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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)

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning _____, **and ending** _____

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

C Name of organization **Harris E "Zip" Long Charitable Foundation, Inc**
 Doing Business As _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
150 Belleview Boulevard **207**
 City, town or post office, state, and ZIP code
Belleair FL 33756

D Employer identification number **59-3244546**
E Telephone number **727/461-2592**
G Gross receipts \$ **97,921**

F Name and address of principal officer _____
H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

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

J Website: ▶ n/a **H(c)** Group exemption number ▶ _____

K Form of organization Corporation Trust Association Other ▶ _____ **L** Year of formation **1994** **M** State of legal domicile **FL**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities religious, and/or educational organizations	charitable donations to charitable,	
	2	Check this box <input type="checkbox"/> 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	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	5
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	0	0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	53,679	27,566
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	53,679	27,566
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	50,000	50,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,153	471
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	51,153	50,471
19	Revenue less expenses Subtract line 18 from line 12	2,526	-22,905	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	952,300	929,396
	22	Net assets or fund balances Subtract line 21 from line 20	0	0

Part II Signature Block

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

Sign Here Signature of officer: *John A. MacBain* Date: **5/1/13**
 Type or print name and title: **JOHN A. MACBAIN, CHAIRMAN OF THE BOARD**

Paid Preparer Use Only
 Print/Type preparer's name: **Bernard J Lechner** Preparer's signature: *Bernard J Lechner* Date: **2/23/2013** Check if self-employed PTIN: **P01281166**
 Firm's name ▶ **Bernard J Lechner** Firm's EIN ▶ **59-2194358**
 Firm's address ▶ **P O Box 5147, Clearwater, FL 33758** Phone no **727-461-3662**

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

For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED JUN 4 2013

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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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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 and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a 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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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 to any question in this Part V

Table with columns for question ID, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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.

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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	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.	X	

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		X
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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?		
15a	a The organization's CEO, Executive Director, or top management official		N/A
15b	b Other officers or key employees of the organization		N/A
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?		X
16b	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 John MacBain 727/793-2339 ext 224
 1501 N Belcher Rd, Clearwater, FL 33765

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 (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			
(1) schedule attached							0	0	0	
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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	0	0	0
c Total from continuation sheets to Part VII, Section A	0	0	0
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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such person</i>		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
		0
		0
		0
		0
		0

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 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0				
	b Membership dues	1b 0				
	c Fundraising events	1c 0				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	g Noncash contributions included in lines 1a-1f	\$ 0				
	h Total. Add lines 1a-1f	▶ 0				
	Program Service Revenue	Business Code				
2a			0			
b			0			
c			0			
d			0			
e			0			
f All other program service revenue			0			
g Total. Add lines 2a-2f	▶ 0					
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	▶	46,632			
	4 Income from investment of tax-exempt bond proceeds	▶	0			
	5 Royalties	▶	0			
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)	▶	0			
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other	51,289	0		
		b Less cost or other basis and sales expenses	70,355	0		
		c Gain or (loss)	-19,066	0		
	d Net gain or (loss)	▶	-19,066			
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c) See Part IV, line 18	a	0			
		b Less direct expenses	b 0			
c Net income or (loss) from fundraising events		▶	0			
9a Gross income from gaming activities See Part IV, line 19	a	0				
	b Less direct expenses	b 0				
	c Net income or (loss) from gaming activities	▶	0			
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less cost of goods sold	b 0				
	c Net income or (loss) from sales of inventory	▶	0			
Miscellaneous Revenue		Business Code				
11a		0				
b		0				
c		0				
d All other revenue		0				
e Total. Add lines 11a-11d	▶	0				
12 Total revenue. See instructions	▶	27,566	0	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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	50,000	50,000		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States 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	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	161		161	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
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	0	0	0
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a foreign tax withheld	310		310	
b	0			
c	0			
d	0			
e All other expenses	0			
25 Total functional expenses. Add lines 1 through 24e	50,471	50,000	471	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 to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	35,828	1	13,230
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	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	0	7	0
	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 0		
	b Less accumulated depreciation	10b 0	10c	0
	11 Investments—publicly traded securities	916,472	11	916,166
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	952,300	16	929,396	
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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	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 type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	952,300	27	929,395
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC958), 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	952,300	33	929,395
34 Total liabilities and net assets/fund balances	952,300	34	929,395	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,566
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,471
3	Revenue less expenses Subtract line 2 from line 1	3	-22,905
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	952,300
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	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	929,395

