



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

2014

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 2014 calendar year, or tax year beginning, 2014, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Harris E. "Zip" Long Charitable Foundation, Inc. D Employer identification no: 59-3244546. E Telephone number: 345,091. F Name and address of principal officer. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number. 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

1 Briefly describe the organization's mission or most significant activities: charitable donations to charitable, religious, and/or educational organizations. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body: 3. 4 Number of independent voting members of the governing body: 4. 5 Total number of individuals employed in calendar year 2014: 0. 6 Total number of volunteers: 6. 7a Total unrelated business revenue: 0. 7b Net unrelated business taxable income: 0.

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-22. Revenue: 8 Contributions and grants, 9 Program service revenue, 10 Investment income, 11 Other revenue, 12 Total revenue. Expenses: 13 Grants and similar amounts paid, 14 Benefits paid to or for members, 15 Salaries, other compensation, 16a Professional fundraising fees, 16b Total fundraising expenses, 17 Other expenses, 18 Total expenses, 19 Revenue less expenses. Net Assets: 20 Total assets, 21 Total liabilities, 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

Signature of officer: John A. MacBain, Date: 4/3/15. Type or print name and title: JOHN A. MACBAIN, PRESIDENT

Paid Preparer Use Only: Preparer's name: Bernard Lechner, Date: 02-09-2015, Check self-employed: Yes, PTIN: P01281166, Firm's name: Bernard 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? Yes

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (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
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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 \$ _____)
The Long Center Foundation, Inc., Clearwater, FL

4b (Code: _____) (Expenses \$ _____ including grants of \$ 25,000) (Revenue \$ _____)
First Christian Church of Clearwater, 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)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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

Input box for Schedule O check

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, W-2G forms, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, and contributions.

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 this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (9), 1b (7), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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.
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, address, and telephone number of the person who possesses the organization's books and records: 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... 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, (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 a 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					
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)					
	1f All other contributions, gifts, grants, and similar amounts not included above					
	1g Noncash contributions included in lines 1a-1f: \$					
	1h Total. Add lines 1a-1f ▶					
Program Service Revenue	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) ▶	87,759	87,759			
	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	257,332			
		(ii) Other				
		b Less: cost or other basis and sales expenses	234,419			
		c Gain or (loss)	22,913			
	d Net gain or (loss) ▶	22,913	22,913			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a					
	b Less: direct expenses b					
c Net income or (loss) from fundraising events ▶						
9a Gross income from gaming activities See Part IV, line 19 a						
b Less: direct expenses b						
c Net income or (loss) from gaming activities ▶						
10a Gross sales of inventory, less returns and allowances a						
b Less: cost of goods sold b						
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue						
11a _____	Business Code					
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d ▶					
12 Total revenue. See instructions ▶		110,672	110,672	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 domestic organizations and domestic governments See Part IV, line 21	50,000	50,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals 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	113		113	
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 _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	50,113	50,000	113	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	15,015	1	63,709
	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	948,659	11	960,524
	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)	963,674	16	1,024,233	
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 or 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	963,674	27	1,024,233
	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	963,674	33	1,024,233	
34 Total liabilities and net assets/fund balances	963,674	34	1,024,233	

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	110,672
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,113
3	Revenue less expenses Subtract line 2 from line 1	3	60,559
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	963,674
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	1,024,233

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

2014

Open to Public Inspection

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.**

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) First Christian Chur		1 above - ch	X		25,000	0
(B) The Long Center Foun		9 above	X		25,000	0
(C)						
(D)						
(E)						
Total	2				50,000	

**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
2014
**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 Domestic Organizations and Domestic Governments. 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

2014

**Open to Public
Inspection**

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

Employer identification number
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 19

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 2014

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 2014

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, 2014

ASSETS	<i>Market Value</i>	<u>Cost</u>	
Cash In Accounts			
UBS Paine Webber Acct		<u>\$ 63,709</u>	
Total Cash	\$ 63,709		\$ 63,709
 Investments @ Cost			
UBS Paine Webber -Fixed Incom	165,109	\$ 168,239	
UBS Paine Webber-Equities	931,896	\$ 792,286	
<i>Total Market Value</i>	\$ 1,097,005		<u>\$ 960,524</u>
 Total Current Assets	 \$ 1,160,714		 <u><u>\$ 1,024,233</u></u>

