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Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning, 2013, and ending, 20

Form header section containing B (Check if applicable), C (Name of organization: Harris E. "Zip" Long Charitable Foundation, Inc.), D (Employer identification no: 59-3244546), E (Telephone number: 407,988), F (Name and address of principal officer), G (Gross receipts: \$), H(a-c) (Group return and subordinate information), I (Tax-exempt status: 501(c)(3)), J (Website: N/A), K (Form of organization: Corporation), L (Year of formation: 1994), M (State of legal domicile: FL)

Part I Summary

Table with 22 rows detailing financial and operational data. Rows include: 1. Mission statement; 2. Discontinuation check; 3-7a. Governance and revenue metrics; 7b. Net unrelated business taxable income; 8-12. Revenue breakdown; 13-19. Expense breakdown; 20-22. Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer: John A. MacBain, Date: 6/21/14, Type or print name and title: JOHN A. MACBAIN, CHAIRMAN

Paid Preparer Use Only: Print/Type preparer's name: Bernard Lechner, Preparer's signature: [Signature], Date: 02-04-2014, Check self-employed: [X], PTIN: P01281166, Firm's name: Bernard J Lechner, Firm's address: P. O. Box 5147, Clearwater FL 33758, Phone no: 727-461-3662

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013)

SCANNED JUL 15 2014

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission
charitable donations to charitable, religious, and/or educational organizations

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ including grants of \$ 25,000) (Revenue \$)
First Christian Church of Clearwater, Clearwater, FL

4b (Code) (Expenses \$ including grants of \$ 25,000) (Revenue \$)
The Long Center Foundation, Inc., Clearwater, FL

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes" complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and 501(c)(7) and (12) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in the Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
John McBain, 150 Belleview Boulevard, Belleair, FL 33756

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers, key employees, and highest compensated employees... List all of the organization's former directors or trustees...

List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Row 1 contains the text '(1) schedule attached'.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							0	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions) . .	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f ▶					
Program Service Revenue	Business Code					
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		47,253	47,253		
	4 Income from investment of tax-exempt bond proceeds . . . ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities	360,735			
		(ii) Other				
		b Less cost or other basis and sales expenses	323,426			
		c Gain or (loss)	37,309			
	d Net gain or (loss) ▶		37,309	37,309		
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a	a				
	b Less direct expenses b	b				
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19 a	a					
b Less direct expenses b	b					
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a	a					
b Less cost of goods sold b	b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶						
12 Total revenue. See instructions ▶		84,562	84,562	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	50,000	50,000		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	60		60	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	foreign tax withheld	223		223	
b					
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	50,283	50,000	283	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	13,230	1	15,015
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b	Less accumulated depreciation	10b	10c	
	11	Investments - publicly traded securities	916,166	11	948,659
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	929,396	16	963,674	
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25		
26	Total liabilities. Add lines 17 through 25	0	26	0	
Net Assets of Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	929,395	27	963,674
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	929,395	33	963,674	
34	Total liabilities and net assets/fund balances	929,395	34	963,674	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	84,562
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,283
3	Revenue less expenses. Subtract line 2 from line 1	3	34,279
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	929,395
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	963,674

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization: **Harris E. "Zip" Long Charitable Foundation, Inc.** Employer identification number: **59-3244546**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) First Christian Church		1 above - ch	X		X		X		25,000
(B) The Long Center Found		9 above	X		X		X		25,000
(C)									
(D)									
(E)									
Total	2								50,000

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

Federal Filing Instructions**2013**

Name(s) as shown on return

Harris E. "Zip" Long Charitable Fou

Your Social Security Number

59-3244546

Date to file by: 05-15-2014**Form to be filed:** Form 990 and supplemental forms and schedules**Sign and date:** An officer must sign and date Form 990
on page 1.**Address to file:** Department of the Treasury
Internal Revenue Service
Ogden, UT 84201-0027**Refund:** Neither a refund nor a balance due**Other Instructions:** If the return is not filed by the due date
(including any extension granted), attach a
statement giving the reason for not filing on time.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Harris E. "Zip" Long Charitable Foundati

Employer identification number

59-3244546

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	First Christian Church of C Clearwater, FL 33765			25,000				
(2)	The Long Center Foundation, Clearwater, FL 33765			25,000				
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

Harris E. "Zip" Long Charitable Foundation, Inc.

59-3244546

01. General explanation attachment

Form 990 Part VI Section 11b

Bernard J. Lechner, the tax return preparer, who is also a Director of Taxpayer, hand
delivers the completed 990 return to all of the Directors at the organization's Annual
Meeting. Mention of the fully prepared return is specifically made as an item of the
Annual Meeting, and each Director is allowed full review. The President/Director further
reviews the return, and signs same.