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 <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
b	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
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		
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
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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

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

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

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 - h Provide the following information about the supported organization(s)

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

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	0	0	0	0	0	0
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						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
11 Total support. Add lines 7 through 10						0
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 2012 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	0.00%

16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 Total support. (Add lines 9, 10c, 11, and 12)	0	0	0	0	0	0

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 2012 (line 8, column (f) divided by line 13, column (f))	15	0 00%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	0 00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	0 00%

19a **33 1/3% support tests—2012.** 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—2011.** 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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number

Harris E "Zip" Long Charitable Foundation, Inc

59-3244546

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
 corporation's Annual Meeting. Mention of the fully prepared return is specifically made as an
 item of the annual Directors' Meeting, and each Director is allowed full review. The
 President/Director further reviews the return, and signs same.

Form 990 Part VI Section C Line 10 no specific publication of the organization's
 documents or financial statements are provided except to the Directors. However, the
 organization maintains its records on site, and any interested party may review same upon
 notice to the Secretary of the organization.

Harris 'E' Zip Long Charitable Foundation, Inc.
Balance Sheet
As of December 31, 2012.

ASSETS	<i>Market Value</i>	<u>Cost</u>
Cash In Accounts		
UBS Paine Webber Acct		<u>\$13,230</u>
Total Cash	\$13,230	\$13,230
Investments @ Cost		
UBS Paine Webber -Fixed Incom	119,469	\$115,532
UBS Paine Webber-Equities	838,394	\$800,633
<i>Total Market Value</i>	<u>\$957,863</u>	<u>\$916,166</u>
Total Current Assets	\$971,092	<u><u>\$929,395</u></u>

LIABILITIES AND CAPITAL

Total Current Liabilities		\$-
Total Liabilities		\$-
Capital		
Fund Balance at cost		\$952,300
Net Income		<u>\$(22,905)</u>
Total Capital		<u>\$929,395</u>
Total Liabilities & Capital		<u><u>\$929,395</u></u>

(0)

Harris 'E' Zip Long Charitable Foundation, Inc.
Statement of Support, Revenue and Expenses
For Period Ending December 31, 2012

INCOME

Investment Income - PW Other	\$47,851
Change in accrued interest	\$(1,219)
Capital Gains - PW Other	\$(19,066)

Total income	\$27,566
--------------	----------

EXPENSES

Expense - Investment Fees	\$(161)
Other fees (foreign taxes)	\$(310)
Net Income before Distributions/Contributions	<u>\$27,095</u>

CONTRIBUTIONS & DISTRIBUTIONS

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

NET INCREASE/DECREASE	<u><u>\$(22,905)</u></u>
-----------------------	--------------------------



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

APP 1000193383 1212 X123 CW 0

2012 Year End Summary

Account name: HARRIS E ZIP LONG
Friendly account name: CHARITABLE FOUNDATION INC
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
1501 N BELCHER RD STE 225
CLEARWATER FL 33765-1339

Summary of gains and losses

	Amount (\$)
Short term	2,544 18
Long term	-21,610.56
Total	\$-19,066.38

Realized gains and losses

Estimated 2012 gains and losses for transactions with trade dates through 12/31/12 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 01/21/12 70,000	FIFO	-10,000	Jan 23, 12	Oct 10, 11	1,494.71	0.00			1,494.71

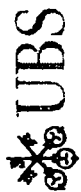


Member SIPC

004569 B100A011 047435

APP10001000193383 PPI000030342 00003 1212 005692713 CW15851070 111000

continued next page



Resource Management Account

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

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 DEVON ENERGY CORP N DUE 04/21/12 70 000	FIFO	-10 000	Apr 23, 12	Feb 01, 12	1,094.72	0.00			1,094.72
WACHOVIA CAP TRUST IV 6 3750% DUE 03/01/67 CALLABLE 03/15/12 @25 00	FIFO	600 000	Aug 16, 11	Apr 13, 12	15,000.00	15,045.25		-45.25	
Total					\$17,589.43	\$15,045.25		-\$45.25	\$2,589.43 \$2,544.18