LIABILITIES AND CAPITAL

Total Current Liabilities		\$ -
Total Liabilities		\$ -
 Capital		
Fund Balance at cost	\$ 963,674	
Net Income	<u>\$ 60,559</u>	
 Total Capital		 <u>\$ 1,024,233</u>
 Total Liabilities & Capital		 <u><u>\$ 1,024,233</u></u>

0

Harris 'E' Zip Long Charitable Foundation, Inc.
Statement of Support, Revenue and Expenses
For Period Ending December 31, 2014

INCOME

Investment Income - PW Other	\$	63,896
Change in accrued interest/cost basis adj.	\$	23,863
Capital Gains - PW Other	\$	22,913

Total income	\$	110,672
--------------	----	---------

EXPENSES

Expense - Investment Fees & registrations	\$	(113)
Other fees (foreign taxes)	\$	-
Net income before Distributions/Contributions	\$	<u>110,559</u>

CONTRIBUTIONS & DISTRIBUTIONS

Distributions to Beneficiaries	\$	<u>(50,000)</u>
--------------------------------	----	-----------------

NET INCREASE/DECREASE	\$	<u><u>60,559</u></u>
-----------------------	----	----------------------



UBS Financial Services Inc
18167 Us 19 North
Suite 200
Clearwater FL 33764-6568

APP1000149467 1214 X1 CW 0

2014 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	1,669 52
Long term	21,243 88
Total	\$22,913.40

Realized gains and losses

Estimated 2014 gains and losses for transactions with trade dates through 12/31/14 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.

See important information about your statement on the last page of this statement for more information. We may not adjust gains and losses for all capital changes. Cost basis for coupon tax-exempt municipal securities, include securities subject to AMT, has been adjusted for mandatory amortization of bond premium. Estimates in the Unclassified section can not be classified as short term or long term because information is missing, or the product is one in which the gain/loss calculation is not provided.

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 (\$)
CALL DEVON ENERGY CORP N DUE 01/18/14 65 000	FIFO	-10 000	Jan 21, 14	Aug 15, 13	974 73	0 00			974 73



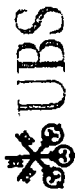
continued next page

Member SIPC

003230 B100A012 018616

APP10001000149467 PP1000024765 00003 1214 005692713 CW15851070 100000

Page 1 of 2



Resource Management Account

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

Realized gains and losses (continued)

Short-term capital gains and losses (continued)

Security description	Method	Quantity or face value	Purchase date	Sale date	Sale amount (\$)	Cost basis (\$)	Wash sale cost basis adjustment (\$)	Loss (\$)	Gain (\$)
CALL FORD MOTOR CO COM N	FIFO	-10 000	Jan 21, 14	Sep 09, 13	694 74	0 00			694 74
DUE 01/18/14 18 000	FIFO	0 550	Nov 28, 14	Dec 03, 14	23 00	22 84			0 16
KINDER MORGAN INC	FIFO								
REGENCY ENERGY PARTNERS	Adjustment	0 500	Jun 14, 13	Mar 24, 14	13 26	13 36		-0 10	
LP UNITS REPSTG LTD PARTNER INT	Adjustment					0 10		-0 01	
VERIZON COMMUNICATIONS INC	Adjustment	0 002	Feb 24, 14	Feb 24, 14	0 09	\$36.30		-\$0.11	\$1,669.63
Total					\$1,705.82				\$1,669.52

