |
| 6 Enter 1% of net investment income | (1% of Part I, line 27b) | | | | | 6 | | 9,033. |
| 7 Add lines 5 and 6 | | | | | | 7 | | 700,996. |
| 8 Enter qualifying distributions from F | Part XII, line 4 | | | | | 8 | | 467,815. |
| If line 8 is equal to or greater than li | • | e 1b, and comp | olete that part usin | ng a 1º | % tax rate. | | | |

| | 990-PF (2013) WILLIAM H. HARRIS FOUNDATION 04- rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948- | 6197 see i | | | Page 4 |
|-----|---|---------------|----|-------------------------|--------|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary-see instructions) | | | | |
| h | Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1% | | 1 | 8.0 | 66. |
| Ī | of Part I, line 27b | | | | |
| c | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b) | | | | |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | 0. |
| | Add lines 1 and 2 | | 1 | 8,0 | 66. |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | 0. |
| | Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0- | | 1 | 8.0 | 66. |
| - | Credits/Payments: | | | | |
| | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 23,600. | | | | |
| | Exempt foreign organizations - tax withheld at source 6b | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c 18,000. | | | | |
| | Backup withholding erroneously withheld 6d | | | | |
| | Total credits and payments Add lines 6a through 6d | | 4 | 1.6 | 00. |
| | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | | | | 15. |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | |
| | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | 2 | 3 4 | 19. |
| | Enter the amount of line 10 to be: Credited to 2014 estimated tax | | | <i>J</i> , + | 0. |
| | rt VII-A Statements Regarding Activities | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | | | Yes | No |
| - | any political campaign? | | 1a | | X |
| h | 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 or | | | | |
| | distributed by the foundation in connection with the activities | | | | |
| c | Did the foundation file Form 1120-POL for this year? | | 1c | | х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | - | | |
| ٠ | (1) On the foundation. \blacktriangleright \$ 0 • (2) On foundation managers. \blacktriangleright \$ | | | | |
| ρ | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| Ŭ | managers. ►\$ 0. | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | Х |
| - | If "Yes," attach a detailed description of the activities | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or | | | | |
| • | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | Х |
| | | /A | 4b | | |
| 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 | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law | | | | |
| | remain in the governing instrument? | | 6 | х | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV | | 7 | Х | |
| · | the foundation has a root do to the control of the foundation has a few forms and the foundation has a few forms and the few foundations and the few foundations are few forms and the few foundations and the few foundations are few foundations. | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | | |
| | MA | | ŀ | | |
| 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 | X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar | | | | |
| | year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV | | 9_ | <u></u> | _x_ |
| _10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | | X |
| | | | | DE | 2012) |

| Form 990-PF (2013) WILLIAM H. HARRIS FOUNDA | | | 04-61979 | 60 Page 6 |
|--|---|-----------------------------|---|---|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be F | Required (continu | ued) | |
| 5a During the year did the foundation pay or incur any amount to: | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Ye | s X No | |
| (2) Influence the outcome of any specific public election (see section 4955); of | or to carry on, directly or indire | | | |
| any voter registration drive? | | | s X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | | Ye | s X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | n described in section | | , | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | s X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | , or educational purposes, or f | | | |
| 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 uni | · · | n Regulations | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | | | N/A 5 | 5b |
| Organizations relying on a current notice regarding disaster assistance check h | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f | | | | |
| expenditure responsibility for the grant? | | 「/A. | s L No | |
| If "Yes," attach the statement required by Regulations section 53 494 | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | |
| a personal benefit contract? | _ | Ye | s X No | . |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | personal benefit contract? | | <u> 6</u> | Sb X |
| If "Yes" to 6b, file Form 8870 | | | () | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Ye | s X No | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | | 7b |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | ees, Foundation Ma | nagers, Higniy | / | |
| 1 List all officers, directors, trustees, foundation managers and their | compensation. | | | |
| | (b) Title, and average hours per week devoted | (c) Compensation | (d) Contributions to employee benefit plans and deferred | (e) Expense account, other |
| (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | and deferred compensation | account, other allowances |
| WILLIAM H. HARRIS, M.D. | TRUSTEE | | | |
| 1010 WALTHAM STREET #8 | | | | |
| LEXINGTON, MA 02421 | 0.00 | 0. | 0. | 0. |
| JOHANNA H. HARRIS | TRUSTEE | | | |
| 1010 WALTHAM STREET #8 | | | | |
| LEXINGTON, MA 02421 | 0.00 | 0. | 0. | 0. |
| | | | | |
| | | | | |
| |] | | | |
| | | | | |
| | 1 | İ | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | T | enter "NONE." | (4) 0 | |
| (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 | | | | |
| | l | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | <u> </u> | | |
| | | _ | | |
| | | | <u> </u> | |
| Total number of other employees paid over \$50,000 | | | | 0 |