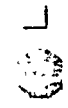
Net short-term capital gains and losses

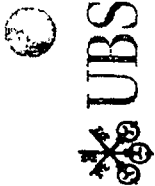
Long-term capital gains and losses

Security description	Method	Quantity or face value	Purchase date	Sale date	Sale amount (\$)	Cost basis (\$)	Wash sale cost basis adjustment(\$)	Loss (\$)	Gain (\$)
ISHARES INC MSCI AUSTRALIA INDEX FD	FIFO	1,000 000	Jan 15, 10	Dec 13, 12	25,405.38	23,755.25			1,650.13
NORDIC AMERN TANKERS LTD	FIFO	1,000 000	Nov 18, 09	Dec 13, 12	8,294.56	31,555.25		-23,260.69	
Total					\$33,699.94	\$55,310.50		-\$23,260.69 -\$21,610.56 -\$19,066.38	\$1,650.13

Net long-term capital gains or losses

Net capital gains/losses:





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

APP1000193367 1212 X123 CW 0

Summary of your UBS Portfolio

December 2012

00004569 03 MB 0 654 03 TR 00045 B100A011 111000 edg
HARRIS E ZIP LONG
CHARITABLE FOUNDATION INC
1501 N BELCHER RD STE 225
CLEARWATER FL 33765-1339



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

Visit our website:
www.ubs.com/financialservices

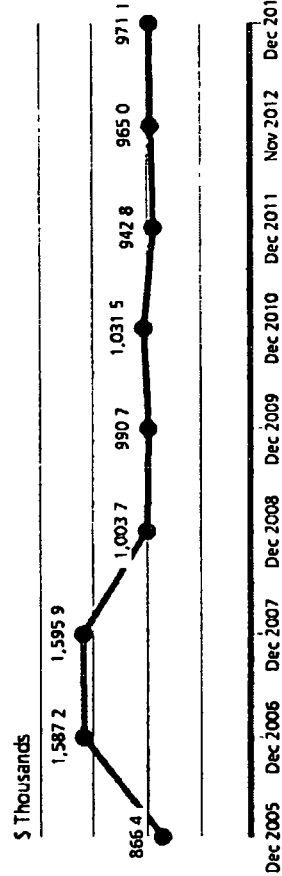
Items for your attention

- At the end of each account statement, you will find a summary of approved payees and recurring payments. It is important that you review this information carefully
 - If you use UBS Online Services, consider changing your User Name and Password regularly to protect your personal data
- Not enrolled? Go to ubs.com/online-services

Value of your portfolio

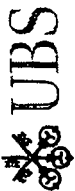
	on November 30 (\$)	on December 31 (\$)
Your assets	965,027.89	971,092.07
Your liabilities	0.00	0.00
Value of your portfolio	\$965,027.89	\$971,092.07

Tracking the value of your portfolio



Sources of your portfolio growth during 2012

Value of your portfolio at year end 2011	\$942,818.84
Net deposits and withdrawals	-\$50,431.16
Your investment return	
Dividend and interest income	\$47,851.18
Change in market value	\$30,853.21
Value of your portfolio on Dec 31, 2012	\$971,092.07



Summary of your UBS portfolio
December 2012

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

Your portfolio balance sheet

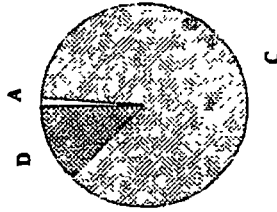
Summary of your assets

	Value on December 31 (\$)	Percentage of your portfolio
A Cash and money balances	13,229.57	1.36%
B Cash alternatives	0.00	0.00%
C Equities	838,393.75	86.34%
D Fixed income	119,468.75	12.30%
E Alternative strategies	0.00	0.00%
F Broad commodities	0.00	0.00%
G Real estate	0.00	0.00%
H Other	0.00	0.00%
Total assets	\$971,092.07	100.00%