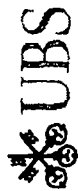
Net short-term capital gains and losses

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 (\$)
BLACKROCK MULTI SECTOR INCOME TR	FIFO	2,500 000	Feb 25, 13	Dec 19, 14	42,121 31	49,704 95		-7,583.64	10,434 15
CLOROX CO	FIFO	400 000	May 10, 10	Jun 06, 14	35,703 56	25,269 41		-1,433 22	4 40
DEVON ENERGY CORP NEW	FIFO	1,000 000	Dec 16, 09	Jun 10, 14	66,638 03	68,071 25			
HALYARD HEALTH INC	FIFO	0 250	Dec 07, 10	Nov 03, 14	9 58	5 18			
KINDER MORGAN ENERGY PARTNERS **MERGER EFF 12/2014** MLP	FIFO	500 000	Aug 02, 13	Dec 03, 14	50,930 20	41,303 90			9,626.30
PPL CORP	FIFO	1,200 000	Dec 13, 12	Jun 30, 14	42,475 36	35,032 17			7,443 19
SYNOVUS FINL CORP	FIFO	500 000	Jan 22, 13	Jun 30, 14	17,698 06	14,942 75		-1 56	2,755 31
VODAFONE GROUP PLC SPON ADR	FIFO	0 571	Apr 16, 10	May 19, 14	12 97	14 53			
Total					\$255,626.51	\$234,382.63		-\$9,019.47	\$30,263.35
Net long-term capital gains or losses									\$21,243.88
Net capital gains/losses:									\$22,913.40

Net long-term capital gains or losses

Net capital gains/losses:



Summary of your UBS portfolio
December 2014

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	63,708.80	5.49%
B Cash alternatives	0.00	0.00%
C Equities	931,895.93	80.29%
D Fixed income	165,108.95	14.22%
E Non-traditional	0.00	0.00%
F Commodities	0.00	0.00%
G Other	0.00	0.00%
Total assets	\$1,160,713.68	100.00%

Value of your portfolio

\$1,160,713.68

Your current asset allocation



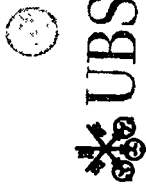
† Cash and money balances may include available cash balances, UBS Bank USA deposit account balances, UBS AG Stamford Branch deposit account balances and money market mutual fund sweep balances. See the *Important information about your statement* on the last two pages of this statement for details about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

Eye on the markets

Index	Percentage change	
	December 2014	Year to date
S&P 500	-0.25%	13.69%
Russell 3000	-0.00%	12.56%
MSCI - Europe, Australia & Far East	-3.44%	-4.48%
Barclays Capital U S Aggregate Bond Index	0.09%	5.97%

Interest rates on December 31, 2014

3-month Treasury bills 0.04%
One-month LIBOR 0.17%



Summary of your UBS portfolio
December 2014



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

Accounts in your portfolio

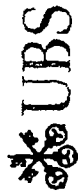
Details on page	Account number	Account name and type	Value on November 28 (\$)	Value on December 31 (\$)	Percentage of portfolio
7	CW 15851 07	C/F - RMA	1,170,557.08	1,160,713.68	100.00%
*	CW 22402 07	Delaware - Basic	0.00	0.00	0.00%
*	CW 00791 07	ASHFIELD - Basic	0.00	0.00	0.00%
Total			\$1,170,557.08	\$1,160,713.68	100.00%

* 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	1,170,557.08	5,385.00	0.00	3,696.10	0.00	-18,924.50	1,160,713.68
C/F - RMA	\$1,170,557.08	\$5,385.00	\$0.00	\$3,696.10	\$0.00	-\$18,924.50	\$1,160,713.68
Total							





Resource Management Account
December 2014

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

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 2014 (\$)	Year to date (\$)
Opening balances	\$33,299.92	\$15,015.16
<i>Additions</i>		
Deposits and other funds credited	5,385 00	5,666 65
Dividend and interest income	3,696 10	63,895 71
Proceeds from investment transactions	42,789 04	205,377 39
Total additions	\$51,870.14	\$274,939.75
<i>Subtractions</i>		
Fees	0 00	-51.80
Other funds debited	0 00	-50,061 25
Funds withdrawn for investments bought	-21,461 26	-176,133 06
Total subtractions	-\$21,461.26	-\$226,246.11
Net cash flow	\$30,408.88	\$48,693.64
Closing balances	\$63,708.80	\$63,708.80

