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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

C Name of organization: LONG REALTY CARES FOUNDATION

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): PO BOX 657 (DMR 8)

Room/suite:

City or town, state or country, and ZIP + 4: DES MOINES, IA 50306-0657

D Employer identification number: 48-1265473

E Telephone number: (515) 281-2318

G Gross receipts $ 204,803.

F Name and address of principal officer:

H(a) Is this a group return for affiliates? Yes [ ] No [X]

H(b) Are all affiliates included? Yes [ ] No [ ]

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.LONGREALTYCARES.COM

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2002

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO MEET THE NEEDS OF THOSE IN NEED WITHIN THE COMMUNITY OF GREATER TUCSON, ARIZONA.

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 (Part VI, line 1a)	3	16.
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0.
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	1.
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	187,860.	204,688.
9	Program service revenue (Part VIII, line 2g)		0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69.	115.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	187,929.	204,803.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	112,975.	143,661.
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	38,185.	37,941.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,642.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,494.	17,534.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	162,654.	199,136.
19	Revenue less expenses Subtract line 18 from line 12	25,275.	5,667.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	110,658.	117,832.
21	Total liabilities (Part X, line 26)	8,081.	5,211.
22	Net assets or fund balances Subtract line 21 from line 20	102,577.	112,621.

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 7/27/2011

▶ SUSAN BARRY PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ [ ]	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2010)

JSA
0E1010 1 000

Part III **Statement of Program Service Accomplishments**
Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission
ATTACHMENT 1

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 167,183. including grants of $ _____) (Revenue $ _____)
DIRECT CONTRIBUTIONS TO VARIOUS NONPROFIT ORGANIZATIONS
TO MEET THE NEEDS OF THOSE IN THE COMMUNITY OF
GREATER TUCSON.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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 ▶ 167,183.

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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	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*	3		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*	4		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*	5		N/A
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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*	11a		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*	11b		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*	11c		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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		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*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		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, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		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)*	17		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*	18		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*	19		X
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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*	23		X
24 a	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 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	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* ☐ Yes ☒ No			
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*	36		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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return .	2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 to any question in this Part VI X

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ AZ,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ LONG REALTY - FINANCE DEPT. 900 E. RIVER RD., #100 TUCSON, AZ 85741 (520) 918-3814

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

Check if Schedule O contains a response to any question 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 (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
(1) SUSAN BARRY PRESIDENT/DIRECTOR	6.00	X						0.	0.	0.
(2) SHEILA BEAL SECRETARY/DIRECTOR	4.00	X						0.	0.	0.
(3) ETTA COPELAND DIRECTOR	4.00	X						0.	0.	0.
(4) MARY DORAIS DIRECTOR	4.00	X						0.	0.	0.
(5) GEORGEANNE EVANS DIRECTOR	4.00	X						0.	0.	0.
(6) MADELINE FRIEDMAN DIRECTOR	4.00	X						0.	0.	0.
(7) DEBBIE GOODMAN-BUTLER DIRECTOR	4.00	X						0.	0.	0.
(8) P.J. JACQUEMAIN DIRECTOR	4.00	X						0.	0.	0.
(9) MARION KOEDYKER DIRECTOR	4.00	X						0.	0.	0.
(10) JOCELYN LAWLEY DIRECTOR	4.00	X						0.	0.	0.
(11) BARBARA MOYLAN DIRECTOR	4.00	X						0.	0.	0.
(12) LIZ PECKHAM VICE PRESIDENT/DIRECTOR	4.00	X						0.	0.	0.
(13) TRUDIE PENTA DIRECTOR	4.00	X						0.	0.	0.
(14) ANN PINKERTON TREASURER/DIRECTOR	4.00	X						0.	0.	0.
(15) VERA WALLACE DIRECTOR	4.00	X						0.	0.	0.
(16) PAM WHITE DIRECTOR	4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply) Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total ▶								0.	0.	0.
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 in 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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	24,900.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	179,788.			
	g Noncash contributions included in lines 1a-1f: $ 2,509.					
	h Total. Add lines 1a-1f ATTACHMENT 4		204,688.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 2		115.	115.		
	4 Income from investment of tax-exempt bond proceeds		0.			
	5 Royalties		0.			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0.			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0.			
	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		0.			
	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		0.			
	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		0.			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		0.			
	12 Total revenue. See instructions		204,803.	115.		

