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Form **990-PF**

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.

OMB No 1545-0052

Department of the Treasury

Int	ernal R	evenue Service Information about For	m 990-PF and its separat	te instructions	is at www	v.irs.gov/ for	тээорт 🖰	en to rubile inspection	
_		lendar year 2013 or tax year beginning		, 2013	, and end			, 20	
		of foundation MARJORIE HARRIS RE	YNOLDS FDN			A Em		cation number	
_		NA ODDLEIFSON, TRUSTEE						6820699	
	Numb	er and street (or P O box number if mail is not delive	d to street address) Room/suite			ite B Tel	B Telephone number (see instructions)		
	<u>c/o</u>	ATLANTIC TRUST CO 100 FEDE	RAL ST, 37TH		<u> </u>		61	7-357-9600	
	City o	r town, state or province, country, and ZIP or foreign p	ostal code						
						C If e	xemption applicat	ion is	
	BOS	TON, MA 02110					iding, check here		
G	Che	ck all that apply: Initial return	Initial return	of a former p	ublic cha	rity D 1	Foreign organizati	ons check here .	
		Final return	Amended re			.	Foreign organizati		
		Address change	Name chang	10			85% test, check hi		
Н	Che	ck type of organization: X Section 50							
٢	\neg	ection 4947(a)(1) nonexempt charitable trust	Other taxable pr		tion			status was terminated (1)(A), check here	
Ť			ounting method: X C		rual			a 60-month termination	
		l —	Other (specify)			I .		(1)(B), check here	
		•	I, column (d) must be o	n cash basis i)				
ie		Analysis of Revenue and Expenses (Th		<u> </u>		<u> </u>		(d) Disbursements	
		total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net inve			isted net	for charitable	
		may not necessarily equal the amounts in column (a) (see instructions))	books	incon	ie	Inc	ome	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)	50,000	1				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	2	if the foundation is not required to		1			-		
	3	Interest on savings and temporary cash investments							
	4	Dividends and interest from securities	00 074	2	8,974.			STMT 1	
		· · · ·		-	.0,0,1.			01111 1	
		Gross rents	•						
ine		Net rental income or (loss)	79,396					***	
		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 614, 308		<u> </u>					
Revenue	_	assets of fille ba		 	9,396.				
æ	7	Capital gain net income (from Part IV, line 2)			<i>J</i> , <i>J</i> , <i>J</i> .		-		
	8	Net short-term capital gain			RECE	INED.			
		Gross sales less returns					18		
	_	and allowances · · · ·		4 g			101		
		Less Cost of goods sold Gross profit or (loss) (attach schedule)			AAY 1	<u>₽ 5014 </u>	8		
	11	Other income (attach schedule)			2_990-	Arms and adding	<u> </u>	STMT 2	
	12	Total. Add lines 1 through 11 · · · · · ·	1.60 400	1 1	JOH	177, UT			
_	13	Compensation of officers, directors, trustees, etc.					·		
	14	Other employee salaries and wages			NONE		NONE		
es	15	Pension plans, employee benefits			NONE	ļ. ——	NONE		
ens	16 2	Legal fees (attach schedule)	•	· · · · · · · · · · · · · · · · · · ·	110112				
Š	16a	Accounting fees (attach schedule)							
a)	b	Other professional fees (attach scheduler, 3		 	8,445.			2,815	
₹.	17	Interest		·-	0,115.			2/023	
stra	17 18	Taxes (attach schedule) (see instructions) STMT. 4			671.			-	
Ë	19	Depreciation (attach schedule) and depletion		1	<u> </u>				
튱	20	Occupancy							
۲	21	Travel, conferences, and meetings			NONE		NONE		
ă	22	Printing and publications			NONE		NONE		
Operating and Administrative Expenses	23	Other expenses (attach schedule) STMT. 5		<u> </u>	35.]		35	
ati	24	Total operating and administrative expenses	.,						
per		Add lines 13 through 23	12 265 0 151		9,151.		NONE	2,850	
0	25	Contributions, gifts, grants paid	101 000		-, 	 		181,000	
	26	Total expenses and disbursements Add lines 24 and 25	102 265		9,151.		NONE	183,850	
-	27	Subtract line 26 from line 12	1,55,505		<i></i>		110111	105,050	
	1	Excess of revenue over expenses and disbursements	-30,945			}			
	l	Net investment income (if negative, enter -0-		10	2,209.				
	l	Adjusted net income (if negative, enter -0-).		1	,	<u> </u>			
		,_ereaeseme m regulato, unto "0"/*	1						

JSA For Paperwork Reduction Act Notice, see instructions.

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Form 990-PF (2013)