Form 990 Part VI Section C Line 10

no specific publication of the organization's documents or financial statements are
provided, except to the Directors. However, the organization maintains its records on
site, and any interested party may review same upon notice to the Secretary of the
organization.

HARRIS E. "ZIP" LONG CHARITABLE FOUNDATION
59-3244546

Return of Organization Exempt from Income Tax - IRS Form 990
Calendar Year 2013

Part VII-A - Current Officers, Directors, etc.

Frederick E. Fisher
1166 Lindenwood Dr.
Tarpon Springs, FL
Director

Paul Dunham
13577 Feather Sound
Clearwater, FL
Vice President & Director

Shirley I. Long
150 Belleview Blvd. - # 207
Belleair, FL
Treasurer & Director

client of Bernard J. Lechner

David Legault
439 Bluff View Dr.
Belleair, FL
Director

Rev. Mike McGinnis
2299 Drew St.
Clearwater, FL
Director

Bernard J. Lechner
P. O. Box 5147
Clearwater, FL
Director

attorney/accountant for Shirley I. Long

HARRIS E. "ZIP" LONG CHARITABLE FOUNDATION
59-3244546

Return of Organization Exempt from Income Tax - IRS Form 990
Calendar Year 2013

Part VII-A - Current Officers, Directors, etc.
page two

John MacBain
2299 Drew St.
Clearwater, FL
President & Director

Kyle Kilian
1501 N. Belcher Road
Clearwater, FL
Secretary

Charles "Trip" Weaver
12507 Bronco Dr.
Tampa, FL
Director

Hank Webb
1309 Lindenwood Dr.
Tarpon Springs, FL
Director

Note: no compensation, contributions for benefits, or expenses were paid
to or for any officer or director

Harris 'E' Zip Long Charitable Foundation, Inc.
Balance Sheet
As of December 31, 2013

ASSETS	<i>Market Value</i>	Cost	
Cash In Accounts			
UBS Paine Webber Acct		\$ 15,015	
Total Cash	\$ 15,015		\$ 15,015
Investments @ Cost			
UBS Paine Webber -Fixed Incom	177,400	\$ 193,298	
UBS Paine Webber-Equities	899,425	\$ 755,361	
<i>Total Market Value</i>	\$ 1,076,825		\$ 948,659
Total Current Assets	\$ 1,091,841		\$ 963,674

LIABILITIES AND CAPITAL

Total Current Liabilities		\$ -
Total Liabilities		\$ -
Capital		
Fund Balance at cost		\$ 929,395
Net Income		\$ 34,279
Total Capital		\$ 963,674
Total Liabilities & Capital		\$ 963,674

Harris 'E' Zip Long Charitable Foundation, Inc.
Statement of Support, Revenue and Expenses
For Period Ending December 31, 2013

INCOME

Investment Income - PW Other	\$	51,096
Change in accrued interest/cost basis adj.	\$	(3,843)
Capital Gains - PW Other	\$	37,309

Total income	\$	84,562
--------------	----	--------

EXPENSES

Expense - Investment Fees	\$	(60)
Other fees (foreign taxes)	\$	(223)
Net Income before Distributions/Contributions	\$	84,279

CONTRIBUTIONS & DISTRIBUTIONS

Distributions to Beneficiaries	\$	(50,000)
--------------------------------	----	----------

NET INCREASE DECREASE	\$	<u>34,279</u>
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UBS Financial Services Inc
18167 Us 19 North
Suite 205
Clearwater FL 33764-6568

APP1000165759 1213 XI CW Q

2013 Year End Summary

Account name: HARRIS E ZIP LONG

CHARITABLE FOUNDATION INC

Friendly account name, C/F

Account number: CW 15851 07

Your Financial Advisor:

GRASKA, DOUGLAS A
Phone 727 507-2540/800-727-0907

HARRIS E ZIP LONG
CHARITABLE FOUNDATION INC
HARRIS E ZIP LONG
CHARITABLE FOUNDATION INC
1501 N BELCHER ROAD, STE236
CLEARWATER FL 33765-1339

Summary of gains and losses

	Amount (\$)
Short term	2,994 68
Long term	34,314 77
Total	\$37,309.45

Realized gains and losses

Estimated 2013 gains and losses for transactions with trade dates through 12/31/13 have been incorporated into this statement. Please note that gain or loss recognized on the sale or redemption of certain Structured Products like Contingent Debt Securities, may be ordinary, and not capital, gain or loss. Please check with your tax advisor. To calculate gains and losses, we liquidate the oldest security lot first. This is known as the first-in, first-out or FIFO accounting method. We use this method unless you specified which tax lot to close when you placed your order. This is known as a versus purchases or VSP order.