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) but are not required to complete columns (B), (C), and (D)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	143,661.	143,661.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	29,599.	13,320.	11,840.	4,439.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	8,342.	3,754.	3,337.	1,251.
11 Fees for services (non-employees)				
a Management	0.			
b Legal	1,325.		1,325.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	140.	140.		
g Other	0.			
12 Advertising and promotion	2,176.	1,632.	544.	
13 Office expenses	1,322.	793.	529.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	2,638.	1,187.	1,055.	396.
17 Travel	152.	68.	61.	23.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	731.	439.	292.	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a POSTAGE	1,761.	352.		1,409.
b BANK FEES	456.			456.
c DUES & SUBSCRIPTIONS	1,635.	981.	654.	
d PRINTING	5,101:	759.	674.	3,668.
e MISCELLANEOUS	97.	97.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	199,136.	167,183.	20,311.	11,642.
26 Joint Costs Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	99,968.	2	100,282.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	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)		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 ATCH 3	10,690.	11	17,550.
	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)	110,658.	16	117,832.
Liabilities	17	Accounts payable and accrued expenses	3,081.	17	2,711.
	18	Grants payable	5,000.	18	2,500.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	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 Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	8,081.	26	5,211.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ 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	102,577.	32	112,621.
	33	Total net assets or fund balances	102,577.	33	112,621.
	34	Total liabilities and net assets/fund balances	110,658.	34	117,832.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	204,803.
2	Total expenses (must equal Part IX, column (A), line 25)	2	199,136.
3	Revenue less expenses Subtract line 2 from line 1	3	5,667.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	102,577.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-4,377.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	112,621.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	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	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	3a		X
b	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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
LONG REALTY CARES FOUNDATION	48-1265473

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 through 3						
5 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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	283,837.	300,726.	209,793.	185,249.	171,045.	1,150,650.
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 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	283,837.	300,726.	209,793.	185,249.	171,045.	1,150,650.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	48,080.	91,190.	36,572.	21,173.	33,643.	230,658.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	48,080.	91,190.	36,572.	21,173.	33,643.	230,658.
8 **Public support** (Subtract line 7c from line 6)						919,992.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	283,837.	300,726.	209,793.	185,249.	171,045.	1,150,650.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	288.	66.	105.	69.	115.	643.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	288.	66.	105.	69.	115.	643.
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)	284,125.	300,792.	209,898.	185,318.	171,160.	1,151,293.

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	79.91%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	77.01%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	.06%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	.07%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

2010

Open to Public Inspection

Name of the organization
LONG REALTY CARES FOUNDATION

Employer identification number
48-1265473

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? . . . . . [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient 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) SEE ATTACHMENT 5			143,661				
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 48.

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I

PART I, LINE 2

AN ORGANIZATION REQUESTING A GRANT MUST COMPLETE A GRANT REQUEST FORM AND DISCLOSE THE PURPOSE FOR THE GRANT, A BUDGET OR FINANCIAL RECORD OF THE ORGANIZATION, AND A COPY OF THEIR IRS 501(C)(3) APPROVAL LETTER. WE KEEP THESE GRANT REQUEST PACKETS ON FILE AT THE FOUNDATION OFFICE. WE ALSO SEND OUT A GRANT EVALUATION FORM TO EACH GRANT RECEPIENT AT THE END OF THE YEAR FOR AN UPDATE AND INPUT ON THE GRANT AND HOW IT IS BEING USED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
LONG REALTY CARES FOUNDATION

Employer identification number
48-1265473

PART XI RECONCILATION OF NET ASSETS

PART XI, LINE 5, OTHER CHANGES IN NET ASSETS

UNREALIZED GAIN ON INVESTMENTS	$4,376.
ROUNDING	$ 1.
TOTAL	$4,377

PART VI GOVERNANCE, MANAGEMENT, & DISCLOSURES

SECTION B - POLICIES, LINE 11A

THE TAX RETURN IS REVIEWED BY A TAX COMPLIANCE MANAGER AND THEN IT IS SENT TO THE BOARD PRESIDENT FOR THEIR REVIEW & DISCUSSION WITH THE EXECUTIVE COMMITTEE AND SIGNATURE.