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 2014 (\$)	Year to date (\$)
Taxable dividends	3,695 57	50,148 87
Long-term capital gains	0 00	69 09
Taxable interest	0 53	5 38
Miscellaneous	0 00	13,672 11
Total current year	\$3,696.10	\$63,895.45
Prior year adjustment	0 00	0 26
Total dividend & interest	\$3,696.10	\$63,895.71

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 2014 (\$)	Year to date (\$)	
Short term	0 16	1,669 52	-20,311 14
Long term	2,042 66	21,243 88	156,791 65
Total	\$2,042.82	\$22,913.40	\$136,480.51



Resource Management Account
December 2014

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

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 2014 (\$)	Year to date (\$)
Opening balances	\$33,299.92	\$15,015.16
<i>Additions</i>		
Deposits and other funds credited	5,385.00	5,666.65
Dividend and interest income	3,696.10	63,895.71
Proceeds from investment transactions	42,789.04	205,377.39
Total additions	\$51,870.14	\$274,939.75
<i>Subtractions</i>		
Fees	0.00	-51.80
Other funds debited	0.00	-50,061.25
Funds withdrawn for investments bought	-21,461.26	-176,133.06
Total subtractions	-\$21,461.26	-\$226,246.11
Net cash flow	\$30,408.88	\$48,693.64
Closing balances	\$63,708.80	\$63,708.80

Dividend and interest income earned

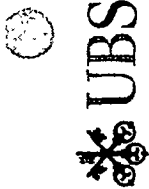
For purposes of this statement, taxability of interest and dividend income has been determined from a US tax reporting perspective. Based upon the residence of the account holder, account type, or product type, some interest and/or dividend payments may not be subject to United States (US) and/or Puerto 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 2014 (\$)	Year to date (\$)
Taxable dividends	3,695.57	50,148.87
Long-term capital gains	0.00	69.09
Taxable interest	0.53	5.38
Miscellaneous	0.00	13,672.11
Total current year	\$3,696.10	\$63,895.45
Prior year adjustment	0.00	0.26
Total dividend & interest	\$3,696.10	\$63,895.71

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 2014 (\$)	Year to date (\$)	
Short term	0.16	1,669.52	-20,311.14
Long term	2,042.66	21,243.88	156,791.65
Total	\$2,042.82	\$22,913.40	\$136,480.51



Resource Management Account
December 2014

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

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.

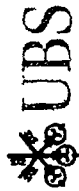
Holding	Opening balance on Dec 1 (\$)	Closing balance on Dec 31 (\$)	Price per share on Dec 31 (\$)	Average rate	Dividend/interest period	Days in period	Cap amount (\$)
UBS BANK USA BUS ACCT	33,299.92	63,708.80					250,000.00

Equities

Common stock

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
AMER ELECTRIC POWER CO								
Symbol AEP Exchange NYSE								
EAI \$1,060 Current yield 3.49%	Dec 7, 10	500,000	35.979	17,989.79	60.720	30,360.00	12,370.21	LT
ASTRAZENECA PLC SPON ADR								
Symbol AZN Exchange NYSE								
EAI \$2,800 Current yield 3.98%	Apr 24, 12	425,000	45.843	19,483.55	70.380	29,911.50	10,427.95	LT
	Jan 23, 13	575,000	49.112	28,239.43	70.380	40,468.50	12,229.07	LT
Security total		1,000,000	47.723	47,722.98		70,380.00	22,657.02	
BANK OF AMER CORP								
Symbol BAC Exchange NYSE								
EAI \$600 Current yield 1.12%	Apr 14, 10	3,000,000	19.219	57,659.25	17.890	53,670.00	-3,989.25	LT
CENTURYLINK INC								
Symbol CTL Exchange NYSE								
EAI \$2,160 Current yield 5.46%	Feb 23, 10	1,000,000	35.115	35,115.25	39.580	39,580.00	4,464.75	LT





