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SCANNED JUL 2 S

Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000 000 and total assets less than \$2,500,000 at the end of the year may use this form

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008 Open to Public

Inspection

Α	For the	2008 calend <u>ar</u>	r year	, or tax year beginning	October 1	, 2008, and e	nding Sep	temb	er 30	0 , 20 09
В	Check if a	1.	lease	C Name of organization			DE	mploye	r ide	ntification number
님	Address	la	se IRS abel or	Long Center Foundation	1		5	9 :		2702966
님	Name ch	nange pi	nnt or	Number and street (or PO be	ox, if mail is not deliv	ered to street address)	Room/suite E To	elepho	ne nu	umber
H	Initial retu Terminati	12	/pe. ee	1501 N. Belcher Road			1 (٠,		
H	Amended	d return S	pecific	City or town, state or country	and ZIP + 4					
П			nstruc- ons.	Clearwater, FL 33765	, 4.12 2.11			roup E umber	xem	TOITC
=				ations and 4947(a)(1) nonexe	mnt chartable tr	usts must attach				
_	- 00011			pleted Schedule A (Form 9		usis must attach	G Accounting Other (spec		-	☑ Cash ☐ Accrual
							H Check ►	□ ıf	the c	organization is not
	Websi				·					edule B (Form 990,
J	Organi	zation type (che	eck or	nly one) – 🗹 501(c) (3) ◀ (n	nsert no) 🔲 494	17(a)(1) or 🔲 527	990-EZ, or	990-P	-)	
K	Check •	► ☐ if the organ	nızatıo	in is not a section 509(a)(3) sup	oporting organization	on and its gross rece	ints are normally	not mo	re th	an \$25,000. A return is
	not requ	uired, but if the o	organı	zation chooses to file a return,	, be sure to file a co	mplete return	.p.o are normany	101 1110		an 020,000 A return to
L	Add line	es 5b, 6b, and 7b	o, to Irr	ne 9 to determine gross receipts	s, if \$1,000,000 or m	ore, file Form 990 ins	tead of Form 990-	EZ Þ	- \$	
	art I			nses, and Changes in						or Part I)
	1						1000 1110 111011		1	0
	1			, grants, and similar amount					2	0
	2			evenue including governm	ent tees and con	tracts				···
	3			and assessments		•			3	0
Revenue	4	Investment ir				1.5.1			1	0
	5a	Gross amour	nt fro	m sale of assets other that	n inventory	. <u>5a</u>		0		
	b	Less cost or	r othe	er basis and sales expense	s	5b		0 _	_	
	С	Gain or (loss)	from	sale of assets other than invi	entory (Subtract lii	ne 5b from line 5a) ((attach schedule)	. 5	С	0
	6	Special events ar	nd activ	ities (complete applicable parts of	Schedule G), If any an	ount is from gaming, c	heck here 🕨 🔲		- 1	
	а			ot including \$			_		ı	
	İ	reported on I		_	_	6a				
	Ь	b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						- }		
							_ ი	င	0	
	7a			entory, less returns and all	•	7a	110 04)	-	_	<u></u>
	_			· · · · · · · · · · · · · · · · · · ·	iowances	7b		\dashv		
	b	Less cost of			·	<u> </u>		_	_	۸
	C			ss) from sales of inventory	(Subtract line 15	ine /a) .	•	7		0
	8 9	Other revenu	e (de	Id lines 1 2 3 4 50 60	70 70 80	<u>√2\</u>) 8		0
_				dd lines 1, 2, 3, 4, 5c, 6c, 7		/ <u>w</u> / · · · ·	<u></u>	- 9	— i —	0
	10	Grants and s	ımılar	amounts paid (attach sch	edule)	\\	•	. 1		0
	11	Benefits paid	to o	r for members	3010	/38/	•	. 1		0
es	12	Salaries, other	er cor	npensation, and employee	benef ts 5 .	/ \		1:	2	0
Expense	13	Professional	fees a	r for members mpensation, and employee and other payments to ind	epandent contra	etbils		1:	3	0
ă	14	Occupancy, r	rent, i	utilities, and maintenance	" SEN!			1	4	1964.92
Ш	15	Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance Printing, publications, postage, and shipping Other expenses (describe						1	5	145.40
	16	Other expens	ses (d	escribe >) [1	6	
	17	Total expens	ses. A	Add lines 10 through 16)			2110.32
Ø	18	Excess or (de	eficit)	for the year (Subtract line	17 from line 9)			11	3	(2110.32)
Net Assets	19	•		d balances at beginning of	•	27 column (A)) (muet agrae wit	,	\neg	
As	'			reported on prior year's r		27, COMMIN (A)) (must agree wit	" 19	9	4366.73
i i	20			net assets or fund balance		ation)		20	_;_	0
ž	21			balances at end of year				2	-	2256.41
D	rt il			. If Total assets on line 25			ro filo Form 00			
_	A1 C 01	Datarioc On				ΨΕ,300,000 ΟΙ ΤΠΟ			au	
- -				ee the instructions for Part	11)		(A) Beginning			(B) End of year
22		h, savings, and		stments			43	66.73		2373.08
23		d and buildings		0					23	0
24	Othe	er assets (desc	ribe I	Ŭ)		0	24	0
25		ıl assets					43	66.73	1	2373.08
26	Tota	ıl liabilities (de	scrib	e ▶)			26	166.67
27	Net	assets or fun-	d bal	ances (line 27 of column (B) must agree w	ith line 21)	43	66.73	1271	2256 41