Cash - non-interest-bearing				Attached schedules and amounts in the	Beginning of year	End	of year
2 Swings and temporary cash investments 9,300 46,186 46,186 3 Accounts receivable ►	Ľ	art II	Balance Sheets	amounts only. (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Accounts receivable ► Less allowance for doubtful accounts ►		1	Cash - non-interest-beari	ng			
Less allowance for doubtful accounts ► NONE Pledges receivable NONE		2	Savings and temporary	cash investments	9,300.	46,186	. 46,186.
Less allowance for doubtful accounts ► NONE Pledges receivable NONE		3	Accounts receivable				
Content content Conte		!	Less allowance for doub	otful accounts -		NON	<u> </u>
Content content Conte		4	Pledges receivable				
6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions). 7 Other notes and loans receivable (attach schedule) NONE			Less allowance for doub	otful accounts ►		NON	<u>B</u>
disqualified persons (attach schedule) Serior Interview NONE		5	Grants receivable			NON	B
7 Other notes and loans receivable (attach schedule)		6	Receivables due from	officers, directors, trustees, and other			
Less allowance for doubtful accounts NONE NONE						NON	<u> </u>
1							
1							
b Investments - corporate stock (attach schedule)	ţ	8	Inventories for sale or us	e			
b Investments - corporate stock (attach schedule)	SSE	9	Prepaid expenses and de	eferred charges			+
11 Investments - corporate bonds (attach schedule) STMT 7. 270, 521. 190, 304 193, 268	⋖	10 a				·········	
Investments - land, buildings, and equipment basis STMT 8 14,037 NONE							
and equipment basis Less accumulated deprecation ► 12 Investments - other (attach schedule)			Investments - corporate	bonds (attach schedule). STMT .7.	270,521.	190,304	. 193,268
		' '	and equipment basis				
11 14			(attach schedule)	·	· - · · · · · · · · · · · · · · · · · · ·	NON	+
Land, buildings, and equipment basis Land, behalule Lattach schedule Lattach					14 027		· · · · · · · · · · · · · · · · · · ·
Less accumulated depreciation 15			Investments - other (atta Land, buildings, and	cu scuednie)	14,037.	INOIN	<u> </u>
15 Other passets (describe			equipment basis Less accumulated deprecia	tion		NON	
Total assets (to be completed by all filers see the instructions. Also, see page 1, item I)		4.5	(attach schedule)		517		
17 Accounts payable and accrued expenses NONE		l			J17.	407	1,231.
17 Accounts payable and accrued expenses NONE					1 633 828	1 602 883	2 024 876
18 Grants payable NONE NONE	_		•		1,033,020.		
19 Deferred revenue NONE 20 Loans from officers, directors, trustees, and other disqualified persons NONE 21 Mortgages and other notes payable (attach schedule) NONE 22 Other liabilities (add lines 17 through 22) NONE 23 Total liabilities (add lines 17 through 22) NONE 24 Unrestricted None Permanently restricted Permanently restricted Permanently restricted None Proundations that do not follow SFAS 117, ▶ X check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 1, 633, 828. 1, 602, 883. 28 Paid-in or capital surplus, or land, bidg, and equipment fund Pert I liabilities and net assets or fund balances (see instructions) 1, 633, 828. 1, 602, 883. 29 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 1, 633, 828. 20 Enter amount from Part I, line 27a 2 - 30, 945. 30 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5						· · · · · · · · · · · · · · · · · · ·	4
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ►) NONB 23 Total liabilities (add lines 17 through 22) NONB Foundations that follow SFAS 117, check here . ► and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted	us	ŀ					=
Total liabilities (add lines 17 through 22)	ij	20					₹
Total liabilities (add lines 17 through 22)	ĕ	21					-1
Total liabilities (add lines 17 through 22)	Ë	22		· · ·		NON	8
Foundations that follow SFAS 117, check here .			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
and complete lines 24 through 26 and lines 30 and 31. 24 Unrestricted		23	Total liabilities (add line	s 17 through 22)		NON	B
24 Unrestricted			Foundations that foll	ow SFAS 117, check here . ▶			
Foundations that do not follow SFAS 117,	s		and complete lines 2	4 through 26 and lines 30 and 31.			
Foundations that do not follow SFAS 117,	oce.	24	Unrestricted	<i></i>			
Foundations that do not follow SFAS 117,	ᇛ	25	Temporarily restricted				_
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5			Permanently restricted -				
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	Ě		Foundations that do	not follow SFAS 117, ▶ 🔀 📗			
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	ř		check here and comp	olete lines 27 through 31.			
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	S	27	Capital stock, trust princ	ipal, or current funds	1,633,828.	1,602,883	<u>.</u>
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	set	28	Paid-in or capital surplus, or	land, bldg, and equipment fund			_
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	ĕ	29	Retained earnings, accumul	ated income, endowment, or other funds			
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5	ş	30			1,633,828.	1,602,883	_
Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5	_	31			1 633 000	1 600 000	
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5		III				1,602,883	
end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 3 Other increases not included in line 2 (itemize) ▶ 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 5						must agree with	<u> </u>
2 Enter amount from Part I, line 27a 2 -30,945. 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 1,602,883. 5 Decreases not included in line 2 (itemize) ▶ 5	•						1 633 829
3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 4 1,602,883. 5 Decreases not included in line 2 (itemize) ▶ 5	2						
4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 5	3	Othe	er increases not inclu				-30,343.
5 Decreases not included in line 2 (itemize) ▶ 5							1,602,883
	5	Deci	reases not included in	line 2 (itemize) ▶			2,002,003.
					ne 5) - Part II, column (b		1,602,883.

P	art IV Capital Gains	and Losses for Tax on Inve	estment Income			
		d describe the kind(s) of property sold (•	(b) How acquired	(c) Date acquired	(d) Date sold
		rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D - Donation		(mo , day, yr.)
<u>1</u> a	PUBLICLY TRADED	SECURITIES				
_ <u>t</u>)					
_0	;				ļ	
	l		· · · · · · · · · · · · · · · · · · ·			
_)		,			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	1	(h) Gain or (lo (e) plus (f) mini	
_	614,308.	(et dilettable)	534,912.		(0) p.20 (1)	79,396.
_ <u></u>	-		334,912.			17,370.
		,				
		showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) ga	ain minus
	·	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	han -0-) or
	(i) F.M V. as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	l. (h))
a	1	-				79,396.
Ŀ)					
	,					
_6				ļ <u>.</u>		
2	Capital gain net income or		gain, also enter in Part I, line 7			
		, <u> </u>	(loss), enter -0- in Part I, line 7	2		79,396.
3		or (loss) as defined in sections 122				
	-	t I, line 8, column (c) (see insti				
_			uced Tax on Net Investment I	3		<u>.</u>
_			section 4940(a) tax on net investi			
11.	or optional use by domestic	private roundations subject to the	Section 4940(a) tax on het investin	Hent mico	ille ,	
If ·	section 4940(d)(2) applies,	leave this part blank				
	section 4540(d)(2) applies,	leave this part blank.				
w	as the foundation liable for	the section 4942 tax on the distrib	outable amount of any year in the b	ase perio	d?	Yes X No
lf '	'Yes," the foundation does i	not qualify under section 4940(e) I	Do not complete this part.	·		
1	Enter the appropriate amo	ount in each column for each year,	see the instructions before making	any entr	ies.	
	(a)	(b)	(c)		(d) Distribution ra	
c	Base period years calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		(col (b) divided by	
	2012	154,488.	1,857,711.			0.083160
	2011	126,250.	1,878,420.			0.067211
_	2010	118,663.	1,761,921.			0.067349
_	2009	139,686.	1,572,392.			0.088837
_	2008	136,000.	2,009,658.	ļ		0.067673
2	Total of line 1, column (d)	·		2		0.374230
3	-	for the 5-year base period - divide				
	number of years the found	dation has been in existence if less	than 5 years	3		0.074846
					_	
4	Enter the net value of non	charitable-use assets for 2013 from	m Part X, line 5	4	1	<u>,901,832.</u>
				_		4.0 0.5
5	Multiply line 4 by line 3			5		142,345.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6	 	1,022.
						:=
7	Add lines 5 and 6			7		143,367.
_						102 050
8	Enter qualifying distribution	ons from Part XII, line 4	n Part VI, line 1b, and complete t	8	USUNG 0 10/ 4-	183,850.
	Part VI instructions	eater than line 7, check the box i	m rait vi, line 10, and complete t	nat part	using a 176 tax	t rate. See the