PART VI GOVERNANCE, MANAGEMENT & DISCLOSURES

SECTION B - POLICIES, LINE 12C

BOARD MEMBERS ANNUALLY COMPLETE A CONFLICT OF INTEREST FORM. LABOR RELATIONS THEN INVESTIGATES ANY POTENTIAL CONFLICTS AND ACTION IS TAKEN TO RESOLVE ANY CONFLICTS OF INTEREST.

PART VI GOVERNANCE, MANAGEMENT, & DISCLOSURES

SECTION C - DISCLOSURES, LINE 19

COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST.

Name of the organization: LONG REALTY CARES FOUNDATION

Employer identification number: 48-1265473

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

LONG REALTY CARES FOUNDATION OFFERS THE PROMISE OF HOPE TO THOSE WHO NEED SHELTER, SUSTENANCE, AND COMFORT, AND COMMITMENT TO SERVE THE NEEDS OF THE COMMUNITIES IN WHICH WE WORK AND LIVE.

RECOGNIZING THAT REAL ESTATE AGENTS AND EMPLOYEES DESIRE TO GIVE BACK TO THEIR COMMUNITIES, LONG REALTY COMPANY FORMED THE LONG REALTY CARES FOUNDATION.

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
DIVIDENDS	115.	115.		
TOTALS	115.	115.		

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MONEY MARKET FUND	3,016.	2,991.	FMV
STOCKS & EQUITIES	7,674.	14,559.	FMV
TOTALS	10,690.	17,550.	

ATTACHMENT 4

FORM 990, PART VIII - CONTRIBUTIONS

NAME AND ADDRESS	DATE	FEDERATED CAMPAIGNS	MEMBERSHIP DUES	FUNDRAISING EVENTS	RELATED ORGANIZATIONS	GOVERNMENT GRANTS	ALL OTHER CONTRIBUTIONS
OY H LONG REALTY 00 E RIVER RD., SUITE 100 UCSON, AZ 85718	VARIOUS				22,250.		
ONG TITLE COMPANY 00 E. RIVER RD., SUITE 100 UCSON, AZ 85718	VARIOUS				2,650		
ISC. CONTRIBUTIONS < $4,094	VARIOUS						179,788.
TOTALS					24,900.		179,788.

LONG REALTY CARES FOUNDATION

Form 990, Schedule I, Part II,Line 1 Grants Other Assistance to Organizations in the U S