Total. Add lines 1 through 3

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

Form 990-PF (2013)

5

6

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

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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

OIII 990-FF (2013) WILLIAM .

| Part XIII Undistributed Income (se | e instructions) | | | |
|--|-----------------|----------------------------|-------------|----------------------|
| • | (a) Corpus | (b) Years prior to 2012 | (c) 2012 | (d) 2013 |
| 1 Distributable amount for 2013 from Part XI, | | | | 370,664. |
| 2 Undistributed income, if any, as of the end of 2013 | | | | 0.0,000 |
| a Enter amount for 2012 only | | | 0. | |
| b Total for prior years: | | | | |
| | | 0. | | |
| 3 Excess distributions carryover, if any, to 2013: | | | | |
| a From 2008 283,461. | | | | |
| b From 2009 | • | | | |
| c From 2010 493,170. | | | | |
| d From 2011 394,731. | | | | |
| e From 2012 320,798. | | | | |
| f Total of lines 3a through e | 1,492,160. | | | |
| 4 Qualifying distributions for 2013 from | | | | |
| Part XII, line 4: ►\$ 467,815. | | | | |
| a Applied to 2012, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2013 distributable amount | | | | 370,664. |
| e Remaining amount distributed out of corpus | 97,151. | | | |
| 5 Excess distributions carryover applied to 2013 | 0. | | | 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 | | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 1,589,311. | | | |
| b Prior years' undistributed income Subtract | - | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 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 | | | | |
| be distributed in 2014 | | · | | 0. |
| 7 Amounts treated as distributions out of | | | | |
| corpus to satisfy requirements imposed by | | : | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2008 | 202 464 | | | |
| not applied on line 5 or line 7 | 283,461. | | | |
| 9 Excess distributions carryover to 2014. | 1 205 050 | | | |
| Subtract lines 7 and 8 from line 6a | 1,305,850. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2009 | | | | |
| b Excess from 2010 493,170. | | | | |
| c Excess from 2011 394,731. | | | | |
| d Excess from 2012 320, 798. | | | | |
| e Excess from 2013 97,151. | | | | |

| | H. HARRIS | | | | <u> 97960 Page 10</u> |
|--|-----------------------------|------------------------------|--------------------------|--------------------------------|-----------------------|
| Part XIV Private Operating F | oundations (see in | structions and Part VI | I-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | r determination letter tha | it it is a private operating | | | |
| foundation, and the ruling is effective fo | r 2013, enter the date of | the ruling | ▶ | <u></u> | |
| b Check box to indicate whether the found | lation is a private operati | ing foundation described | in section | 4942(j)(3) or 4 | 942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2013 | (b) 2012 | (c) 2011 | (d) 2010 | (e) Total |
| 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 | <u>.</u> | | | | |
| 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 | | | | | |
| , , | <u> </u> | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return | | | | | |
| shown in Part X, line 6 for each year listed | | | | | |
| c "Support" alternative test - enter: | | | | | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or royalties) | | | | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | rmation (Comple | ete this part only | if the foundati | on had \$5,000 or m | ore in assets |
| at any time during t | he year-see inst | ructions.) | | | |
| 1 Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation wh | - | than 2% of the total con | tributions received by | the foundation before the clo | ose of any tax |
| year (but only if they have contributed r | nore than \$5,000). (See | section 507(d)(2).) | | | |
| SEE STATEMENT 11 | | | | | |
| b List any managers of the foundation wh | | | (or an equally large po | ortion of the ownership of a p | partnership or |
| other entity) of which the foundation ha | s a 10% or greater intere | est. | | | |
| NONE | | ··· <u>·</u> | | | |
| 2 Information Regarding Contribut | ion, Grant, Gift, Loar | ı, Scholarship, etc., P | rograms: | | |
| Check here 🕨 🗶 if the foundation of | | | | | |
| the foundation makes gifts, grants, etc. | (see instructions) to ind | ividuals or organizations i | under other conditions | s, complete items 2a, b, c, an | d d. |
| a The name, address, and telephone num | ber or e-mail address of | the person to whom app | ications should be ad | dressed: | |
| SEE STATEMENT 12 | | | · | | |
| b The form in which applications should be | oe submitted and inform | ation and materials they s | hould include: | | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on award | s, such as by geographi | cal areas, charitable fields | , kınds of ınstitutions, | or other factors: | |
| | | | | | |
| | | | | | |