Short-term capital gains and losses

Security description	Method	Quantity or face value	Purchase date	Sale date	Sale amount (\$)	Cost basis (\$)	Wash sale cost basis adjustment (\$)	Loss (\$)	Gain (\$)
CA,LL DEVON ENERGY CORP N DUE 01/19/13 70 000	F-FO	-10 000	Jan 27, 13	May 29 12	7,994 68	0 00			2,994 68



Member SICP 002092 B100A012 004290

APP10001000165759 PP1000027450 00003 1213 005692713 CW1 3551070 100000

continued next page



Resource Management Account

Account name: HARRY E ZIP LONG
 Friendly account name: C/F
 Account number: CW 15851 07

Your Financial Advisor:
 GRASKA, DOUGLAS A
 727-507-2540/800-727-0907

Realized gains and losses (continued)

Long-term capital gains and losses

Security description	Method	Quantity or face value	Purchase date	Sale date	Sale amount (\$)	Cost basis (\$)	Wash sale cost basis adjustment (\$)	Loss (\$)	Gain (\$)
ABBOTT LABS	FIFO	500 000	Dec 07, 09	Mar 26, 13	16,915.87	12,936.62			3,979.25
ABBVIE INC COM	FIFO	500 000	Dec 07, 09	Jan 03, 13	17,291.86	14,028.63			3,263.23
ALLIANZ SE									
8.375% PERPETUAL, CALLABLE	FIFO	2,000 000	Jun 07, 10	Jun 15, 13	50,000.00	49,485.25			514.75
BOARDWALK PIPELINE PARTNERS LP UNITS	FIFO	1,000 000	May 06, 09	Jun 14, 13	29,565.04	21,675.25			7,889.79
REPSTNG LP INTERESTS	FIFO	300 000	May 10, 10	Mar 26, 13	25,381.80	18,952.05			7,029.75
CLORX CO									
ENTERPRISE PRODUCTS PARTNER LP MLP	FIFO	650 000	Sep 18, 09	Mar 26, 13	38,568.88	18,448.02			20,120.86
JPMORGAN CHASE & CO	FIFO	1,500 000	Apr 21, 10	Jan 18, 13	70,012.92	67,932.25			2,080.67
NUSTAR ENERGY LP UNITS	FIFO	500 000	Nov 10, 09	Aug 01, 13	21,871.07	26,355.25		-4,484.18	
PENGROWTH ENERGY CORP CAD	FIFO	3,000 000	Jan 08, 10	Aug 02, 13	16,917.15	31,385.25		-14,468.10	
RAYMOND JAMES FINANCIAL CORP	FIFO	1,000 000	Dec 23, 09	Feb 15, 13	41,008.56	24,273.25			16,735.31
WINDSTREAM CORP									
EXCHANGE -EFF-09/2013	FIFO	3,000 000	Dec 23, 09	Aug 02, 13	25,377.75	32,266.77		-6,889.02	
	FIFO	500 000	Oct 14, 11	Aug 02, 13	4,729.63	5,687.17		-1,457.54	
Total					\$357,740.53	\$323,435.76		-\$27,298.84	\$61,513.61
Net long-term capital gains or losses									\$34,314.77
Net capital gains/losses									\$37,309.45

OL



Summary of your UBS portfolio
December 2013

Your Financial Advisor:
GRASKA, DOUGLAS A
Telephone 727-507-2540/800-727-0907

Your portfolio balance sheet

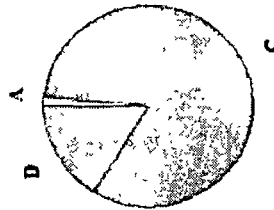
Summary of your assets

	Value on December 31 (\$)	Percentage of your portfolio
A Cash and money balances	15,015.16	1.38%
B Cash alternatives	0.00	0.00%
C Equities	899,425.25	82.37%
D Fixed income	177,400.15	16.25%
E Non-traditional	0.00	0.00%
F Commodities	0.00	0.00%
G Other	0.00	0.00%
Total assets	\$1,091,840.56	100.00%

Value of your portfolio

\$1,091,840.56

Your current asset allocation



► Cash and money balances may include available cash balances, UBS Bank USA deposit account balances, UBS AG Stamford Branch deposit account balances and money market mutual fund sweep balances. See the *Important information about your statement* on the last two pages of this statement for details about those balances.