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)

Cat No 106421

Part III Statement of Program Service Accom	polishments (See the inst	ructions for Part	111.)	Ţ	Expenses
What is the organization's primary exempt purpose?				(Re	quired for 501(c)(3)
Describe what was achieved in carrying out the organiz	ation's exempt purposes. I	n a clear and cond	cise manner.		(4) organizations 4947(a)(1) trusts,
describe the services provided, the number of persons be	nefited, or other relevant inf	ormation for each p	orogram title	opti	onal for others)
28 Long Center Foundation provides funding thru a	designated endowment	fund held at the C	ommunity		
Foundation of Tampa Bay for programs held at t	he Long Center and other	City of Clearwat	er facilities		
Payments are made direct from the Community	Foundation to the City of	Clearwater.			
(Grants \$) If this amount incl	udes foreign grants, check	here .	<u>▶</u> □	28a	0 00
29					
				ĺ	
(Grants \$) If this amount incl	udes foreign grants, check	here	▶ □	29a	
30		•			
				1	
/O					
(Grants \$) If this amount incl 31 Other program services (attach schedule) .	udes foreign grants, check	nere		30a	
	udes foreign grants, check	horo	- □	240	
32 Total program service expenses (add lines 28a th		nere .	. P U	31a 32	0,00
Part IV List of Officers, Directors, Trustees, and Key		en if not compensate	d (See the ins		
	(b) Title and average	(c) Compensation	(d) Contributio	ns to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper		account and other allowances
Charles Weaver		*			
12507 Bronco Drive Tampa FL	Chairman of the Board	0		0	٥
Kyle Kilian	Secretary				
7323 Ivory Terrace, New Port Richey. FL	Coordiary	0		0	0
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Form	990-EZ (2008)		F	age 3
Pa	rt V Other Information (Note the statement requirements in the instructions for Part VI.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34]]	✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		1
	Enter amount of political expenditures, direct or indirect, as described in the instructions [37a] Did the organization file Form 1120-POL for this year?		ţ	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	38a		1
39	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities 39b			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	,	,	-
þ	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		4
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter amount of tax on line 40c reimbursed by the organization .			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41 42a	List the states with which a copy of this return is filed. ► N/A The books are in care of ► Charles Weaver Located at ► 1501 N Belcher Clearwater FL ZIP + 4 ►) 2 ⁴	10-641 65	60
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	``	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No √
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
¢	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country	42c		<u> </u>
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ □
		ſ	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	162	<u>₩</u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes," Form 990 must be completed instead of Form 990-EZ	45		_ *
		orm 990)-F7	 -

Par	Section 501(c)(3) organizations only and complete the tables for lines 50 a	y. All section 501(c)(3) and 51	organizations m	ust answer question	ons 46	-49
46	Did the organization engage in direct or indirect	political campaign activitie	es on behalf of or	in opposition to		Yes No
	candidates for public office? If "Yes," complete S				46	✓
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sch	edule C, Part II		47	√
	Is the organization operating a school as describ		•	olete Schedule E .	48	√
	Did the organization make any transfers to an ex		ed organization?		49a	→
	If "Yes," was the related organization(s) a section	_			49b	
	Complete this table for the five highest compense each received more than \$100,000 of compensa		If there is none,	enter "None "		·
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	accou	xpense unt and llowances
None	9	-				
		-				
· •		-				
•		-				
·		-				
Total	number of other employees paid over \$100,000 ▶	•				
	Complete this table for the five highest compens compensation from the organization. If there is n	one, enter "None."				
N	(a) Name and address of each independent contractor	paid more than \$100,000	(0) 1	ype of service	(c) Comp	
Non	9					
		"				
		4400.000				
Total	number of other independent contractors each re	eceiving over \$100,000 .	<u> </u>			
	Under penalties of perjury, I declare that I have exam and belief, it is true, correct, and complete Deplarat	ined this return, including accome on of preparer (other than office	panying schedules and er) is based on all info	statements, and to the di mation of which prepares	r has any	knowledge.
Sign				Data		
Here	*			Date		
	Charles Weaver, Chairman	74-70-				
	Type or print name and title	Data	Check if	Describe Ideals	North and 10 a	
Paid Prepa	Preparer's signature	Date	self- employed	,	vumber (Se	e instructions)
Use C	I Firm's name (or yours L		-	EIN ►		
	address and ZIP + 4	ahawa2 Caa caatawataa		Phone no ► ()		
мау	the IRS discuss this return with the preparer show	wn above? See instruction	S	>	Yes	
				Fo	orm 990-	- EZ (2008)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