11

| Part XVI-A | Analysis of Income-Pr | roducing Activities |
|------------|-----------------------|---------------------|
|------------|-----------------------|---------------------|

| Enter gross amounts unless otherwise indicated. | Unrelated t | ousiness income | | by section 512, 513, or 514 | (e) |
|---|-----------------|-----------------|----------------|-----------------------------|-----------------------------------|
| · | (a) Business | (b) Amount | Exclu- sion | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | , | code | rundun | 1011011011110 |
| a | _ | | | | |
| b | _ | | | | |
| c | _ | | | | |
| d | | | | | |
| e | | | | | |
| f | _ | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 3,500. | |
| 4 Dividends and interest from securities | | | 14 | 128,724. | A40 |
| 5 Net rental income or (loss) from real estate: | | - | | | |
| a Debt-financed property | | - | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | i i | | | | |
| property | | | | | |
| 7 Other investment income | | | 14 | 831,251. | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | | | 18 | 86,361. | |
| 9 Net income or (loss) from special events | | | | | |
| O Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| С | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | | 0. | 1,049,836. | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 1,049,83 |
| (See worksheet in line 13 instructions to verify calculations |) | | | | |

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

| Line No. | Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). |
|--------------------|---|
| | the foundation's exempt purposes (other than by providing tunds for such purposes). |
| | |
| - | |
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| 323621 10-10-13 | Form 990-PF (2013) |

| Part XVII | Information Re Exempt Organ | | sfers To a | nd Transacti | ons ai | nd Relations | hips With No | ncharitable | е | |
|---------------------|--|-------------------------|---------------------------------------|-----------------------------|------------|---------------------|---------------------------|---|-------------------------|------------|
| 1 Did the or | ganization directly or indi | | of the followin | g with any other org | anızatıor | n described in sec | tion 501(c) of | | Yes | No |
| the Code (| other than section 501(c) |)(3) organizations) c | or in section 52 | 7, relating to politication | al organiz | zations? | | | | |
| a Transfers | from the reporting found | ation to a noncharita | able exempt org | janization of: | | | | | | |
| (1) Cash | | | | | | | | 1a(1) | <u> </u> | X |
| (2) Other | | | | | | | | 1a(2) | | <u>x</u> _ |
| b Other tran | | | | | | | | | | |
| • • | of assets to a noncharita | | | | | | | 1b(1) | <u> </u> | X |
| • • | lases of assets from a not | | organization | | | | | 1b(2) | | X |
| | il of facilities, equipment, bursement arrangements | | | | | | | 1b(3) 1b(4) | ├ | X |
| | s or loan guarantees | ' | | | | | | 1b(5) | | X |
| • • | rmance of services or me | embership or fundra | isina solicitatio | ns | | | | 1b(6) | <u> </u> | X |
| | f facilities, equipment, ma | | | | | | | 1c | | X |
| - | ver to any of the above is | | | | ould alw | ays show the fair i | market value of the | goods, other as: | sets, | |
| or service: | s given by the reporting fo | oundation. If the fou | ndation receive | | | | | | | |
| |) the value of the goods, (b) Amount involved | | | exempt organizatio | n | (d) Description | n of transfers, transacti | ons, and sharing ar | rangeme | ents |
| (2) 20 110 | 1-1, | (0) 1141110 | N/A | | | (a) Doscription | . J. Jan. Siero, Banddell | a.a.a.a.a.a.a.a.a.a.a | /901110 | |
| | · | | / | | | 1 | | | | |
| <u> </u> - | | | | | | | | | | |
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| | | | | | | | | | | |
| ın section | ndation directly or indirects 501(c) of the Code (other complete the following sch | r than section 501(c | | · - · | t organiz | ations described | | Yes | X |] No |
| | (a) Name of org | ganization | | (b) Type of organ | zation | | (c) Description of r | elationship | | |
| | <u> N/A</u> | | | | | <u> </u> | | | | |
| | | · _ · · · · | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Sign Here | penalties of perjury, I declare elief, it is true correct, and cor | mplete Declaration of p | | | | | | May the IRS return with the shown below | ne prepar v (see ins | rer |
| | Print/Type preparer's na | | Preparer's s | | T | Date | Check If | PTIN | | |
| | RICHARD D. | | 1 | g | . | | self- employed | | | |
| Paid | BRUHMULLER | | RICHAD | D D. BRUH | mti | 10/31/14 | | P00301 | 5 2 2 | |
| Preparer | Firm's name ► WAL | | | | | <u> </u> | Fırm's EIN ▶ C | | | |
| Use Only | | & Dil(| , | 2 | | | | 2 2200 | | |
| • | Firm's address ► 50 | 1 PROVIDE | ENCE HI | GHWAY | - | | | | - | |
| | • | RWOOD, MA | | | | | Phone no. (6 | 17) 447 | 7-27 | 00 |
| | | | | | | | | Form 99 | | |