Value of your portfolio

\$971,092.07

Your current asset allocation



Eye on the markets

Index	Percentage change	
	December 2012	Year to date
S&P 500	0.91%	16.00%
Russell 3000	1.23%	16.42%
MSCI - Europe, Australia & Far East	3.21%	17.90%
Barclays Capital Aggregate Bond Index 10+ Yrs.	-1.00%	8.81%

Interest rates on December 31, 2012

3-month Treasury bills 0.10%
One-month LIBOR 0.21%



Summary of your UBS portfolio
December 2012



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

Accounts in your portfolio

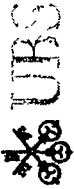
Details on page	Account number	Account name and type	Value on November 30 (\$)	Value on December 31 (\$)	Percentage of portfolio
S	CW 15851 07	C/F - RMA	965,027.89	971,092.07	100.00%
*	CW 22400 07	NWQ? Basic	0.00	0.00	0.00%
*	CW 22402 07	Deleware - BSA	0.00	0.00	0.00%
*	CW 22399 07	SSGA - Basic	0.00	0.00	0.00%
*	CW 00791 07	ASHFIELD - Basic	0.00	0.00	0.00%
	Total		\$965,027.89	\$971,092.07	100 %

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

Change in the value of your accounts

Account	Opening value on December 1 (\$)	Deposits, including securities transferred in (\$)	Withdrawals and fees, including securities transferred out (\$)	Dividend and interest income (\$)	Change in value of outside assets and accruals (\$)	Change in market value (\$)	Closing value on December 31 (\$)
CW 15851 07	965,027.89	0.00	-18.26	4,004.05	0.00	2,078.39	971,092.07
C/F - RMA	\$965,027.89	\$0.00	-\$18.26	\$4,004.05	\$0.00	\$2,078.39	\$971,092.07





Summary of your UBS portfolio
December 2012

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

Dividend and interest income earned by account

For purposes of this statement, 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.

Taxable accounts	Year to date					Estimated Annual Income(\$)
	Taxable dividends (\$)	Tax-exempt dividends (\$)	Taxable interest (\$)	Tax-exempt interest (\$)	Miscellaneous (\$)	
CW 15851 07	39,162.84	0.00	318.75	0.00	8,369.50	47,851.09
CF - RMA						46,621

Summary of gains and losses by account

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

Realized gains and losses

Taxable accounts	December 2012		Year to date	
	Short term (\$)	Long term (\$)	Short term (\$)	Long term (\$)
CW 15851 07	0.00	-21,610.56	2,544.18	-21,610.56
CF - RMA			3,441.55	38,255.41

Unrealized gains and losses

Taxable accounts	Year to date	
	Short term (\$)	Long term (\$)
CW 15851 07	3,441.55	38,255.41
CF - RMA		

CL



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

APP1000193371 1212 X123 CW 0

Resource Management Account

December 2012

Your Financial Advisor:

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

Questions about your statement?

Call your Financial Advisor or the
RMA ResourceLine at 800-RMA-1000,
account 282015851.

Visit our website:

www.ubs.com/financialservices

Your investment objectives:

You have identified the following investment objectives for this account. If you have questions about these objectives, disagree with them, or wish to change them, please contact your Financial Advisor or Branch Manager. You can find a full description of the alternative investment objectives in *Important information about your statement* at the end of this document.

Your return objective:

Current income & capital appreciation

Your risk profile:

Primary - Moderate
Secondary - Aggressive

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

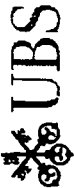
Value of your account

	on November 30 (\$)	on December 31 (\$)
Your assets	965,027.89	971,092.07
Your liabilities	0.00	0.00
Value of your account	\$965,027.89	\$971,092.07

Change in the value of your account

	December 2012 (\$)	Year to date (\$)
Opening account value	\$965,027.89	\$942,818.84
Withdrawals and fees, including investments transferred out	-18.26	-50,431.16
Dividend and interest income	4,004.05	47,851.18
Change in market value	2,078.39	30,853.21
Closing account value	\$971,092.07	\$971,092.07





Resource Management Account
December 2012

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

Cash activity summary

See the section "Account activity the month for details" for details. UBS Bank USA deposit account balances are included in the opening and closing balances value, are insured by the FDIC within applicable limits, but are not protected by SIPC. See important information about your statement at the end of this document for details about those balances.