FEIN 48-1265473

Organization	Address	City	Mission	Total	
American Cancer Society	1636 N Swan #151	Tucson, AZ 85712	Dedicated to eliminating cancer by prevention, saving lives and dimishing suffering from cancer throu	$2,500	$2,500
American Heart Association	5325 E Pima St	Tucson, AZ 85755	Building healthier lives, free of cardiovascular disease and stroke	$5,000	$5,000
American Red Cross	PO Box 28890	Tucson, AZ 85726	Haiti Disaster Relief Efforts	$1,630	
American Red Cross	PO Box 28890	Tucson, AZ 85726	Haiti Disaster Relief Efforts	$1,508	
American Red Cross - Total					**$3,138**
American Red Cross Southern AZ	5301 E Broadway Blvd	Tucson, AZ 85711	Provides relief to victims of disaster and helps people prevent, prepare for, and respond to emergenc	$2,000	$2,000
Ara Parseghian Foundation	3530 E Campo Abierto #105	Tucson, AZ 85718	To find a treatment for the genetic, pediatric, fatal, neurodegenerative disease called Niemann-Pick T	$3,000	$3,000
Arizona Blind & Deaf Children's Foundation	3957 E Speedway Blvd #207	Tucson, AZ 85712	To invest in the future of Arizona's blind and deaf children	$705	$705
Arizona Friends of Chamber Music	PO Box 4085	Tucson, AZ 85717	Present the world's finest chamber music to the Tucson community & sustain as a beneficial & vital c	$1,200	$1,200
Arizona's Children Association	2700 South 8th Avenue	Tucson, AZ 85713	To facilitate the healing process of children and adults who have experienced childhood sexual abuse	$4,500	$4,500
Ballet Arts Foundation / Ballet Tucson	200 S Tucson Blvd	Tucson, AZ 85716	Provides artistry of the highest quality through professional performance, education & community outr	$2,500	$2,500
Beacon Group	PO Box 50544	Tucson, AZ 85703	Provides work-related, personal and social programs that create opportunities for people with disabilit	$2,500	$2,500
Big Brothers Big Sisters of Tucson	160 E Alameda St	Tucson, AZ 85701	To create and support one-to-one adult to child mentor relationships guiding youth from a position of r	$1,000	$1,000
Boys & Girls Club of Sierra Vista	1746 Paseo San Luis	Sierra Vista, AZ 85635	To inspire and enable all young people to reach their full potential as productive, caring, responsible c	$2,500	$2,500
CareGiver Training Institute	1940 E Silverlake Rd #402	Tucson, AZ 85713	Improve quality of long term care in SoAZ by offering superior education that provides knowledge, tch	$1,000	$1,000
Casa de Esperanza	780 S Park Centre Ave	Green Valley, AZ 85614	To connect people with a better life through social interaction, education and caring support in Green	$2,500	$2,500
Casa de la Luz Foundation	400 W Magee Rd	Tucson, AZ 85704	Provide supplemental support for hospice patients, family and loved ones during end of life care	$2,500	$2,500
Court Appointed Special Advocate Support Council for Pi	PO Box 36017	Tucson, AZ 85740	Support Court Appointed Special Advocates (CASA), support CASA children & the CASA Organizatio	$1,200	$1,200
Doctors Without Borders	PO Box 5030	Hagerstown, MD 21741	Haiti Disaster Relief Efforts	$2,910	
Doctors Without Borders	PO Box 5030	Hagerstown, MD 21741	Haiti Disaster Relief Efforts	$1,832	
Doctors Without Borders	PO Box 5030	Hagerstown, MD 21741	Haiti Disaster Relief Efforts	$155	
Doctors Without Borders - Total					**$4,897**
Educational Enrichment Foundation	3809 E Third St	Tucson, AZ 85716	Provides resources to expand & enrich student learning in TUSD to give all students opportunities to	$2,000	$2,000
El Rio Health Center Foundation	839 W Congress St	Tucson, AZ 85745	Improving the health of community through comprehensive, accessible, affordable, quality and compa	$7,500	$7,500
Habitat for Humanity Tucson	621 W Lester	Tucson, AZ 85705	Works to end poverty housing by creating opportunities for homeowndership in partnership with low-in	$14,000	
Habitat for Humanity Tucson	621 W Lester	Tucson, AZ 85705	Works to end poverty housing by creating opportunities for homeowndership in partnership with low-in	$14,000	
Habitat for Humanity Tucson	621 W Lester	Tucson, AZ 85705	Works to end poverty housing by creating opportunities for homeowndership in partnership with low-in	$12,000	
Habitat for Humanity Tucson - Total					**$40,000**
Humane Society of Southern Arizona	3450 N Kelvin Blvd	Tucson, AZ 85716	Dedicated to the general welfare, sheltering and placement of animals, prevention of cruelty to animal	$300	$300
Interfaith Community Services	2820 W Ina Road	Tucson, AZ 85741	To help seniors, disabled individuals and people in financial crisis to achieve stability and independenc	$1,225	$1,225
Jim Himelic Foundation	PO Box 42972	Tucson, AZ 85733	Funds reasearch at UofA College of Medicine, Dept of Neurology for ALS Parkinson's and Alzheimer'	$705	$705
Junior Achievement of Southern Arizona	2919 E Broadway, Suite 230	Tucson, AZ 85716	To inspire and prepare young people to succeed in a global economy	$500	$500
Make Way For Books	3955 E Ft Lowell Rd #114	Tucson, AZ 85712	Gives children in low resource area of Tucson & So AZ a greater chance of success in school by pro	$1,500	$1,500
Metropolitan Education Commission	930 E Broadway Blvd	Tucson, AZ 85719	Composed of citizen commissioners, advises, makes recommendation, and serves as an advocate ir	$575	$575
Old Pueblo Archaeology Center	PO Box 40577	Tucson, AZ 85717	Educate Children & adults to understand & appreciate araeology & other cultures, to foster preservati	$1,000	$1,000
Our Family Services	3830 E Bellevue St	Tucson, AZ 85716	Make our community a better place to live, to grow up, and to grow older	$2,500	$2,500
Outreach Ministries, Main Post Chapel	2383 Smith Avenue	Ft Huachuca, AZ 85613	Helping military families in need during holidays and other times and serving needs in the community	$1,000	$1,000
Primavera Foundation	702 S Sixth Ave	Tucson, AZ 85701	To promote economic and social justice to build a future in which all people are assured basic human	$835	
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Primavera Foundation	702 S Sixth Ave	Tucson, AZ 85701	To promote economic and social justice to build a future in which all people are assured basic human	$2,000	
Primavera Foundation - Total					**$9,515**
SaddleBrooke Community Outreach	63675 E SaddleBrooke Blvd Suite L	Tucson, AZ 85739	To make a positive impact on the lives of schoolchildren in neighboring communities through improve	$1,225	$1,225
Sewell Elementary	888 N Euclid Ave Rm 414	Tucson, AZ 85721	Cats in the Community project from UofA Mission to provide learning environment using arts integrat	$600	$600
Sierra Vista Regional Health Center Foundation	300 El Camino Real	Sierra Vista, AZ 85635	Focus efforts on comprehensive service to women who experience mood disorders during pregnancy	$250	$250
Southern Arizona AIDS Foundation	375 S Euclid Ave	Tucson, AZ 85719	To create & sustain a healthier community through a compassionate, comprehensive response to HI\	$7,000	
Southern Arizona AIDS Foundation (SAAF)	375 S Euclid Ave	Tucson, AZ 85719	Create and sustain a healthier community through a compassionate, comprehensive response to HV/	$1,000	
Southern Arizona AIDS Foundation - Total					**$8,000**
Southern Arizona Rescue Association (SARA)	PO Box 12892	Tucson, AZ 85732	To locate and rescue every man, woman, or child in need in outdoor settings	$2,000	$2,000
Sunnyside Parents As Teachers	6015 S Santa Clara/ PCEC	Tucson, AZ 85706	To provide the information and support parents need to help their child develop optimally during the cr	$5,000	$5,000