| Pa | art IV Capital Gains and Los | sses for Tax on Investment Income | | | | |
|------------|--|---|---|--|---|----------------------------------|
| | 2-story br | describe the kind(s) of property sol ick warehouse; or common stock, 2 | d, e.g., real estate, 00 shs. MLC Co. | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a | FUNDAMENTAL MA | NAGERS LP- K-1 | | | | |
| | FUNDAMENTAL MA | NAGERS LP- K-1 | | | | |
| | FLAG IV- K-1 | | | | | |
| | FLAG IV- K-1 | | | | | |
| | FLAG II-K-1 | | · | | | |
| | FLAG III-K-1 | | | | | |
| <u> </u> | FLAG III-K-1 | | | | | |
| | 4700SHS VANG'D | | | P | | 06/28/13 |
| | | LACKROCK ALL CAP | | P | | 05/02/13 |
| | | ROCK ALL CAP ENE | RGY | P | 12/12/02 | 05/02/13 |
| <u>k</u> | CAPITAL GAINS | DIVIDENDS | | | ļ <u></u> | |
| _1_ | | | | • | | |
| m | | | | | | |
| n | | | | | | |
| 0 | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | |) Gain or (loss) lus (f) minus (g) | |
| a | | | | | | 11,436. |
| b | | | | | | 48,629. |
| С | | | | | | 32. |
| d | | i | | | | 38,617. |
| е | | | | | | <u>-48,631.</u> |
| <u>f</u> | | | | | | -66. |
| g | | | | | | -22,577. |
| h | 391,844. | | 349,429. | | | 42,415. |
| | 367,130. | | 385,288. | | | -18,158. |
| 丄 | 93. | | 91. | | | 2. |
| <u>k</u> _ | 34,662. | | | | | 34,662. |
| 1_ | | | | | | |
| m | | | | | | |
| n | | | | | | |
| 0 | | | | | | |
| | Complete only for assets showing | ng gain in column (h) and owned by | the foundation on 12/31/69 | (I) Los | sses (from col. (h)) | |
| | (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 | Gains (excess of but n | of col. (h) gain ove ot less than "-0-") | r col. (k), |
| a | | | | | | 11,436. |
| b | | | | | | 48,629. |
| С | | | | | | 32. |
| d | | | | | | 38,617. |
| e | | | | | | -48,631. |
| f | | | | | | -66. |
| g | - | | | | | -22,577. |
| h | | | | | | 42,415. |
| <u></u> | | | | | | -18,158. |
| Ţ | | | | | | 2. |
| k | | | | | | 34,662. |
| | | | | | | |
| m | | | | | | |
| n | | | | | | |
| 0 | | | | | | |
| _ | | | Double 2 | | | |
| | Capital gain net income or (net ca | (1000), 0 | . 1 | 2 | | 86,361. |
| | Net short-term capital gain or (losif gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line 8 | | lu (o): } | | N/A | |