Eye on the markets

Index	Percentage change	
	December 2013	Year to date
S&P 500	2.53%	32.39%
Russell 3000	2.64%	33.55%
MSCI - Europe, Australia & Far East	1.51%	23.29%
Barclays Capital US Aggregate Bond Index	-0.57%	-2.02%

Interest rates on December 31, 2013

3 month Treasury bill 0.07%
One-month LIBOR 0.17%



Summary of your UBS portfolio
December 2013



Your Financial Advisor:
GRASKA, DOUGLAS A
Telephone 727-507-2540/800-727-0907

Accounts in your portfolio

Details on page	Account number	Account name and type	Value on November 29 (\$)	Value on December 31 (\$)	Percentage of portfolio
	CW 15851 07	C/F - RMA	1,072,471.76	1,091,840.56	100.00%
*	CW 22400 07	NWQ - Basic	0.00	0.00	0.00%
*	CW 22402 07	Deleware - Basic	0.00	0.00	0.00%
*	CW 22399 07	SSGA - Basic	0.00	0.00	0.00%
*	CW 00791 07	ASHFIELD - Basic	0.00	0.00	0.00%
Total			\$1,072,471.76	\$1,091,840.56	100 %

* indicates the accounts prior period value is included in the Tracking the value of your portfolio on the first page

Change in the value of your accounts

Account	Opening value on December 1 (\$)	Deposits, including securities transferred in (\$)	Withdrawals and fees, including securities transferred out (\$)	Dividend and interest income (\$)	Change in value of outside assets and accruals (\$)	Change in market value (\$)	Closing value on December 31 (\$)
CW 15851 07							
C/F - RMA	1,072,471.76	0.00	0.00	3,889.55	0.00	15,479.25	1,091,840.56
Total	\$1,072,471.76	\$0.00	\$0.00	\$3,889.55	\$0.00	\$15,479.25	\$1,091,840.56





Summary of your UBS portfolio
December 2013

Your Financial Advisor:
GRASKA, DOUGLAS A
telephone 727-507-2540/800-727-0907

Dividend and interest income earned by account

For purposes of this statement, taxable interest and dividend income has been determined from a US tax reporting perspective. Based upon the residence of the account holder, account type, or product type, some interest and/or dividend payments may not be subject to United States (US) and/or Puerto Rico (PR) income taxes. The client monthly statement is not intended to be used and cannot be relied upon for tax purposes. Clients should refer to the applicable tax reporting forms they receive from UBS annually, such

as the Forms 1099 and the Forms 480, for tax reporting information. It is the practice of UBS to file the applicable tax reporting forms with the US Internal Revenue Service and PR Treasury Department, and in such forms, accurately classify dividends and/or interest as tax exempt or taxable income. Please consult your individual tax preparer.

Taxable accounts	Year to date					Estimated Annual income(\$)
	Taxable dividends (\$)	Tax-exempt dividends (\$)	Taxable interest (\$)	Tax-exempt interest (\$)	Miscellaneous (\$)	
CW 15851 07 C/F - RMA	41,245.75	0.00	0.78	0.00	9,849.32	50,350
						\$1,095.85

Summary of gains and losses by account

Values reported below exclude products for which gains and losses are not classified and products with a trade date of the prior year.

Realized gains and losses

Taxable accounts	December 2013		Year to date	
	Short term (\$)	Long term (\$)	Short term (\$)	Long term (\$)
CW 15851 07 C/F - RMA	0.00	0.00	2,994.68	34,314.77

Unrealized gains and losses

Taxable accounts	Year to date	
	Short term (\$)	Long term (\$)
CW 15851 07 C/F - RMA	-121.71	128,288.59



Resource Management Account
December 2013

Account name: HARRIS E Z/P LONG
Friendly account name: C/F
Account number: CW 15851 07

Your Financial Advisor:
GRASKA, DOUGLAS A
727-507-2540/800-727-0907

Cash activity summary

See Account activity this month for details. Balances in your Sweep Options are included in the opening and closing balances value. FDIC insurance applies only to deposits at UBS Bank USA, not to deposits at UBS AG, Stamford Branch or bank deposits placed through the UBS International Deposit Account program. SIPC protection applies to money market sweep fund holdings but not bank deposits. See important information about your statement on the last two pages of this document for details.

	December 2013 (\$)	Year to date (\$)
Opening balances	\$11,125.61	\$13,229.57
<i>Additions</i>		
Dividend and interest income	3,889.55	51,095.87
Proceeds from investment transactions	0.00	357,125.57
Total additions	\$3,889.55	\$408,221.44
<i>Subtractions</i>		
Fees	0.00	-60.00
Other funds debited	0.00	-50,284.59
Funds withdrawn for investments bought	0.00	-356,091.26
Total subtractions	\$0.00	-\$406,435.85
Net cash flow	\$3,889.55	\$1,785.59
Closing balances	\$15,015.16	\$15,015.16

Dividend and interest income earned

For purposes of this statement, taxability of interest and dividend income has been determined from a US tax reporting perspective. Based upon the residence of the account holder, account type, or product type some interest and/or dividend payments may not be subject to United States (US) and/or Puerto Rico (PR) income taxes. The client monthly statement is not intended to be used and cannot be relied upon for tax purposes. Clients should refer to the applicable tax reporting forms they receive from UBS annually, such as the Forms 1099 and the Forms 480, for tax reporting information. It is the practice of UBS to file the applicable tax reporting forms with the US Internal Revenue Service and PR Treasury Department, and in such forms accurately classify dividends and/or interest as tax exempt or taxable income. Please consult your individual tax preparer.