2702966

Department of the Treasury Internal Revenue Service Name of the organization

Long Center Foundation, Inc.

Employer identification number

59

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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. 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). 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An organization that normally receives (1) more than 33½ % 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% % 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), (see instructions) 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. c Type III-Functionally integrated **b** ☐ Type II 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the q following persons? No Yes (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) (ii) A family member of a person described in (i) above? 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports h (ii) EIN (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9) in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? No Yes Yes Yes No Νo City of Clearwater 59-6000289 \$200000 thru the Commi Foundation of Tampa Bay,)

Total

200000 00

Par	(Complete only if you chec					and	ר)(מ)טזר	i)(A)(Vi) 	
	tion A. Public Support		-			·		····	_
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e	2008	(f) Total	_
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							_	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1-3					<u> </u>			_
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). Public support. Subtract line 5 from line 4.	-					-		
	tion B. Total Support								
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e	2008	(f) Total	_
7	Amounts from line 4								_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								_
11	Total support. Add lines 7 through 10 .	L							_
12	Gross receipts from related activities, etc.				•	12	<u> </u>		_
13	First five years. If the Form 990 is for organization, check this box and stop he	re		nd, third, fourth	i, or fifth tax y	ear a	s a sectio	on 501(c)(3) (3)	_
	tion C. Computation of Public Su		•				1		_
14	Public support percentage for 2008 (line		•	i, column (i))		15		<u>%</u> %	
15	Public support percentage from 2007 Sci								-
16a	33% % support test-2008. If the organi				line 14 is 33%	% or i	nore, che		_
	and stop here. The organization qualifies] ◄.	_
b	331/3 % support test – 2007. If the organi				and line 15 is	33/3 %	or more,		_
	box and stop here. The organization qua				h 40 40			_	-
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circui	mstances" test	check this box	and stop here.	Expla	ain in Part	IV how the	_
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "forganization meets the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances the "facts-and-circumstances" private foundation. If the organization did	. If the organizated acts-and-circum ances test The	ation did not checonstances" test, coorganization qua	ck a box on line theck this box a alifies as a public	13, 16a, 16b, o and stop here cly supported or	r 17a, Expla ganıza	and line 1 in in Part ition .	5 is 10% or IV how the	_

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support							
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2	800	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1-5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6)							
	tion B. Total Support							
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 20	800	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			,				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b		-					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for organization, check this box and stop	here		id, third, fourth	n, or fifth tax y	ear as a	sectioi	n 501(c)(3) . ► □
Sec	tion C. Computation of Public Su	pport Percer	ntage					<u></u>
15	Public support percentage for 2008 (lin				(f))	15		%_
16 Soc	Public support percentage from 2007 Stion D. Computation of Investmen			g		16		
	· · · · · · · · · · · · · · · · · · ·					47		9/
17 10	Investment income percentage for 2008		, ,	=	oiumn (t)) .	17		% %
18 19a	Investment income percentage from 20 33% % support tests – 2008. If the organization				ınd lına 15 is ~		3317 0	
139	17 is not more than 331/4 %, check this b	ox and stop he	e re. The organiz	zation qualifies	as a publicly s	upported	d organ	nization 🕨 🗆
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this	s box and stop	here. The organ	nzation qualifie:	s as a publicly s	supported	d organ	iization ► 🔲
20	Private foundation. If the organization	did not check	a box on line 1	4, 19a, or 19b.	, check this bo	x and se	e instr	uctions 🕨 🔲

	orm 990 or 990-E2) 2008		·			Page 4
Part IV	Supplemental Information Part II, line 17a or 17b;	tion. Complete the or Part III, line 12.	s part to provide Provide any othe	e the explanation re er additional inform	equired by Part II, li	ne 10, ns)
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