WILLIAM H. HARRIS FOUNDATION

| 3 Grants and Contributions Paid During the | If recipient is an individual | Т | | |
|--|--|----------------------|--|---------|
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (nome or business) | or substantial contributor | recipient | | |
| HAVERFORD COLLEGE | | ЕХЕМРТ | EDUCATION ;LISTTOTAL 0 ;LISTTOTAL 275000 | 250,000 |
| | | | | |
| MANOMET | N/A | EXEMPT | CONSERVATION ;LISTTOTAL 0 | 50,000 |
| | | | | |
| MARTHA'S VINEYARD HOSPITAL | | ЕХЕМРТ | RESEARCH STUDIES | 5,750 |
| | | | | |
| MASS AUDUBON SOCIETY | | ЕХЕМРТ | CONSERVATION ;LISTTOTAL 0 | 1,000 |
| MCLEAN HOSPITAL | | EXEMPT | RESEARCH STUDIES | 5,000 |
| | | | | |
| MERCESBURG ACADEMY | | ЕХЕМРТ | EDUCATION | 3,000 |
| | | | | |
| MISC CONTRIBUTIONS | | ЕХЕМРТ | | 4,300 |
| MORGAN MEMORIAL | | ЕХЕМРТ | | |
| | | | | 1,000 |
| MUSEUM OF FINE ARTS | | EXEMPT | | 3,000 |
| | | | | |
| MUSEUM OF SCIENCE | | EXEMPT | RESEARCH STUDIES | 1,00 |
| Total from continuation sheets | | | • | 424.56 |

Part XV **Supplementary Information** Grants and Contributions Paid During the Year (Continuation) 3 If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor EXEMPT RESEARCH STUDIES ORHTOPAEDIC RESEARCH + EDUCATION FDN 1,000. OWL RESEARCH INSTITUTE EXEMPT CONSERVATION 20,015. PLANNED PARENTHOOD FEDERATION EXEMPT 1,500. EXEMPT RALPH LOWELL SOCIETY 3,000. THE NATURE CONSERVANCY IN EXEMPT CONSERVATION LISTTOTAL 0 MASSACHUSETTS LISTTOTAL 120000 70,000. THE TRUSEES OF RESERVATIONS EXEMPT 500. EXEMPT LUANNE JOHNSON 3,500. EXEMPT WORLD WILDLIFE FUND 1,000. Total from continuation sheets

| FORM 990-PF INTERE | ST ON SAVING | S AND T | EMPORA | ARY C | CASH | IN | VESTMENTS | S | PATEMENT | 1 | |
|--|-----------------|-----------------------------|--------------|---------------------------|---------------------|-------------------------------|---------------------------------|-----------|------------------------------|----------|--|
| SOURCE | | (A) REVENUE PER BOOKS | | (B) NET INVESTMENT INCOME | | (C) ADJUSTED NET INCOME | | 2 | | | |
| BANK OF AMERICA | | | | 51. | | | 51. | | | 51. | |
| FIDELITY | | | 13. | | | | 13. | | | L3. | |
| FLAG VENTURE II | | | | 249. | | 249. | | 249 | | | |
| FLAG VENTURE III FLAG VENTURE IV | | | 114. 651. | | | 114. 651. | | | 114. 651. | | |
| FUNDAMENTAL MANAGER | STP | | 2,12 | | | | 2,120. | 2,120. | | | |
| IRS | 5 21 | | | 00. | | | 200. | | | 00. | |
| SANTANDER | | | | 02. | 102. | | | | 10 | 2. | |
| TOTAL TO PART I, LI | NE 3 | | 3,500. | | | 3,500. | | 3,500. | | 00. | |
| | | | | | - | | | | | | |
| FORM 990-PF | DIVIDENDS | AND INT | EREST | FROM | 1 SEC | CUR | ITIES | Si | PATEMENT | | |
| SOURCE | GROSS AMOUNT | CAPIT GAIN DIVIDE | S | | (A) ENUI BOOI | | (B) NET INVES MENT INCO | | (C) ADJUSTI NET INCO | | |
| FIDELITY | 151,642. | 34. | 662. | 562. 116,980 | | 30. | 116,980 | | 0. 116,980 | | |
| FLAG VENTURE II | 28. | , | 0. | | | 28. | - | 28. | • | 28. | |
| FLAG VENTURE III | 158. | | 0. | | | 58. | | 8. | | 58. | |
| FLAG VENTURE IV | 1,618. | | 0. | | 1,61 | | 1,61 | | 1,61 | | |
| FUNDAMENTAL MGRS | 9,940. | | 0. | | 9,940 | | 0. 9,94 | | 9,94 | <u> </u> | |
| TO PART I, LINE 4 | 163,386. | 34, | 662. | 12 | 28,72 | 24. | 128,72 | 24. | 128,72 | 24. | |
| FORM 990-PF | | ОТНЕВ | INCO | ИЕ: | <u> </u> | | | Sr | PATEMENT | | |
| | | | | | | | | | | | |
| DESCRIPTION | | | RE | (A) VENUE BOOK | | | (B) ET INVEST- ENT INCOME | | (C) ADJUSTEI NET INCOM | | |
| FLAG III K-1 OTHER | INCOME | | | | 3 . | <u> </u> | | 3. | | 0. | |
| PARTNERS HEALTHCARE SYS - ROYALTI | | TIES | IES 820 | | , 782 | | 820,782 | | | 0. | |
| FLAG IV K-1 OTHER I FUNDAMENTAL MANAGER | NCOME | | | - | ,189 | | 8,189 | | | 0. | |
| INCOME | | | | 2 , | , 272 | | 2,272 | | | 0. | |
| FLAG II- K-1- OTHER | INCOME | | | | 5 | • - – | | 5. — - | ····· | 0. | |
| TOTAL TO FORM 990-P | F, PART I, L | INE 11 | | 831, | , 251 | • – | 831,251 | | | 0. | |
| | | | | | = | = = | | _ = | | | |