	December 2013 (\$)	Year to date (\$)
Taxable dividends	3,889.34	41,245.75
Taxable interest	0.21	0.78
Private investment distributions	0.00	9,849.32
Total current year	\$3,889.55	\$51,095.85
Prior year adjustment	0.00	0.02
Total dividend & interest	\$3,889.55	\$51,095.87

Summary of gains and losses

Values reported below exclude products for which gains and losses are not classified

	Realized gains and losses		Unrealized gains and losses (\$)
	December 2013 (\$)	Year to date (\$)	
Short term	0.00	2,994.68	-121.71
Long term	0.00	34,314.77	128,288.59
Total	\$0.00	\$37,309.45	\$128,166.88

Withholdings and tax summary

	December 2013 (\$)	Year to date (\$)
Foreign taxes paid	0.00	-223.34



Resource Management Account
December 2013

Account name: HARRIS E ZIP LONG
Friendly account name: CF
Account number: CW 15851 01



Your Financial Advisor:
GRASKA, DOUGLAS A
727-507-2540/800-727-0907

Your assets

Some prices, income and current values shown may be approximate. As a result, gains and losses may not be accurately reflected. See *important information about your statement* at the end of this document for more information.

Cash

Cash and money balances

Cash and money balances may include available cash balances, UBS Bank USA deposit account balances, UBS AG Stamford Branch deposit account balances and money market mutual fund sweep balances.

UBS Bank USA deposit account balances are insured by the FDIC within applicable limits, but are not protected by SIPC. UBS AG Stamford Branch deposit account balances are not insured by FDIC and are not protected by SIPC. Money market sweep balances are protected by SIPC but are not insured by the FDIC. See the *important information about your statement* at the end of this document for details about those balances.

Holding	Opening balance on Dec 1 (\$)	Closing balance on Dec 31 (\$)	Price per share on Dec 31 (\$)	Average rate	Dividend/interest period	Days in period	Cap amount (\$)
UBS BANK USA BUS ACCT	11,125.61	15,015.16					250,000.00

Equities

Common stock

Holding	Trade date	Number of shares	Purchase price/Average price per share (\$)	Price per share on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
AMER ELECTRIC POWER CO							
Symbol: AEP Exchange: NYSE							
EAI \$1,000 Current yield 4.28%	Dec 7, 10	500.000	35.979	46.740	23,370.00	5,380.21	LT
ASTRAZENECA PLC SPON ADR							
Symbol: AZN Exchange: NYSE							
EAI \$2,800 Current yield 4.72%	Apr 24, 12	475,000	45.843	59.370	25,232.25	5,748.70	LT
	Jan 23, 13	575,000	49.112	59.370	34,137.75	5,898.32	ST
Security total		1,000,000	47,723.98		59,370.00	11,647.02	
BANK OF AMER CORP							
Symbol: BAC Exchange: NYSE							
EAI \$120 Current yield 0.26%	Apr 14, 10	3,000,000	19.219	15.570	46,710.00	-10,949.25	LT
CENTURYLINK INC							
Symbol: CTL Exchange: NYSE							
EAI \$2,160 Current yield 6.78%	Feb 23, 10	1,000,000	35.115	31.850	31,850.00	-3,265.25	LT



continued next page



Resource Management Account
December 20:3

Account name: HARRIS E ZPLONG
Friendly account name: C/F
Account number: CW 15851 07

Your Financial Advisor:
GRASKA, DOUGLAS A
727-507-2540/800-727-9907

Your assets • Equities • Common stock (continued)