	December 2012 (\$)	Year to date (\$)
Opening balances	\$10,689.98	\$35,827.84
<i>Additions</i>		
Dividend and interest income	4,004.05	47,851.18
Proceeds from investment transactions	33,699.94	55,073.77
Total additions	\$37,703.99	\$102,924.95
<i>Subtractions</i>		
Fees	0.00	-60.00
Other funds debited	-18.26	-50,371.16
Funds withdrawn for investments bought	-35,146.14	-75,092.06
Total subtractions	-\$35,164.40	-\$125,523.22
Net cash flow	\$2,539.59	-\$22,598.27
Closing balances	\$13,229.57	\$13,229.57

Dividend and interest income earned

For purposes of this statement, taxability of interest and dividend income has been determined from a U.S. 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 2012 (\$)	Year to date (\$)
Taxable dividends	4,004.05	39,162.84
Taxable interest	0.00	318.75
Private investment distributions	0.00	8,369.50
Total current year	\$4,004.05	\$47,851.09
Prior year adjustment	0.00	0.09
Total dividend & interest	\$4,004.05	\$47,851.18

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 2012 (\$)	Year to date (\$)	
Short term	0.00	2,544.18	3,441.55
Long term	-21,610.56	-21,610.56	38,255.41
Total	-\$21,610.56	-\$19,066.38	\$41,696.96

Withholdings and tax summary

	December 2012 (\$)	Year to date (\$)
Foreign taxes paid	-18.26	-309.91

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Resource Management Account
December 2012



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

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
Cash	11.49	455.00				
RMA MONEY MKT PORTFOLIO	10,678.49	12,774.57	1.00	0.01%	Nov 26 to Dec 23	28
Total	\$10,689.98	\$13,229.57				

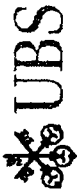
Equities

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
ABBOTT LABS								
Symbol: ABT Exchange: NYSE								
EAI \$280 Current yield: 0.85%	Dec 7, 09	500,000	53.930	26,965.25	65.500	32,750.00	5,784.75	LT
AMER ELECTRIC POWER CO								
Symbol: AEP Exchange: NYSE								
EAI \$940 Current yield: 4.40%	Dec 7, 10	500,000	35.979	17,989.79	42.680	21,340.00	3,350.21	LT
ASTRAZENECA PLC SPON ADR								
Symbol: AZN Exchange: NYSE								
EAI \$1,211 Current yield: 6.03%	Apr 24, 12	425,000	45.843	19,483.55	47.270	20,089.75	606.20	ST
BANK OF AMER CORP								
Symbol: BAC Exchange: NYSE								
EAI \$120 Current yield: 0.34%	Apr 14, 10	3,000,000	19.219	57,659.25	11.610	34,830.00	-22,829.25	LT
CENTURYLINK INC								
Symbol: CTL Exchange: NYSE								
EAI \$2,900 Current yield: 7.41%	Feb 23, 10	1,000,000	35.115	35,115.25	39.120	39,120.00	4,004.75	LT
CHEVRON CORP								
Symbol: CVX Exchange: NYSE								
EAI \$1,800 Current yield: 3.33%	Jan 6, 10	500,000	79.779	39,889.87	108.140	54,070.00	14,180.13	LT

continued next page





Resource Management Account
December 2012

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

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

Your assets • Equities • Common stock (continued)