ATTACHMENT 5

LONG REALTY CARES FOUNDATION

Form 990, Schedule I, Part II,Line 1 Grants Other Assistance to Organizations in the U S

FEIN 48-1265473

Organization	Address	City	Mission	Total	
TAR Chantable Foundation	2445 N Tucson Blvd	Tucson, AZ 85716	To involve all members of the Association in joint fund-raising and volunteer hours efforts for the bene	$250	$250
The Drawing Studio	33 S 6th Ave	Tucson, AZ 85701	To cultivate the skills of visual intelligence through art studio practice	$500	$500
The Physics Factory	PO Box 40877	Tucson, AZ 85717	Educational outreach to inspire at-nsk youth with passion for science	$600	$600
Therapeutic Riding of Tucson	8920 E Woodland Road	Tucson, AZ 85749	Enrnching the lives of people with special needs by usuing therapeutic equine programs	$500	$500
TMC Foundation	5301 E Grant Rd	Tucson, AZ 85712	Rock 'N Rodeo proceeds provide emergency funds to needy families for palliative care services	$5,000	
TMC Foundation	5301 E Grant Rd	Tucson, AZ 85712	Support the chantable mission of TMC HealthCare & dedicated to improving the health & quality of life	$2,500	
TMC Foundation - Total					**$7,500**
Tohono Chul Park	7366 N Paseo del Norte	Tucson, AZ 85704	Ennch people's lives by providing knowledge of natural & cultural hentage of Sonoran Desert region	$800	$800
TOP DOG, Inc	350 S Williams Blvd #150	Tucosn, AZ 85711	To teach people with physical disabilitesi how to train their own service dog and educate the public ao	$500	$500
Tu Nidito Children and Family Services	3922 N Mountain Ave	Tucson, AZ 85719	To provide individual, family and group support through emotional, educational, and social services to	$750	$750
Twilight Wish Foundation - Anzona Chapter	12040 E Ft Lowell Rd	Tucson, AZ 85749	To provide a fun expenence that the recipient has never had the resources or ability to do Provide co	$1,226	$1,226
Wnght Flight	7075 S Plumer Ave	Tucson, AZ 85756	Stimulate students to set & achieve higher goals in their educational & personal environments	$2,500	$2,500
Youth On Their Own	1443 W Prince Road	Tucson, AZ 85705	Supports the high school graduation and continued success of homeless and abandoned youth by prc	$2,000	$2,000
YWCA of Tucson	525 N Bonita Ave	Tucson, AZ 85745	Dedicated to eliminating racism, empowenng women, and promoting peace, justice, freedom and digi	$1,000	$1,000

Total	$146,161
Less Accrued Pledged Donation	(2,500)
Total Grants & Similar Amounts Paid	**$143,661**

ATTACHMENT 5