Holding	Trade date	Number of shares	Purchase price/Average price per share (\$)	Cost basis (\$)	Price per share on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
CHEVRON CORP								
Symbol CVX Exchange NYSE	Jan 6, 10	500 000	79 779	39,889 87	124 910	62,455 00	22,565 13	LT
EAI \$2,000 Current yield 3 20%								
CISCO SYSTEMS INC								
Symbol CSCQ Exchange OTC	Dec 16, 09	1,000 000	23 523	23,523 62	22 430	22,430 00	-1,093 62	LT
EAI \$680 Current yield 3 03%								
CLOROX CO								
Symbol CLX Exchange NYSE	May 10, 10	700 000	63 173	44 221 46	92 760	64,932 00	20,710 54	LT
EAI \$1,988 Current yield 3 06%								
DEVON ENERGY CORP NEW								
Symbol DVN Exchange NYSE	Dec 16, 09	1,000 000	68 071	68,071 25	61 870	61,870 00	-6,201 25	LT
EAI \$880 Current yield 1 42%								
FORD MOTOR CO COM NEW								
Symbol F Exchange NYSE	Sep 9, 13	1,000 000	17 472	17 472 25	15 430	15,430 00	-2,042 25	ST
EAI \$400 Current yield 2 59%								
GLAXO SMITHKLINE PLC ADR								
Symbol GSK Exchange NYSE	Feb 8, 11	1,000 000	39 034	39,034 25	53 390	53,390 00	14,355 75	LT
EAI \$2,409 Current yield 4 51%								
HEALTH CARE REIT INC SBI								
Symbol HCN Exchange NYSE	Mar 22, 11	500 000	49 409	24,704 65	53 570	26,785 00	2,080 35	LT
EAI \$3,060 Current yield 5 71%	Aug 16, 11	500 000	45 614	72,807 05	53 570	26,785 00	3,977 95	LT
Security total		1,000 000	47 512	47,511 70		53,570 00	6,058 30	
KIMBERLY CLARK CORP								
Symbol KMB Exchange NYSE	Dec 7, 10	250 000	62 331	15,582 75	104 460	26,115 00	10,532 25	LT
EAI \$810 Current yield 3 10%								
PPL CORP								
Symbol PPL Exchange NYSE	Dec 13, 12	1,200 000	29 193	35,032 17	30 090	36,108 00	1,075 83	LT
EAI \$2,499 Current yield 4 89%	Jan 22, 13	500 000	29 885	14,942 75	30 090	15,045 00	102 25	ST
Security total		1,700 000	29 397	49,974 92		51,153 00	1,178 08	
SYNOVUS FINANCIAL CORP								
Symbol SNV Exchange NYSE	Apr 16, 10	3,000 000	3 631	10,845 25	3 600	10,800 00	-95 25	LT
EAI \$120 Current yield 1 11%								

continued next page



Resource Management Account
December 2013

Account name: HARRIS E ZIP LONG
Friendly account name: CF
Account number: CW 15851 07

Your Financial Advisor:
GRASKA, DOUGLAS A
727-507-2540/800-727-0907

Your assets • Equities • Common stock (continued)

Holding	Trade date	Number of shares	Purchase price/Average price per share (\$)	Cost basis (\$)	Price per share on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
VODAFONE GROUP PLC NEW SPON ADR								
Symbol VOD Exchange NYSE								
EAI \$3,180 Current yield 4.04%	Dec 29, 09	2,000,000	23.092	46,185.25	39.310	78,620.00	32,434.75	L1
Total				\$560,849.84		\$662,065.00	\$101,215.16	

Total estimated annual income: \$24,106

Closed end funds & Exchange traded products

Total reinvested is the total of all reinvested dividends. It does not include any cash dividends. It is not a tax lot for the purposes of determining holding periods or cost basis. The shares you receive each time you reinvest dividends become a separate tax lot.

Cost basis is the total purchase cost of the security, including reinvested dividends. The cost basis may need to be adjusted for return of capital payments in order to determine the adjusted cost basis for tax reporting purposes.

Unrealized (tax) gain or loss is the difference between the current value and the cost basis and would generally be your taxable gain or loss if the security was sold on this date. The unrealized (tax) gain or loss may need to be adjusted for return of capital payments in order to determine the realized gain or loss for tax reporting purposes.
Investment return is the current value minus the amount you invested. It does not include shares that are not reflected on your statement, including shares that have been realized as either a gain or a loss. It also does not include cash dividends that were not reinvested.

Holding	Number of shares	Purchase price/Average price per share (\$)	Client investment (\$)	Cost basis (\$)	Price per share on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized (tax) gain or loss (\$)	Investment return (\$)	Holding period
GLOBAL X FDS GLOBAL X SUPERDIVIDEND ETF									
Symbol SDIV									
Trade date Apr 3, 13	1,050,060	23.360	24,549.25	24,549.25	23.460	24,635.00	83.75	83.75	ST
EAI \$1,696 Current yield 6.89%									
JOHN HANCOCK FINANCIAL OPPORTUNITIES FUND									
Symbol BTO									
Trade date Aug 9, 13	1,000,030	23.195	23,195.25	23,195.25	23.550	23,550.00	354.75	354.75	ST
EAI \$1,184 Current yield 5.03%									
Total			\$47,744.50	\$47,744.50	\$48,183.00	\$438.50	\$438.50	\$438.50	

Total estimated annual income: \$2,860





Resource Management Account
December 2013

Account name: HARRIS F ZIP LONG
Friendly account name: C/F
Account number: CW 15851 07

Your Financial Advisor:
GRASKA, DOUGLAS A
727-507-2540/800-727-0907

Your assets • Equities (continued)