	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	s)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
18	Date of ruling or determination letter (attack copy of letter if necessary - see instructions)			
ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check	-	1,0	22.
_	here ► X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of			
-	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2		1,0	22.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		N	ONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		<u> 1,0</u>	<u> 22.</u>
6	Credits/Payments Credits/Payments	•		
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 659 .			
b	, , , , , , , , , , , , , , , , , , , ,			
	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld		_	0
7	Total credits and payments Add lines 6a through 6d		6	<u>59.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		3	63.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2014 estimated tax			
	VII-A Statements Regarding Activities		V	NI.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	1-	Yes	No X
	or intervene in any political campaign?	1a		1
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the	1b		Х
	definition)? 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			
	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			
-	(1) On the foundation > \$ (2) On foundation managers > \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers > \$			
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	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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	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		v	
	with the state law remain in the governing instrument?	6	X	
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	Λ	
8a				
	MA		ĺ	
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)	8b	x	
	of each state as required by General Instruction G? If "No," attach explanation	อม		_
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	9		X
	Part XIV.	3		· · · · ·
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and	10		X
	addresses		20.05	

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?

orm	990-PF (2013)		04-68	20699		Page 6		
Par	t VII-B Statements Regarding Activities for	Which Form 47	20 May Be Requi	ired (continued)				
5a	During the year did the foundation pay or incur any amout (1) Carry on propaganda, or otherwise attempt to influence (2) Influence the outcome of any specific public electrical directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or oth (4) Provide a grant to an organization other than a section 509(a)(1), (2), or (3), or section 4940(d)(2)? (s) (5) Provide for any purpose other than religious, chapurposes, or for the prevention of cruelty to children or	nt to be legislation (section ction (see section 4 cer similar purposes? charitable, etc, org ee instructions) aritable, scientific, l	4945(e))?	Yes X No.				
b	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?							
	If the answer is "Yes" to question 5a(4), does the fibecause it maintained expenditure responsibility for the gill "Yes," attach the statement required by Regulations section bid the foundation, during the year, receive any fundations.	foundation claim ex rant? on 53.4945-5(d)	emption from the ta	x . Yes No	,			
	on a personal benefit contract?			— —	1 1			
7a	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?							
	If "Yes," did the foundation receive any proceeds or have at VIII Information About Officers, Directors,				ovees.			
	and Contractors List all officers, directors, trustees, foundation ma							
1	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allow	account, wances		
	A ODDLEIFSON IVER ROAD, COHASSET, MA 02025	CO-TRUSTEE, AS R	-0-	-0-		-0-		
2	Compensation of five highest-paid employees	(other than thos	e included on line	e 1 - see instruction	ons). If no	ne, ente		
(a	"NONE ") 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 other allo			
NOV	JE		NONE	NONE	NC)NE		

Part VIII	Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	anagers, Highly Paid Employ	yees,
3 Five h	ghest-paid independent contractors for professional services (see instr	uctions). If none, enter "NONE	н
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			NONE
Total numb	er of others receiving over \$50,000 for professional services	<u> </u>	NONE
Part IX-A	Summary of Direct Charitable Activities		
	dation's four largest direct charitable activities during the tax year include relevant statistica and other beneficiaries served, conferences convened, research papers produced, etc	I information such as the number of	Expenses
1 NONE			
2			
3			
4			
	Commence of December Delegated Investment of the control of the co		
Part IX-B	Summary of Program-Related Investments (see instructions) two largest program-related investments made by the foundation during the tax year on lines 1 a	and 2	Amount
1 NONE	wo largest programme actual westments made by the foundation during the tax year on mes in		
2			
	ram-related investments. See instructions		<u> </u>
зйойЕ			
Total. Add	nes 1 through 3		
			5 000 PE (2012)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	1,930,794.
	Average of monthly cash balances	1b	NONE
С	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,930,794.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3		3	1,930,794.
4	Subtract line 2 from line 1d		
		4	28,962.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,901,832.
6	Minimum investment return. Enter 5% of line 5	6	95,092.
Part		dations	
1	Minimum investment return from Part X, line 6	1	95,092.
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013. (This does not include the tax from Part VI) 2b		
C	Add lines 2a and 2b	2c	1,022.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	94,070.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	5	94,070.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		1.01.2
•	line 1	7	94,070.
_		l. * .L	51,070.
Part	XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	183,850.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
ь	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	183,850.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	1,022.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	182,828.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c qualifies for the section 4940(e) reduction of tax in those years.	alculating	

Form **990-PF** (2013)