Holding	Trade date	Number of shares	Purchase price/Average price per share (\$)	Cost basis (\$)	Price per share on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
CISCO SYSTEMS INC								
Symbol: CSCO Exchange: OTC								
EAI: \$560 Current yield: 2.85%	Dec 16, 09	1,000,000	23.523	23,523.62	19.649	19,649.00	-3,874.62	LT
CLOROX CO								
Symbol: CLX Exchange: NYSE								
EAI: \$2,560 Current yield: 3.50%	May 10, 10	1,000,000	63.173	63,173.51	73.220	73,220.00	10,046.49	LT
DEVON ENERGY CORP NEW								
Symbol: DVN Exchange: NYSE								
EAI: \$800 Current yield: 1.54%	Dec 16, 09	1,000,000	68.071	68,071.25	52.040	52,040.00	-16,031.25	LT
GLAXO SMITHKLINE PLC ADR								
Symbol: GSK Exchange: NYSE								
EAI: \$2,319 Current yield: 5.33%	Feb 8, 11	1,000,000	39.034	39,034.25	43.470	43,470.00	4,435.75	LT
HEALTH CARE RET INC SBI								
Symbol: HCN Exchange: NYSE								
EAI: \$2,960 Current yield: 4.83%	Mar 22, 11	500,000	50.746	25,373.45	61.290	30,645.00	5,271.55	LT
	Aug 16, 11	500,000	46.951	23,475.85	61.290	30,645.00	7,169.15	LT
Security total		1,000,000	48.849	48,849.30		61,290.00	12,440.70	
JPMORGAN CHASE & CO								
Symbol: JPM Exchange: NYSE								
EAI: \$1,800 Current yield: 2.73%	Apr 21, 10	1,500,000	45.288	67,932.25	43.969	65,953.50	-1,978.75	LT
KIMBERLY CLARK CORP								
Symbol: KMB Exchange: NYSE								
EAI: \$740 Current yield: 3.51%	Dec 7, 10	250,000	62.331	15,582.75	84.430	21,107.50	5,524.75	LT
PENGROWTH ENERGY CORP CAD								
Symbol: PGH Exchange: NYSE								
EAI: \$1,462 Current yield: 9.81%	Jan 8, 10	3,000,000	10.461	31,385.25	4.970	14,910.00	-16,475.25	LT
CAD Exchange rate: 0.99570								
PPL CORP								
Symbol: PPL Exchange: NYSE								
EAI: \$1,728 Current yield: 5.03%	Dec 13, 12	1,200,000	29.193	35,032.17	28.630	34,356.00	-676.17	ST
RAYMOND JAMES FINANCIAL CORP								
Symbol: RJF Exchange: NYSE								
EAI: \$560 Current yield: 1.45%	Dec 23, 09	1,000,000	24.273	24,273.25	38.530	38,530.00	14,256.75	LT

continued next page



Resource Management Account
December 2012



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



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

Your assets > Equities > Common stock (continued)

Holding	Trade date	Number of shares	Purchase price/Average price per share (\$)	Cost basis (\$)	Price per share on Dec 31 (\$)	Value on Dec 31 (\$)	Unrealized gain or loss (\$)	Holding period
SYNOVUS FINANCIAL CORP								
Symbol: SNV Exchange NYSE								
EAI: \$120 Current yield: 1.63%	Apr 16, 10	3,000,000	3.671	11,015.25	2.450	7,350.00	-3,665.25	LT
VODAFONE GROUP PLC NEW SPON								
ADR								
Symbol: VOD Exchange NYSE								
EAI: \$3,000 Current yield: 5.95%	Dec 29, 09	2,000,000	23.092	46,185.25	25.190	50,380.00	4,194.75	LT
WINDSTREAM CORP								
Symbol: WIN Exchange: OTC								
EAI: \$3,500 Current yield: 12.08%	Dec 23, 09	3,000,000	11.419	34,259.25	8.280	24,840.00	-9,419.25	LT
	Oct 14, 11	500,000	12.038	6,019.25	8.280	4,140.00	-1,879.25	LT
Security total		3,500,000	11.508	40,278.50		28,980.00	-11,298.50	
Total				\$711,439.56		\$713,435.75	\$1,996.19	