Short options

Holding	Trade date	Number of contracts	Sale price per contract (\$)	Sale proceeds (\$)	Price per contract on Dec 31 (\$)	Contract premium (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
CALL DEVON ENERGY CORP N DUE 01/18/14 65 000 Expires Jan 14 Symbol DVN	Aug 15, 13	-10 000	0.974	-974.73	22.000	0.220	-220.00	754.73	ST
CALL FORD MOTOR CO COM N DUE 01/18/14 18 000 Expires Jan 14 Symbol F	Sep 09, 13	-10 000	0.594	-694.74	1.000	0.010	-10.00	684.74	ST
Total				-\$1,669.47			-\$230.00	\$1,439.47	

Other equity investments

Cost basis and gains and losses have not been adjusted automatically for return of capital payments. Restricted security values are estimated for informational purposes. See important information about your statement at the end of this document for additional information.

Holding	Trade date	Number of shares	Purchase price/ Average price per share (\$)	Cost basis (\$)	Price per share on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
ENERGY TRANSFER PARTNERS LP								
MLP								
Symbol ETP Exchange NYSE	Mar 26, 13	775 000	49.434	38 311.98	57.250	44,368.75	6,056.77	ST
EAI \$3,620 Current yield 6.32%	Aug 1, 13	225 000	51.186	11,516.90	57.250	12,881.25	1,364.35	ST
Security total		1,000 000	49.829	49,828.88		57,250.00	7,421.12	
ENTERPRISE PRODUCTS PARTNER LP								
MLP								
Symbol EPD Exchange NYSE	Sep 18, 09	150 000	28.381	4,257.23	66.300	9,945.00	5,687.77	LT
EAI \$2,622 Current yield 4.16%	Nov 16, 09	800 000	29.671	23,737.25	66.300	53,040.00	29,302.75	LT
Security total		950 000	29.468	27,994.48		62,985.00	34,990.52	
KINDER MORGAN ENERGY PARTNERS								
MLP								
Symbol KMP Exchange NYSE	Aug 7, 13	500 000	82.607	41,303.90	80.650	40,330.00	-973.90	ST
EAI \$2,700 Current yield 6.69%								continued next page



Resource Management Account
December 2013

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Your assets • Equities • Other equity investments (continued)

Holding	Trade date	Number of shares	Purchase price/Average price per share (\$)	Cost basis (\$)	Price per share on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
PVR PARTNERS L P MLP								
Symbol PVR Exchange NYSE								
EAI \$2.365 Current yield 8.20%	Jun 14, 13	1,075,000	27.263	29,308.68	26.830	28,842.25	-466.43	ST
Total				\$148,435.94		\$189,407.25	\$40,971.31	

Total estimated annual income: \$11,307

Fixed income

Closed end funds & Exchange traded products

Total reinvested is the total of all reinvested dividends. It does not include any cash dividends. It is not a tax lot for the purposes of determining holding periods or cost basis. The shares you receive each time you reinvest dividends become a separate tax lot.

Cost basis is the total purchase cost of the security including reinvested dividends. The cost basis may need to be adjusted for return of capital payments in order to determine the adjusted cost basis for tax reporting purposes.

Unrealized (tax) gain or loss is the difference between the current value and the cost basis and would generally be your taxable gain or loss if the security was sold on this date. The unrealized (tax) gain or loss may need to be adjusted for return of capital payments in order to determine the realized gain or loss for tax reporting purposes.

Investment return is the current value minus the amount you invested. It does not include shares that are not reflected on your statement, including shares that have been realized as either a gain or a loss. It also does not include cash dividends that were not reinvested.

Holding	Trade date	Number of shares	Purchase price/Average price per share (\$)	Client investment (\$)	Cost basis (\$)	Price per share on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized (tax) gain or loss (\$)	Investment return (\$)	Holding period
BLACKROCK MULTI SECTOR INCOME TR										
Symbol BIT										
Trade date Feb 25, 13		2,500,000	20.000	50,000.00	50,000.00	17.110	42,775.00	-7,225.00	-7,225.00	ST
EAI \$3.500 Current yield 8.18%										
JOHN HANCOCK PREFERRED INCOME FUND II										
Symbol HPS										
Trade date Apr 24, 12		1,025,000	19.155	19,634.00	19,634.00	15.590	15,979.75	-3,654.25		LT
Total reinvested		60,000	19.624		1,177.46	15.590	935.40	-242.06		
EAI \$1.591 Current yield 9.41%										
Security total		1,085,000	19.181	19,634.00	20,811.46	15.915	15,915.15	-3,896.31	-2,718.85	
POWERSHARES ETF TRUST II										
Symbol BKIN										
Trade date Apr 3, 13		1,000,000	25.205	25,205.25	25,205.25	24.880	24,880.00	-325.25	-325.25	ST

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Resource Management Account
December 2013

Account name: HARRIS E ZP LONG
Friendly account name: C/F
Account number: CW 15851 07