| FORM 990-PF | TAX | ES | STATEMENT 4 | | | |
|---|---|------------------------------------|-------------------------------|---------------------------------|--|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| FOREIGN TAXES PAID STATE ANNUAL REPORT FEDERAL TAX PAYMENTS | 2,347. 250. 27,067. | 2,347. 250. 27,067. | 0. 0. 0. | 0. 0. 0. | | |
| TO FORM 990-PF, PG 1, LN 18 | 29,664. | 29,664. | 0. | 0. | | |
| FORM 990-PF | OTHER E | XPENSES | នា | PATEMENT 5 | | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | | |
| INVESTMENT FEES BOOKKEEPING OFFICE EXPENSE INSURANCE PORTFOLIO DEDUCTIONS - FLAG VENTURE PARTNERS II PORTFOLIO DEDUCTIONS - FLAG VENTURES IV PORTFOLIO DEDUCTIONS - FLAG VENTURE PARTNERS III | 28,838. 50,000. 102. 391. 1,140. 10,344. 3,284. | | 0. 0. 0. 0. | 0. 25,000. 0. 0. 0. | | |
| OTHER DEDUCTIONS - FUNDAMENTAL INVESTMENT INTEREST - FUNDAMENTAL MANAGERS FUND, LP TAX PREPARATION HONARAIUM | 31,437. 14,088. 4,500. 5,000. | 31,437. 14,088. 2,250. 0. | 0. 0. 0. | 0. 2,250. 5,000. | | |
| TO FORM 990-PF, PG 1, LN 23 | 149,124. | 116,874. | 0. | 32,250. | | |