Page 9

Pa	rt XIII Undistributed Income (see instruct	ions)	·		
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
	line 7				94,070.
2	Undistributed income, if any, as of the end of 2013				
а	Enter amount for 2012 only			NONE	
b	Total for prior years 20 11 ,20,20		NONE		
3	Excess distributions carryover, if any, to 2013				
а	From 2008				
b	From 2009				
C	From 2010				
d	From 2011				
е	From 2012 62,122.				
f	Total of lines 3a through e	226,303.			
4	Qualifying distributions for 2013 from Part XII,				
	line 4 ▶ \$183,850.	ļ			
а	Applied to 2012, but not more than line 2a			NONE	
b	Applied to undistributed income of prior years				
	(Election required - see instructions)		NONE		
С	Treated as distributions out of corpus (Election				
	required - see instructions)	NONE			
d	Applied to 2013 distributable amount				94,070.
е	Remaining amount distributed out of corpus	89,780.			
5	Excess distributions carryover applied to 2013	NONE			NONE
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below.				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	316,083.			
b	Prior years' undistributed income Subtract line 4b from line 2b		NONE		
С	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		NONE		
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see instructions			NONE	
f	Undistributed income for 2013 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2014				NONE
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
8	Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions)	35,634.			
9	Excess distributions carryover to 2014.	200 440			
	Subtract lines 7 and 8 from line 6a	280,449.	·· ···		·
	Analysis of line 9				
	Excess from 2009 59, 292.				
b			-		
	Excess from 2011				
	Excess from 2012				
e	Excess from 2013 89,780.				Form 990-PF (2013)

	A VIV	tina Foundations	. Iaaa inatuustiana an	d Part VII A guartie	n 0)	NOT APPLICABL
		erating Foundations				NOT APPLICABL
1 a	If the foundation has				ting	
	foundation, and the ruling				· • •	
b	Check box to indicate wh	ether the foundation is a	private operating foundat	ion described in section	4942	(j)(3) or 4942(j)(5)
2a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
	I or the minimum investment					
	return from Part X for each year listed					
h	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	•				
3	2d from line 2c					
3	alternative test relied upon					
а	"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 invest-					
	ment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	toans (section 512(a)(5)),					
	or royalties) (2) Support from general					
	public and 5 or more					
	exempt organizations as provided in section 4942	1				
	(j)(3)(B)(m)		, , ,			
	(3) Largest amount of sup- port from an exempt					
	organization					
	(4) Gross investment income.			1 20 41 0		
Pai				only if the found	ation had \$5,000	or more in assets
	<u> </u>	during the year - s				
1	Information Regarding				I	
а	List any managers of before the close of any	the foundation who i	have contributed more	e than 2% of the tota	I contributions rece	ived by the foundation
		tax year (but only if the	iey nave contributed n	1016 (11a1) \$5,000) \(\sigma \)	se section 507(a)(2)	,
	NONE					
b						lly large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	interest	
	NONE					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs		
	Check here ► X If t	he foundation only	makes contributions	to preselected charm	table organizations	and does not accept
						or organizations under
	other conditions, comp	olete items 2a, b, c, an	d d			
а	The name, address, an	d telephone number o	r e-mail address of the	person to whom appl	lications should be a	ddressed [.]
b	The form in which app	lications should be sul	omitted and information	n and materials they s	should include:	
				,		
	Any submission deadli	nes:	······································			
·	y oabiinoolon deduli					
	Any restrictions or li	mitations on awards	such as by googra	nhical areas charital	nle fields kinds of	institutions, or other
u	factors	imiations on awards,	, such as by geogra	pincai arvas, chantat	oro morus, killus Ol	manuariona, or other

rt XV Supplementary Information	- 4La Vaan en An		utura Baumant	
Grants and Contributions Paid Durin Recipient Name and address (home or business)	If recipient is an individual	oved for F	uture Payment	
Recipient	show any relationship to	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
ODD CONTRACTOR 10				101 0
SEE STATEMENT 17				181,0
			•	
	<u> </u>			-
Total	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	▶ 3a	181,0
Approved for future payment				
		}		
		1	ıL	

Form 990-F			<u> </u>			Page 12
Part X\	/I-A Analysis of Income-Produ			T=		(a)
•	s amounts unless otherwise indicated	(a) Business code	(b) Amount	(c)	(d) Amount	(e) Related or exempt function income
_	am service revenue	- Dusiness code	Amount	Exclusion code	7 1110011	(See instructions)
				 		
	,					
f						
g Fee	es and contracts from government agencies			_		
	ership dues and assessments	ļ		-		
	t on savings and temporary cash investments			14	28,974.	
	nds and interest from securities	-		14	20,3/4.	
-	bt-financed property	}	·			
	t debt-financed property					
	ntal income or (loss) from personal property					
7 Other	investment income					
8 Gain oi	(loss) from sales of assets other than inventory			18	79,396.	
	come or (loss) from special events	-				
	profit or (loss) from sales of inventory	ļ		-		
	revenue a					
				 		
е —						
12 Subto	tal Add columns (b), (d), and (e)				108,370.	
13 Total	Add line 12, columns (b), (d), and (e)				13	108,370.
(See work	sheet in line 13 instructions to verify calculated. Relationship of Activities		complishment of Ex	omnt Burn	0000	
Line No.		y for which	n income is reported	ın column (e) of Part XVI-A contrib	
			_			
					•	
		,				
		<u>-</u>				
			NOT APPLICABL	<u>ıE</u>		
						
						9,00
					-	

orm 99	0-PF (2						04-682069				ge 13
Part :	XVII	Information R Exempt Organ		ansfers To and Tr	ansactio	ons an	d Relations	ships With Non	chari	table	;
П	n secti			engage in any of the section 501(c)(3) org						Yes	No
аT	ransfe	ers from the reporting	g foundation to	a noncharitable exem	pt organia	zation of	f:				l
(1) Cas	sh	· · · · · · · ·						1a(1)		X
									1a(2)		X
		ransactions:									
				npt organization					1b(1)	ļ	X
				ble exempt organizatio							X
				r assets					1b(3)		X
									1b(4) 1b(5)	<u> </u>	X
		-								<u> </u>	X
				sts, other assets, or pair							X
				es," complete the follo						fair m	
				ices given by the repo							
٧	alue i	n any transaction or	sharing arran	gement, show in colu	mn (d) th	ne value	of the goods	, other assets, or	service	s rece	eived
(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt organiz	zation	(d) Des	scription of transfe	ers, transactions, and sha	ring arra	ngeme	nts
				<u>. </u>							
	<u></u>										
	+					-	 -				
				···				· · · · · · · · · · · · · · · · · · ·			
		•						" "			
			1	<u> </u>							
				ffiliated with, or relate other than section 501(\square_{v}	es 🗆	אר צ
		ea in section 501(c) "complete the follow		other than section 50 It	(C)(3)) Or	iii sectio	n 527'		'' لــــا	ES	7 140
<u> </u>	165,	(a) Name of organizatio	-	(b) Type of orga	anization			c) Description of relation	nship		
				<u> </u>							
	Under	penalties of perjury I declar t, and complete Declaration of	are that I have exam Pareparer other than	nined this return including acco taxpayer) is based on all informat	ompanying sci tion of which p	hedules and preparer has	d statements, and t any knowledge	o the best of my knowled	ige and t	belief, it	is true,
Sign		10111A 71 (1)0 [[(),]	1,01 5/5/	', L	1.	IUSTÉÉ	May the If			return
Here		Juma n	10 W XLLY	1 ser- 1 s	' 	Tulo	105100	with the p	· —	- П	below
	3//	ature of officer or trustee	//	Date .		Title		(see instruction	ons)? [X	Yes [No.
	<u>. U</u>	Print/Type preparer's na	me	Preparer's signature			Date	Check If	PTIN		
Paid		BETH SCHROED		Both 5	Chan	بالمرم	l l	2014 self-employed	P004	724	18
Prepa	rer		O HARRIS	BANK N.A.	~~~		100/100/1		2085		
Use (270 W PAR					· · · · · · · · · · · · · · · · · · ·			
			LWAUKEE,	WI	532	224		Phone no 414 - 8	<u> 315-3</u>	755	
		·	-					F	orm 99	0-PF	(2013)