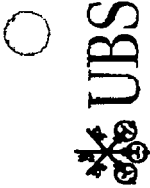
Your Financial Advisor:
GRASKA, DOUGLAS A
727-507-2540/800-727-0907

Your assets • Fixed income • Closed end funds & Exchange traded products (cont. next)

Holding	Number of Shares	Purchase price/Average price per share (\$)	Client investment (\$)	Cost basis (\$)	Price per share on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized (tax) gain or loss (\$)	Investment return (\$)	Holding period
EAI \$1.095 Current yield 4.40%									
WESTERN ASSET INVT GRADE									
DEFINED OPPORTUNITY TR INC									
Symbol IGI									
Trade date Nov 11, 11	1,000,000	20.755	20,755.25	20,755.25	20.200	20,200.00	-555.25		LT
Trade date: Jan 23, 13	1,100,000	23.504	25,855.25	25,855.25	20.200	22,220.00	-3,635.25		ST
EAI \$2.520 Current yield 5.94%									
Security total	2,100,000	22.195	46,610.50	46,610.50		42,420.00	-4,190.50		
Total			\$141,449.75	\$142,627.21		\$126,990.15	-\$15,637.06	-\$14,459.60	
Total estimated annual income: \$8,706									

Preferred securities

Holding	Trade date	Number of shares	Purchase price per share (\$)	Cost basis (\$)	Price per share on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
MERRILL LYNCH CAPITAL V TR								
ORIG 7.28% PREFERRED								
Symbol MER PRF Exchange NYSE								
EAI \$1.820 Current yield 7.23%								
Original cost basis \$24,715.25	Dec 7, 10	1,000,000	24.715	24,715.25	25.160	25,160.00	444.75	LT
PNC FINL SERV SER P 6 125%								
PREFERRED CLUB PAR VALUE -								
25.00 USD								
Symbol PNC PRP Exchange NYSE								
EAI \$1.531 Current yield 6.06%	Jul 29, 13	1,000,000	25.955	25,955.25	25.250	25,250.00	-705.25	ST
Total				\$50,670.50		\$50,410.00	-\$260.50	
Total estimated annual income: \$3,351								



Resource Management Account
December 2013

Account name: HARRIS E ZIP LONG
Friendly account name: C/F
Account number: CW 15851 07

Your Financial Advisor:
GRASKA, DOUGLAS A
727-507-2540/800 727-0907

Your assets (continued)

Your total assets

	Value on Dec 31 (\$)	Percentage of your account	Cost basis (\$)	Estimated annual income (\$)	Unrealized gain or loss (\$)
Cash and money balances	15,015.16	1.38%	15,015.16		
Common stock	662,065.00		560,849.84	24,106.00	101,215.16
Closed end funds & Exchange traded products	48,183.00		47,744.50	2,880.00	438.50
Short options	-230.00		-1,669.47		1,439.47
Other equity investments	189,407.25		148,435.94	11,307.00	40,971.31
Total equities	899,425.25	82.37%	755,360.81	38,293.00	144,064.44
Closed end funds & Exchange traded products	126,990.15		142,627.21	8,706.00	-15,637.06
Preferred securities	50,410.00		50,670.50	3,351.00	-260.50
Total fixed income	177,400.15	16.25%	193,297.71	12,057.00	-15,897.56
Total	\$1,091,840.56	100.00%	\$963,673.68	\$50,350.00	\$128,166.88

Account activity this month

You have qualified for a \$150.00 Annual account fee waiver

Date	Activity	Description	Amount (\$)
Dec 2	Dividend	FORD MOTOR CO COM NEW PAID ON	100.00
Dec 6	Dividend	CENTURYLINK INC PAID ON	540.00
Dec 10	Dividend	AMER ELECTRIC POWER CO PAID ON	250.00
Dec 10	Dividend	CHEVRON CORP PAID ON	500.00
Dec 11	Dividend	GLOBAL X FDS GLOBAL X SUPERDIVIDEND ETF PAID ON	129.68
Dec 19	Dividend	BLACKROCK MULTI SECTOR INCOME TR PAID ON	291.75
Dec 19	Dividend	JOHN HANCOCK PREFERRED INCOME FUND III PAID ON	132.59
Dec 27	Dividend	BANK OF AMER CORP PAID ON	30.00
Dec 27	Dividend	WESTERN ASSET INVT GRADE DEFINED OPPORTUNITY TR NC PAID ON	210.00
Dec 27	Lt Cap Gain	WESTERN ASSET -NVT GRADE DEFINED OPPORTUNITY TR INC	650.15
Dec 30	Dividend	DEVON ENERGY CORP NEW PAID ON	220.00
Dec 30	Dividend	POWERSHARES ETF TRUST II PAID ON	84.06

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