| FORM 990-PF OTHER INCREASES IN NET | ASSETS OR FU | ND BALANCES | STATEMENT | 6 |
|---|---------------------|----------------------|----------------------|----|
| DESCRIPTION | | | AMOUNT | |
| UNREALIZED GAINS/LOSSES ON PARTNERSH | IIP INVESTMENT | S | 172,33 | 8. |
| TOTAL TO FORM 990-PF, PART III, LINE | 3 | | 172,33 | 8. |
| FORM 990-PF CORE | PORATE STOCK | | STATEMENT | 7 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE | 1 |
| VANGUARD INTERNATIONAL FUND | - | 449,653. | 430,94 | 2. |
| TOTAL TO FORM 990-PF, PART II, LINE | 10B | 449,653. | 430,94 | 2. |
| FORM 990-PF OTHER | INVESTMENTS | | STATEMENT | 8 |
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE | i |
| FLAG VENTURE PARTNERS II | FMV | 108,242. | 108,24 | 2. |
| FLAG VENTURE PARTNERS III | FMV | 92,245. | 92,24 | |
| FLAG VENTURE PARTNERS IV | FMV | 461,598. | 461,59 | |
| FUNDAMENTAL MANAGERS FUND | FMV | 1,243,636. | 1,243,63 | |
| GUGGENHEIM RUSSELL TOP 50 BLACKROCK ALL CAP GLOBAL | FMV FMV | 849,971. 0. | 1,145,14 | 0. |
| VANGUARD BD INDEX FD INTERMED | FMV | 0. | | 0. |
| TAP FUND | FMV | 365,301. | 290,25 | |
| FIDELITY DIVERSIFIED INT'L | FMV | 296,672. | 395,46 | |
| VANGUARD SHORT TERM INV GRADE | FMV | 517,739. | 519,32 | 3. |
| VANGUARD BD INDEX FD INTERMED | FMV | 705,256. | 700,89 | 7. |
| DOUBLELINE TOTAL RETURN BOND FD | FMV | 549,162. | 523,82 | |
| THE FX STRATERGY FUND CLASS I | FMV | 203,995. | 180,00 | 2 |
| JOHN HANCOCK GL ABSO RETURN STRATS | FMV | 400 501 | 440 40 | _ |
| CL I | EM7 | 408,721. | 413,40 | |
| FPA CRESCENT INSTL | FMV | 415,460. | • | |
| RS GLOBAL NATURAL RESOURCES FUND VANGUARD INT'L VALUE PORT INV | FMV FMV | 384,246. 321,495. | 352,64 389,15 | |
| TOTAL TO FORM 990-PF, PART II, LINE | 13 | 6,923,739. | 7,254,08 | 2. |

| FORM 990-PF | OTHER ASSETS | | STATEMENT | 9 |
|-------------------------------------|-------------------------------|---------------------------|---------------------|----|
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKE VALUE | r |
| DISTRIBUTION FROM BARLOW IN TRANSIT | 300,000. | 0. | | 0. |
| TO FORM 990-PF, PART II, LINE 15 | 300,000. | 0. | | 0. |
| FORM 990-PF SUMMARY OF DIR | ECT CHARITABLE A | ACTIVITIES | STATEMENT | 10 |

ACTIVITY ONE

SUPPORT OF ORTHOPAEDIC BIOMECHANICS AND BIOMATERIALS RESEARCH AT THE MASS. GENERAL HOSPITAL, PARTICIPATION IN NATIONAL SEMINARS AND CONFERENCES, PUBLICATION OF RESEARCH PAPERS

| | | EXPENSES | |
|------------------------------|---|-----------|----|
| TO FORM 990-PF, PART IX-A, L | | 0. | |
| FORM 990-PF | PART XV - LINE 1A OF FOUNDATION MANAGERS | STATEMENT | 11 |

NAME OF MANAGER

WILLIAM H. HARRIS, M.D. JOHANNA H. HARRIS

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 12 PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

SEE NOTE BELOW

FORM AND CONTENT OF APPLICATIONS

SEE NOTE BELOW

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION GENERALLY MAKES CONTRIBUTIONS IN SUPPORT OF EDUCATION, CONSERVATION AND MEDICAL RESEARCH, CHOSEN BY THE TRUSTEES PRESELECTED CHARITABLE ORGANIZATIONS.

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Form **8868** (Rev. January 2014)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Information about Form 8868 and its instructions is at www.irs.gov/form8868. Internal Revenue Service ightharpoons If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3 month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Name of exempt organization or other filer, see instructions Employer identification number (EIN) or Type or print WILLIAM H. HARRIS FOUNDATION 04-6197960 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSN) filing your 19 WINDEMERE CIRCLE return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions BRAINTREE, MA 02184 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Code Is For Code Is For Form 990 or Form 990-EZ Form 990-T (corporation) 07 01 Form 990-BL Form 1041-A Form 4720 (other than individual) Form 4720 (individual) 03 09 04 Form 5227 Form 990-PF 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 EDITH WEINBERG The books are in the care of ▶ 19 WINDEMERE CIRCLE - BRAINTREE, MA 02184 Telephone No ► 781-848-3187 Fax No If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box . and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3 month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014 , to file the exempt organization return for the organization named above. The extension is for the organization's return for ➤ X calendar year 2013 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason

by using EFTPS (Electronic Federal Tax Payment System) See instructions 18,000. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 323841 12-31-13

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and

Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,

estimated tax payments made. Include any prior year overpayment allowed as a credit

Form 8868 (Rev 1-2014)

41,600.