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Department of the Treasury
Internal Revenue Service

Attach to Form 990, Form 990-EZ, or Form 990-FF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990

OMB No 1545-0047

2013

Name of the organization		Employer identification number			
MARJORIE HARRIS RE	YNOLDS FDN	04-6820699			
Organization type (check or					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as	a private foundation			
	527 political organization				
Form 990-PF X 501(c)(3) exempt private foundation					
4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation				
	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General	Rule and a Special Rule See			
X For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the ye one contributor. Complete Parts I and II	ar, \$5,000 or more (in money or			
Special Rules					
under sections 50	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 (a)(1) and 170(b)(1)(A)(vi) and received from any one contributo (5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h and II.	or, during the year, a contribution of			
during the year, to	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that receital contributions of more than \$1,000 for use exclusively for religionses, or the prevention of cruelty to children or animals. Complete	gious, charitable, scientific, literary,			
during the year, co not total to more t year for an <i>exclusi</i> applies to this orga	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that recontributions for use <i>exclusively</i> for religious, charitable, etc., purposhan \$1,000. If this box is checked, enter here the total contribution <i>evely</i> religious, charitable, etc., purpose. Do not complete any of the contribution because it received <i>nonexclusively</i> religious, charitable, ear	oses, but these contributions did ons that were received during the ne parts unless the General Rule etc, contributions of \$5,000 or			
990-EZ, or 990-PF), but it me	It is not covered by the General Rule and/or the Special Rules do ust answer "No" on Part IV, line 2, of its Form 990, or check the b o certify that it does not meet the filing requirements of Schedule	box on line H of its Form 990-EZ or on its			

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF

Name of organization MARJORIE HARRIS REYNOLDS FDN Employer identification number 04-6820699

Part I	Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1-	GMO RENEWABLE RESOURCES LLC	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				

JSA

MARJORIE HARRIS REYNOLDS FDN

STATEMENT

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	7,432. 694. 929. 788. 1,281. 2,777. 2,243. 640. 1,135. 1,135. 1,925. 3,764. 24. 264. 1,095.	
REVENUE AND EXPENSES PER BOOKS	7,432. 694. 929. 788. 1,281. 2,777. 2,243. 20. 640. 1,135. 1,135. 1,925. 3,764. 24. 24. 264. 1,925. 3,764. 24. 264.	
DESCRIPTION	INVESCO DISCIPLINED EQUITY FD CL Y #8542 BERKSHIRE HATHAWAY FIN CORP SR NT 4.625% DREYFUS EMERGING MARKETS DEBT LOCAL CURR DU PONT E I DE NEMOURS & CO NT 5.25% DTD GENERAL ELEC CO NT 5.25% DTD 12/06/2007 GOLDMAN SACHS GROUP INC 5.125% DTD 01/12 LAZARD EMERGING MARKETS EQUITY PORT - IN MAINSTAY EPOCH GLOBAL EQUITY YIELD FUND MAINSTAY MARKETFIELD FUND CLASS I #1625 MANAGERS AMG FUNDS - TIMESSQUARE MID CAP MATTHEWS PACIFIC TIGER FUND INS PIMCO COMMODITY REALRETURN STRATEGY FUND PRUDENTIAL HIGH YIELD FUND CLASS Z #408 RIDGEWORTH CLASSIC SEIX FLOATING RATE HI INVESCO SHORT TERM LIQUID ASSET FUND TWEEDY BROWNE GLOBAL VALUE FUND #1 US TREASURY NOTE 4.750% DTD 05/15/04 DUE LS OPPORTUNITY FUND VIRTUS EMERGING MARKETS OPPORTUNITY FUND	

SCHEDULE D (Form 1041)

Capital Gains and Losses
► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10. ▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041 OMB No 1545-0092

Department of the Treasury Internal Revenue Service Name of estate or trust

MARJORIE HARRIS REYNOLDS FDN

Employer identification number

04-6820699

	: Form 5227 Thers need to complete only Parts Fand II.	7 00 11 2 22				
Par		ets Held One Yea	r or Less			r
the I This	instructions for how to figure the amounts to enter on ines below. form may be easier to complete if you round off cents	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss f Form(s) 8949, P line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked	6,216.	6,284.			-68
4	Short-term capital gain or (loss) from Forms 4684, 629	52, 6781, and 8824			4	
5 6	Net short-term gain or (loss) from partnerships, S corposhort-term capital loss carryover Enter the amount Carryover Worksheet	nt, if any, from lin	e 9 of the 2012	Capital Loss	5	()
7	Net short-term capital gain or (loss). Combine line 17, column (3) on the back				7	-68
Par	Long-Term Capital Gains and Losses - Asse	ts Held More Tha	n One Year			
the I This	instructions for how to figure the amounts to enter on ines below form may be easier to complete if you round off cents hole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss f Form(s) 8949, P line 2, column	rom art II,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	550,003.	528,628.			21,375
11	Long-term capital gain or (loss) from Forms 2439, 468	34, 6252, 6781, and	18824		11	
12	Net long-term gain or (loss) from partnerships, S corpo	rations, and other e	states or trusts		12	
13	Capital gain distributions				13	58,089
14 15	Gain from Form 4797, Part I	t, if any, from line	e 14 of the 2012	Capital Loss	14 15	()
16		s 8a through 15 in	column (h) Enter	here and on	16	79.464