Resource Management Account
December 2014

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 • 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								
EAI \$2,140 Current yield 3.82%	Jan 6, 10	500 000	79.779	39,889.87	112.180	56,090.00	16,200.13	LT
CISCO SYSTEMS INC								
Symbol CSCO Exchange OTC								
EAI \$760 Current yield 2.73%	Dec 16, 09	1,000 000	23.523	23,523.62	27.815	27,815.00	4,291.38	LT
CLOROX CO								
Symbol CLX Exchange NYSE								
EAI \$888 Current yield 2.84%	May 10, 10	300 000	63.173	18,952.05	104.210	31,263.00	12,310.95	LT
FORD MOTOR CO COM NEW								
Symbol F Exchange NYSE								
EAI \$500 Current yield 3.23%	Sep 9, 13	1,000 000	17.472	17,472.25	15.500	15,500.00	-1,972.25	LT
GLAXO SMITHKLINE PLC ADR								
Symbol GSK Exchange NYSE								
EAI \$2,651 Current yield 6.20%	Feb 8, 11	1,000 000	39.034	39,034.25	42.740	42,740.00	3,705.75	LT
HALYARD HEALTH INC								
Symbol HYH Exchange NYSE								
EAI \$21.80 Current yield 4.20%	Dec 7, 10	31,000	20.704	641.84	45.470	1,409.57	767.73	LT
HEALTH CARE RETI INC SBI								
Symbol HCN Exchange NYSE								
EAI \$3,180 Current yield 4.20%	Mar 22, 11	500 000	47.991	23,995.85	75.670	37,835.00	13,839.15	LT
	Aug 16, 11	500 000	44.196	22,098.25	75.670	37,835.00	15,736.75	LT
Security total		1,000 000	46.094	46,094.10		75,670.00	29,575.90	
KIMBERLY CLARK CORP								
Symbol KMB Exchange NYSE								
EAI \$840 Current yield 2.91%	Dec 7, 10	250 000	59.742	14,935.73	115.540	28,885.00	13,949.27	LT
KINDER MORGAN INC								
Symbol KMI Exchange NYSE								
EAI \$1,929 Current yield 4.16%	Nov 28, 14	1,096 000	41.535	45,522.36	42.310	46,371.76	849.40	ST
SYNOVUS FINL CORP								
Symbol SNV Exchange NYSE								
EAI \$171 Current yield 1.47%	Apr 16, 10	428 000	25.422	10,880.72	27.090	11,594.52	713.80	LT
VERIZON COMMUNICATIONS INC								
Symbol VZ Exchange NYSE								
EAI \$1,157 Current yield 4.70%	Feb 24, 14	526 000	48.115	25,308.49	46.780	24,606.28	-702.21	ST

continued next page



Resource Management Account
December 2014

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 • 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 SPON ADR								
Symbol VOD Exchange: OTC								
EAI: \$1,964 Current yield: 5.27%	Dec 29, 09	1,090,000	42.336	46,146.76	34.170	37,245.30	-8,901.46	LT
W P CAREY INC REIT								
Symbol WPC Exchange: NYSE								
EAI: \$3,040 Current yield: 5.42%	Jul 10, 14	500,000	65.070	32,535.30	70.100	35,050.00	2,514.70	ST
	Dec 18, 14	300,000	71.537	21,461.26	70.100	21,030.00	-431.26	ST
Security total		800,000	67.496	53,996.56		56,080.00	2,083.44	
Total				\$540,885.87		\$649,260.43	\$108,374.56	

Total estimated annual income: \$25,840

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.