23,600.

Change in accounting period

nonrefundable credits. See instructions

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3h

| Form 8868 (Rev. 1-2014) • | | | | | Page 2 |
|--|-------------|---|--------------|-------------------|---------------|
| If you are filing for an Additional (Not Automatic) 3-Month Ext | tension, c | complete only Part II and check this | box | | > X |
| Note. Only complete Part II if you have already been granted an a | | | led Form | 8868. | |
| • If you are filing for an Automatic 3-Month Extension, complet | te only Pa | rt I (on page 1). | | | |
| Part II Additional (Not Automatic) 3-Month E | xtensio | n of Time. Only file the origin | al (no c | opies neede | :d). |
| | | Enter filer's | identifyir | ng number, see | instructions |
| Type or Name of exempt organization or other filer, see instruc | Employer | Employer identification number (EIN) or | | | |
| print | | | | | |
| File by the WILLIAM H. HARRIS FOUNDATION | 1 | | | 04-6197 | 7960 |
| due date for Number, street, and room or suite no. If a P.O. box, se | ee instruct | tions. | Social se | cunty number (| (SSN) |
| return See 19 WINDEMERE CIRCLE | | | | | |
| City, town or post office, state, and ZIP code. For a fo | reign add | ress, see instructions. | | | |
| BRAINTREE, MA 02184 | | | | | |
| | | | | | |
| Enter the Return code for the return that this application is for (file | a separa | te application for each return) | | | 04 |
| | | | | | |
| Application | Return | Application | | | Return |
| ls For | Code | Is For | | | Code |
| Form 990 or Form 990-EZ | 01 | | ··· | | |
| Form 990-BL | 02 | Form 1041-A | | | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | | ···· | 09 |
| Form 990-PF | 04 | Form 5227 | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | 12 |
| STOP! Do not complete Part II if you were not already granted | an auton | natic 3-month extension on a prev | iously file | d Form 8868. | |
| EDITH WEINBERG | | | | | |
| The books are in the care of ► 19 WINDEMERE C1 | RCLE | - BRAINTREE, MA 0 | <u> 2184</u> | | |
| Telephone No. ► 781-848-3187 | | Fax No. 🕨 | | | _ |
| If the organization does not have an office or place of business | s in the Un | ited States, check this box | | | ▶ □ |
| If this is for a Group Return, enter the organization's four digit (| | | | | |
| box ▶ . If it is for part of the group, check this box ▶ | | | all memb | ers the extension | on is for. |
| | OVEMI | BER 15, 2014. | | | |
| 5 For calendar year 2013, or other tax year beginning | | , and ending | 9 | | · |
| 6 If the tax year entered in line 5 is for less than 12 months, cl | heck reas | on: Initial return | Final r | eturn | |
| Change in accounting period | | | | | |
| 7 State in detail why you need the extension | | | | | |
| ADDITIONAL INFORMATION IS NEED | DED TO | O FILE A COMPLETE | AND A | CCURATE | |
| RETURN. | | | | | |
| | | | | | |
| 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, | or 6069, o | enter the tentative tax, less any | | | |
| nonrefundable credits. See instructions. | | | 8a | \$ | 41,600. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069 | • | | | | |
| tax payments made. Include any prior year overpayment alle | | | | | |
| previously with Form 8868. | ., | | 8b | \$ | 41,600. |
| C Balance due. Subtract line 8b from line 8a. Include your pa | yment wit | h this form, if required, by using | | | |
| EFTPS (Electronic Federal Tax Payment System) See instru | | | 8c | \$ | 0. |
| • | | st be completed for Pårt II o | • | | |
| Under penalties of perjury, I declare that I have examined this form, include the true correct, and complete and that I am authorized to propose this form | ing accomp | anying schedules and statements, and to | the best o | f my knowledge a | and belief, |
| it is true, correct, and complete, and that I am authorized to prepare this fo | aiil. | | | | |
| Signature ► Title ► | | | Date | <u> </u> | |

Form 8868 (Rev. 1-2014)