For Paperwork Reduction Act Notice, see the Instructions for Form 1041

Schedule D (Form 1041) 2013

Part	Ill Summary of Parts I and II		(1) Ben	eficiaries'	(2) Esta	te's	Page 2
	Caution: Read the instructions before completing this pa	art.		instr.)	or trus		(3) Total
17	Net short-term gain or (loss)	17					-68.
	Net long-term gain or (loss):						
	Total for year	18a		1			79,464.
	Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b					
	28% rate gain	18c					
	Total net gain or (loss). Combine lines 17 and 18a	19					79,396.
Note:	If line 19 column (3) is a net gain enter the gain on Form 1041, line 4	(or Fo	rm 990-T,	Part I, line	4a) If lines 1	8a an	d 19, column (2), are ne
gains, necess	go to Part V, and do not complete Part IV If line 19, column (3), is a n	et loss	s, complet	e Part IV an	d the Capita	I Loss	Carryover Worksheet, as
Part							
	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	art I, lu	ne 4c, ıf a	trust), the sn	naller of:	- 1	
а	The loss on line 19 column (3) or h \$3,000				1	20 ()
Note:	If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, arryover Worksheet in the instructions to figure your capital loss carryover	page	1, line 22	(or Form 99	0-T, line 34),	. is a l	oss, complete the Capita
Part		s	·				
	1041 filers. Complete this part only if both lines 18a and 19 in col		2) are ga	ins, or an a	mount is er	ntered	in Part I or Part II and
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is moi		_				
	on: Skip this part and complete the Schedule D Tax Worksheet in the i						
	ner line 18b, col. (2) or line 18c, col. (2) is more than zero, or						
	th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero						
	990-T trusts. Complete this part only if both lines 18a and 19 a						
	m 990-T, and Form 990-T, line 34, is more than zero. Skip this part er line 18b. col. (2) or line 18c, col. (2) is more than zero.	and c	omplete	tne Scneau	ie Diax W	orksn	eet in the instructions
					1	× T	
	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	(4)	. 21				
	Enter the smaller of line 18a or 19 in column (2)						
	but not less than zero		_				
	Enter the estate's or trust's qualified dividends					ļ	
	from Form 1041, line 2b(2) (or enter the qualified		İ		!		
	dividends included in income in Part I of Form 990-T) 23						
	Add lines 22 and 23						
	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g, otherwise, enter -0 25					}	
	Subtract line 25 from line 24 If zero or less, enter -0		·			i	
	Subtract line 26 from line 21 If zero or less, enter -0		•				
	Enter the smaller of the amount on line 21 or \$2,450						
	Enter the smaller of the amount on line 27 or line 28					30	
			31	 I	🖊	30	
	Enter the smaller of line 21 or line 26		• ——				
	Enter the smaller of line 21 or \$11,950		·			+	
	Add lines 27 and 30		• —				
	Subtract line 34 from line 33 If zero or less, enter -0-						
	Enter the smaller of line 32 or line 35						
	Multiply line 36 by 15%		• -	l	•	37	
	Enter the amount from line 31			i	, ,		
	Add lines 30 and 36						
	Subtract line 39 from line 38 If zero or less, enter -0-				-		
	Multiply line 40 by 20%		• —		▶	41	
	Figure the tax on the amount on line 27. Use the 2013 Tax Rate Schedule for		l l		·		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)						
	Add lines 37, 41, and 42		. —				
	Figure the tax on the amount on line 21 Use the 2013 Tax Rate Schedule for		-				
	and Trusts (see the Schedule Ginstructions in the instructions for Form 1041)		1				
	Tax on all taxable income. Enter the smaller of line 43 or line 44			orm 1041.	Schedule		
	G, line 1a (or Form 990-T, line 36)					45	

FORM 990PF, PART I - OTHER INCOME

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STATEMENT

ACR174 976M 03/08/2014 18:32:37

NET INVESTMENT REVENUE AND

EXPENSES PER BOOKS

INCOME

2,990. 4,050.

TOTALS

DESCRIPTION

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

		CHARITABLE	PURPOSES	1 1 1 1 1	2,815.]	2,815.	
	NET	INVESTMENT	INCOME	1 1 1 1 1	8,445.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8,445.	
REVENUE	AND	EXPENSES	PER BOOKS		11,260.		11,260.	
			DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TRUSTEE/EXECUTOR FEES-PRINCIPA		TOTALS	

- TAXES	II II II II II
Н	
PART	
FORM 990PF,	H H H H H H H H H H

NET INVESTMENT INCOME	 	35.	636.	671.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1	35.	636.	1,070.
DESCRIPTION		STATE INCOME TAXES - PRINCIPAL FEDERAL ESTIMATES - PRINCIPAL	FOREIGN TAXES ON QUALIFIED FOR	TOTALS

EXPENSES	
OTHER	
1	
н	
PART	
990PF,	
FORM	

CHARITABLE PURPOSES	35.	35.
NET INVESTMENT INCOME	35.	35.
REVENUE AND EXPENSES PER BOOKS	35.	35.
DESCRIPTION	OTHER ALLOCABLE EXPENSE-PRINCI	TOTALS

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MARJORIE HARRIS REYNOLDS FDN

FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
ABSOLUTE STRATEGIES FUND CLASS BOSTON TRUST SMALL CAP FUND BARCLAYS ETN SELECT MLP	171,99 23,71	 	75.378
LAZARD EMERGING MARKEST PORTFO	1,2	115,	124,79
MANAGERS AMG FUNDS - TIMESSQUA	6,8	. 82,	. 131
MATTHEWS PACIFIC TIGER FD CL I	1,9	. 63,	84,83
PIMCO COMMODITY REALRETURN STR	2,0		
INVESCO DISCIPLINED EQUITY FD	416,58	.83. 586,760). 862,072.
JPMORGAN CHASE & CO ALERIAN ML	7,8	3.	
MAINSTAY EPOCH GLOBAL EQUITY Y	6,0	10. 56,149	9. 74,539.
NEUBERGER BERMAN EQUITY INCOME	5,3	3.	
LS OPPORTUNITY FUND	6,5	. 163,	19
VIRTUS EMERGING MARKETS OPPOR	39,22	39,2	38,18
TWEEDY BROWNE GLOBAL VALUE		~	15,03
MAINSTAY MARKETFIELD FUND CLAS		0	179,358.
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
I	TOTALS 1,339,45	53. 1,365,92	4. 1,784,188.