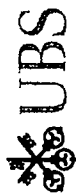
Unrealized (tax) gain or loss is the difference between the current value and the cost basis and would generally be your taxable gain or loss if the security was sold on this date. The unrealized (tax) gain or loss may need to be adjusted for return of capital payments in order to determine the realized 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	1,050,000	23.380	24,549.25	24,549.25	23.070	24,223.50	-325.75		LT
Trade date: Jun 6, 14	700,000	25.960	18,172.25	18,172.25	23.070	16,149.00	-2,023.25		ST
Trade date: Jun 9, 14	300,000	25.877	7,763.25	7,763.25	23.070	6,921.00	-842.25		ST
EAI: \$2,956 Current yield: 6.25%									
Security total	2,050,000	24.627	50,484.75	50,484.75	47,293.50	47,293.50	-3,191.25		
JOHN HANCOCK FINANCIAL OPPORTUNITIES FUND									
Symbol: BTO									
Trade date: Aug 9, 13	1,000,000	23.195	23,195.25	23,195.25	23.560	23,560.00	364.75		LT



continued next page



Resource Management Account
December 2014

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 • Equities • Closed end funds & Exchange traded products (continued)

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
Trade date Jun 16, 14	1,000,000	22,905	22,905.25	22,905.25	23,560	23,560.00	654.75		ST
EAI \$2,368 Current yield 5.03%									
Security total	2,000,000	23,050	46,100.50	46,100.50	47,120.00	47,120.00	1,019.50	1,019.50	
Total			\$96,585.25	\$96,585.25	\$94,413.50	\$94,413.50	-\$2,171.75	-\$2,171.75	

Total estimated annual income: \$5,324

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 FORD MOTOR CO COM N									
DUE 01/15/16									
Expires Jan 16									
Symbol F	Dec 18, 14	-10,000	0.644	-6,447.3	89,000	0.890	-890.00	-245.27	ST

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								
EAI \$3,900 Current yield 6.00%	Mar 26, 13	775,000	49,434	38,311.98	65,000	50,375.00	12,063.02	LT
	Aug 1, 13	225,000	51,186	11,516.90	65,000	14,625.00	3,108.10	LT
Security total		1,000,000	49,829	49,828.88		65,000.00	15,171.12	

ENTERPRISE PRODUCTS PARTNER LP

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
MLP								
Symbol EPD Exchange NYSE								
EAI \$2,774 Current yield 4.04%	Sep 18, 09	300,000	14,190	4,257.23	36,120	10,836.00	6,578.77	LT
	Nov 16, 09	1,600,000	14,835	23,737.25	36,120	57,792.00	34,054.75	LT
Security total		1,900,000	14,734	27,994.48		68,628.00	40,633.52	

continued next page



Resource Management Account
December 2014

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 • 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
MEMORIAL PRODTN PARTNERS LP								
MLP								
Symbol MEMP Exchange OTC								
EAI \$4,400	Jun 16, 14	1,000,000	24,005.25	24,005.25	14,590	14,590.00	-9,415.25	ST
Current yield: 15.08%								
Security total								
	Jun 30, 14	1,000,000	24,335	24,335.25	14,590	14,590.00	-9,745.25	ST
		2,000,000	24,170	48,340.50		29,180.00	-19,160.50	
REGENCY ENERGY PARTNERS LP								
UNITS REPSTG LTD PARTNER INT								
Symbol RGP Exchange NYSE								
EAI \$2,203	Jun 14, 13	1,096,000	26,729	29,295.32	24,000	26,304.00	-2,991.32	LT
Current yield 8.38%								
Total				\$155,459.18		\$189,112.00	\$33,652.82	
Total estimated annual income: \$13,277								

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.

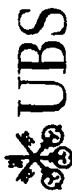
Unrealized (tax) gain or loss is the difference between the current value and the cost basis and would generally be your taxable gain or loss if the security was sold on this date. The unrealized (tax) gain or loss may need to be adjusted for return of capital payments in order to determine the realized 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
JOHN HANCOCK PREFERRED INCOME FUND III										
Symbol HPS										
	Apr 24, 12	1,025,000	19,155	19,634.00	19,634.00	17,870	18,316.75	-1,317.25		LT
Total reinvested										
		60,000	19,624		1,177.46	17,870	1,072.20	-105.26		
EAI \$1,591	Current yield 8.21%									
Security total										
		1,085,000	19,181	19,634.00	20,811.46	19,388.95	-1,422.51	-245.05		
POWERSHARES ETF TRUST II										
Symbol BKLN										

continued next page





Resource Management Account
December 2014

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 • Fixed income • Closed end funds & Exchange traded products (continued)