9

ENDING FMV	26, 15, 16, 16,	193,268.
ENDING BOOK VALUE	24,4 15,4 17,3 16,5 29,0	190,304.
BEGINNING BOOK VALUE	53,86 24,43 15,42 16,53 17,39 16,51 29,00	270,521.
		TOTALS
DESCRIPTION	DREYFUS EMERGING MARKETS DEBT FEDERAL HOME LN MTG 5.125 GOLDMAN SACHS GROUP INC 5.125% US TREASURY NOTE 4.750% VODAFONE AIRTOUCH PLC NT 7.75% BERKSHIRE HATHAWAY FIN CORP SR DU PONT E I DE NEMOURS & CO NT GENERAL ELEC CO NT 5.25% RIDGEWORTH CLASSIC SEIX FLOATI PRUDENTIAL HIGH YIELD FUND CLZ	

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		BEGINNING	BOOK VALUE	1 1 1 1 1 1 1		14,037.	
STMENTS	======= /LOSU/	FMV	C OR F		υ	TOTALS	1
FORM 990PF, PART II - OTHER INVESTMENTS	0 t t t t t t t t t t t t t t t t t t t		DESCRIPTION		HATTERAS MULTI-STRATEGY TEI		

04-6820699

MARJORIE HARRIS REYNOLDS FDN

990PF, PART VII-B LINE 2b - SECTION 4942a2 EXPLANATION STATEMENT ______

N/A

MARJORIE HARRIS REYNOLDS FDN . 04-6 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	5820699
RECIPIENT NAME: UNITED WAY OF GREATER ROCHESTER	
RELATIONSHIP: NONE	
PURPOSE OF GRANT: SCHOLARSHIPS	
FOUNDATION STATUS OF RECIPIENT: N/A	
AMOUNT OF GRANT PAID	500.
RECIPIENT NAME: EMPIRE JUSTICE CENTER RELATIONSHIP:	
NONE	
PURPOSE OF GRANT: GENERAL CHARITABLE PURPOSES FOUNDATION GENERAL OF PROPERTY.	
FOUNDATION STATUS OF RECIPIENT: N/A	
AMOUNT OF GRANT PAID	400.
RECIPIENT NAME: ROCHESTER AREA COMMUNITY FOUNDATION	
RELATIONSHIP: NONE	
PURPOSE OF GRANT: GENERAL CHARITABLE PURPOSES	
FOUNDATION STATUS OF RECIPIENT: N/A	
AMOUNT OF GRANT PAID	3,100.
RECIPIENT NAME: WILLIAMS COLLEGE, ALUMNI FUND	
RELATIONSHIP: NONE	
PURPOSE OF GRANT: GENERAL CHARITABLE PURPOSES	
FOUNDATION STATUS OF RECIPIENT: N/A	
AMOUNT OF GRANT PAID	3,000.

FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	5820699 [']
=======================================	
RECIPIENT NAME: ROCHESTER PHILHARMONIC ORCHESTRA RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID	500.
RECIPIENT NAME: ROCHESTER INSTITUTE OF TECHNOLOGY RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT:	
N/A AMOUNT OF GRANT PAID	500.
RECIPIENT NAME: THE BOGGS SCHOOL RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT:	
N/A AMOUNT OF GRANT PAID	50,000.
RECIPIENT NAME: MAINE ADOPTIVE SPORTS AND RECREATIO RELATIONSHIP: NONE PURPOSE OF GRANT:	•
GENERAL CHARITABLE PURPOSES AMOUNT OF GRANT PAID	3,000.

MARJORIE HARRIS REYNOLDS FDN 04-6820699 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: UNIVERSITY OF ROCHESTER RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID 500. RECIPIENT NAME: ANN ARBOR YMCA RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: N/AAMOUNT OF GRANT PAID 3,000. RECIPIENT NAME: OZONE HOUSE **RELATIONSHIP:** NONE PURPOSE OF GRANT: CHARITABLE PURPOSE FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID 2,000. RECIPIENT NAME: PLANNED PARENTHOOD OF ROCHESTER RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: N/AAMOUNT OF GRANT PAID 1,000.

04-6820699 MARJORIE HARRIS REYNOLDS FDN FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID _____ RECIPIENT NAME: PIONEER HIGH SCHOOL RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: N/AAMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: THE NATURE CONSERVACNY - MAINE CHAP RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID 2,500. RECIPIENT NAME: THE CHILDREN'S AGENDA RELATIONSHIP: NONE PURPOSE OF GRANT: CHARITABLE PURPOSES FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: EASTER SEALS **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 5,000.

MARJORIE HARRIS REYNOLDS FDN 04-6820699 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: VENDANTA CENTER RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: N/AAMOUNT OF GRANT PAID 4,000. RECIPIENT NAME: FOUNDATION FOR A COURSE IN MIRACLES **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: N/AAMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: WXXI MEMBERSHIP **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 500. RECIPIENT NAME: YWCA OF ROCHESTER AND MONROE CO

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

GENERAL CHARITABLE

FOUNDATION STATUS OF RECIPIENT:

N/A

MARJORIE HARRIS REYNOLDS FDN . 04-6 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	820699
RECIPIENT NAME: OBERLIN COLLEGE RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID	4,500.
RECIPIENT NAME: COLLEGE BOUND RELATIONSHIP: NONE	
PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID	1,000.
RECIPIENT NAME: HINGHAM HISTORICAL SOCIETY RELATIONSHIP: NONE	
PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID	20,000.
RECIPIENT NAME: ANN ARBOR COMMUNITY FOUNDATION	

AMOUNT OF GRANT PAID

5,000.