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 holding return (\$)	Holding period
Trade date	Apr 3, 13	1,000,000	25.191	25,191.09	25,191.09	24.030	24,030.00	-1,161.09		LT
Trade date	Jun 17, 14	1,000,000	24.955	24,955.25	24,955.25	24.030	24,030.00	-925.25		ST
EAI \$1.980 Current yield 4.12%										
Security total		2,000,000	25.073	50,146.34	50,146.34		48,060.00	-2,086.34	-2,086.34	
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	21.000	21,000.00	244.75		LT
Trade date	Jan 23, 13	1,100,000	23.504	25,855.25	25,855.25	21.000	23,100.00	-2,755.25		LT
EAI \$2.520 Current yield 5.71%										
Security total		2,100,000	22.195	46,610.50	46,610.50		44,100.00	-2,510.50	-2,510.50	
Total				\$115,390.84	\$117,568.30		\$111,548.95	-\$6,019.35	-\$4,841.89	
Total estimated annual income: \$6,091										

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 7.05%								
Original cost basis	\$24,715.25							
Trade date	Dec 7, 10	1,000,000	24.715	24,715.25	25.800	25,800.00	1,084.75	LT
PNC FINL SERV SER P 6 125%								
PREFERRED CLBL PAR VALUE -								
25 00 USD								
Symbol	PNC PRP	Exchange	NYSE					
EAI \$1.531 Current yield 5.52%								
Trade date	Jul 29, 13	1,000,000	25.955	25,955.25	27.760	27,760.00	1,804.75	LT
Total				\$50,670.50		\$53,560.00	\$2,889.50	
Total estimated annual income: \$3,351								



Resource Management Account
December 2014

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	63,708.80	5.49%	63,708.80		
Equities					
Common stock	649,260.43		540,885.87	25,840.00	108,374.56
Closed end funds & Exchange traded products	94,413.50		96,585.25	5,324.00	-2,171.75
Short options	-890.00		-644.73		-245.27
Other equity investments	189,112.00		155,459.18	13,277.00	33,652.82
Total equities	931,895.93	80.29%	792,285.57	44,441.00	139,610.36
Fixed income					
Closed end funds & Exchange traded products	111,548.95		117,568.30	6,091.00	-6,019.35
Preferred securities	53,560.00		50,670.50	3,351.00	2,889.50
Total fixed income	165,108.95	14.22%	168,238.80	9,442.00	-3,129.85
Total	\$1,160,713.68	100.00%	\$1,024,233.17	\$53,883.00	\$136,480.51

Account activity this month

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

Date	Activity	Description	Amount (\$)
Dec 3	Exchange	KINDER MORGAN ENERGY PARTNERS **MERGER EFF 12/2014** MLP	5,385.00
Total deposits and other funds credited			\$5,385.00

Dividend and interest income

Taxable dividends

Date	Activity	Description	Amount (\$)
Dec 1	Dividend	FORD MOTOR CO COM NEW PAID ON	125.00
Dec 5	Dividend	CENTURYLINK INC PAID ON	540.00
Dec 10	Dividend	AMER ELECTRIC POWER CO PAID ON	265.00
Dec 10	Dividend	CHEVRON CORP PAID ON	535.00
Dec 10	Dividend	GLOBAL X FDS GLOBAL X SUPERDIVIDEND ETF PAID ON	247.03
Dec 18	Dividend	JOHN HANCOCK PREFERRED INCOME FUND III PAID ON	132.59
Dec 19	Dividend	BLACKROCK MULTI SECTOR INCOME TR PAID ON	291.75
Dec 26	Dividend	BANK OF AMER CORP PAID ON	150.00
Dec 26	Dividend	WESTERN ASSET INVT GRADE DEFINED OPPORTUNITY TR INC PAID ON	210.00



continued next page