MARJORIE HARRIS REYNOLDS FDN 04-6820699 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: WELLSPRING MULTI-SERVICE CENTER RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: HILLSIDE FAMILY OF AGENCIES RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: N/AAMOUNT OF GRANT PAID 1,500. RECIPIENT NAME: THE SOUTH SHORE CONSERVATORY **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 25,000. RECIPIENT NAME: ARTS/LEARNING INC. **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: 27,000. AMOUNT OF GRANT PAID

MARJORIE HARRIS REYNOLDS FDN 04-6820699 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: US ASSOCIATION OF BLIND ATHLETES RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: MAKE A WISH FOUNDATION **RELATIONSHIP:** NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: N/A AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: SAFE HOUSE OF ANN ARBOR RELATIONSHIP: NONE PURPOSE OF GRANT: GENERAL CHARITABLE FOUNDATION STATUS OF RECIPIENT: N/AAMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: ONE FUND BOSTON, INC **RELATIONSHIP:** NONE PURPOSE OF GRANT: CHARITABLE FOUNDATION STATUS OF RECIPIENT: AMOUNT OF GRANT PAID 1,000. 181,000. TOTAL GRANTS PAID:

Form 8949

Sales and Other Dispositions of Capital Assets

▶Information about Form 8949 and its separate instructions is at www irs gov/form8949

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Department of the Treasury Internal Revenue Service

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No 12A

Name(s) shown on return	Social security number or taxpayer identification number
MARJORIE HARRIS REYNOLDS FDN	04-6820699

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box A, B, or C below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Part I Short-Term. Transactions involving capital assets you held one year or less are short-term. For long-term transactions, see page 2.

Note. You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 1a; you are not required to report these transactions on Form 8949 (see instructions).

you <i>must</i> check Box A, B, <i>or</i> C be complete a separate Form 8949,		•		• •	•		
for one or more of the boxes, com (A) Short-term transactions repo (B) Short-term transactions repo	plete as many orted on Form(s	y forms with) 1099-B show	the same box cho ing basis was repo	ecked as you nated to the IRS (s	eed see Note above		tillo poge
X (C) Short-term transactions not (a)	reported to you	(c)	(d)	(e)	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss)
Description of property (Example 100 sh XYZ Co)	Date acquired (Mo , day, yr)	Date sold or disposed (Mo, day, yr)	Proceeds (sales price) (see instructions)	basis See the Note below and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	Subtract column (e) from column (d) and combine the result with column (g)
83.085 BOSTON TRUST SMALL	III D	06/11/2012	1 211 00	1 072 00			120.00
#101	VAR	06/11/2013	1,211 00	1,072 00			139.00
227.834 NEUBERGER BERMAN E FUND INS #1818	VAR	10/04/2013	2,745.00	2,690 00			55 00
395 153 PIMCO COMMODITY RE STRATEGY FUND INST #45	VAR	10/04/2013	2,260 00	2,522 00			-262.00
							,,
	<u> </u>						
		-	, ,				
2 Totals. Add the amounts in colum act negative amounts) Enter each your Schedule D, line 1b (if Box A Box B above is checked), or line 3	n total here an above is check	d include on ed), line 2 (if	6.216	6.284			-68.

Note. If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

For Paperwork Reduction Act Notice, see your tax return instructions. 33X2615 2 000

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side)

Social security number or taxpayer identification number

MARJORIE HARRIS REYNOLDS FDN

04-6820699

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a; you are not required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
 - (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
- X (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	Cost or other basis See the separate instruc		(g), Gain or (loss) Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
729.927 BOSTON TRUST SMALL							
#101	VAR	02/21/2013	10,000.00	7,825.00			2,175.00
1636.661 INVESCO DISCIPLIN	+						
CL_Y #8542	VAR	03/07/2013	20,000.00	16,791.00			3,209.00
504 286 LAZARD EMERGING MA					Ì		
PORT - INSTL #638	10/26/2010	03/07/2013	10,000 00	10,832.00			-832.00
596.303 MANAGERS AMG FUNDS							
TIMESSQUARE MID CAP GRO	VAR	03/07/2013	10,000.00	7,359.00			2,641.00
1107.42 RIDGEWORTH CLASSIC							
FLOATING RATE HIGH INCO	10/26/2010	03/07/2013	10,000.00	9,823.00			177.00
1585. JPMORGAN CHASE & CO							
INDEX ETN BASED ON WAP	03/30/2010	03/12/2013	69,027.00	47,883.00			21,144.00
599 52 INVESCO DISCIPLINED	ļ						
CL Y #8542	12/09/2010	04/02/2013	7,500.00	6,037.00	·	<u> </u>	1,463.00
535 332 BOSTON TRUST SMALL							
#101	08/21/2009	04/02/2013	7,500 00	5,252.00			2,248.00
981 615 BOSTON TRUST SMALL							
#101	08/21/2009	06/11/2013	14,312.00	9,630.00			4,682 00
2791.347 DREYFUS EMERGING							
LOCAL CURRENCY FUND CLA	VAR	06/11/2013	40,000.00	37,917.00			2,083.00
5157.723 NEUBERGER BERMAN							
INCOME FUND INS #1818	VAR	10/04/2013	62,151.00	54,010.00			8,141.00
14538 942 PIMCO COMMODITY							
STRATEGY FUND INST #45	VAR	10/04/2013	83,163 00	110,797.00			-27,634.00
15000. BERKSHIRE HATHAWAY							
NT 4.625% DTD 04/15/200	08/03/2010	10/15/2013	15,000 00	16,532.00			-1,532 00
1192.062 DREYFUS EMERGING							
LOCAL CURRENCY FUND CLA	VAR	11/15/2013	16,808 00	15,945 00			863 00
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶							

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2013)

ACR174 976M

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

550,003.

528,628

Form 8949 (2013)

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10

(if Box F above is checked) ▶