Total estimated annual income: \$29,360

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 JPMORGAN CHASE & CO									
DUE 01/19/13 46 000									
Expires Jan 13									
Symbol: JPM	Oct 16, 12	-15,000	0.779	-1,169.72	40.000	0.400	-600.00	569.72	ST
CALL DEVON ENERGY CORP N									
DUE 01/19/13 70 000									
Expires Jan 13									
Symbol: DVN	May 29, 12	-10,000	2.994	-2,994.68	1.000	0.010	-10.00	2,984.68	ST
CALL RAYMOND JAMES FINAN									
DUE 02/16/13 40 000									
Expires Feb 13									
Symbol: RJF	Sep 21, 12	-2,000	1.273	-254.74	70.000	0.700	-140.00	114.74	ST
	Sep 21, 12	-8,000	1.074	-859.97	70.000		-560.00	299.97	ST
Security Total		-10,000		-1,114.71			-700.00	414.71	
Total				-\$5,279.11			-\$1,310.00	\$3,969.11	





Resource Management Account
December 2012

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 (continued)

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
BOARDWALK PIPELINE PARTNERS LP								
UNITS REPSTNG LP INTERESTS								
Symbol BWP Exchange: NYSE								
EAI: \$2,130 Current yield: 8.55%	May 6, 09	1,000,000	21.675	21,675.25	24.900	24,900.00	3,224.75	LT
ENTERPRISE PRODUCTS PARTNER LP								
MILP								
Symbol: EPD Exchange: NYSE								
EAI: \$4,160 Current yield: 5.19%	Sep 18, 09	800,000	28.381	22,705.25	50.080	40,064.00	17,358.75	LT
	Nov 16, 09	800,000	29.671	23,737.25	50.080	40,064.00	16,326.75	LT
Security total		1,600,000	29.027	46,442.50		80,128.00	33,685.50	
NUSTAR ENERGY LP UNITS								
Symbol NS Exchange: NYSE								
EAI: \$2,190 Current yield: 10.31%	Nov 10, 09	500,000	52.710	26,355.25	47.480	21,240.00	-5,115.25	LT
Total				\$94,473.00		\$126,268.00	\$31,795.00	

Total estimated annual income: \$8,480

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.

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
JOHN HANCOCK PREFERRED INCOME FUND III									
Symbol HPS									

continued next page



Resource Management Account
December 2012



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

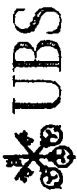
Your assets • Fixed income • Closed end funds & Exchange traded products (continued)

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: Apr 24, 12	1,025 000	19 155	19,634 00	19,634 00	18 750	19,218 75	-415 25		ST
Total reinvested	48 000	19 632	942 34	942 34	18 750	900 00	-42 34		
EAI \$1,573 Current yield: 7.82%									
Security total	1,073 000	19 176	19,634 00	20,576 34		20,118 75	-457 59	484 75	
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	23 050	23,050 00	2,294 75	2,294 75	LT
EAI \$1,200 Current yield: 5.21%									
Total			\$40,389.25	\$41,331.59		\$43,168.75	\$1,837.16	\$2,779.50	
Total estimated annual income: \$2,773									

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
ALLIANZ SE								
8.375%								
PERPETUAL, CALLABLE								
Exchange: OTC								
EAI \$4,188 Current yield: 8.17%	Jun 7, 10	2,000 000	24 742	49,485 25	25 625	51,250 00	1,764 75	LT
MERRILL LYNCH CAPITAL V TR								
ORIG 7.28% PREFERRED								
Symbol: MER.PRF Exchange NYSE								
EAI \$1,820 Current yield 7.27%	Dec 7, 10	1,000 000	24 715	24,715 25	25 050	25,050 00	334 75	LT
Original cost basis \$24,715 25								
Total				\$74,200.50		\$76,300.00	\$2,099.50	
Total estimated annual income: \$6,008								





Resource Management Account
December 2012

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 (continued)

Your total assets

	Value on Dec 31 (\$)	Percentage of your account	Cost basis (\$)	Estimated annual income (\$)	Unrealized gain or loss (\$)
Cash and money balances	13,229.57	1.36%	13,229.57		
Equities					
Common stock	713,435.75		711,439.56	29,360.00	1,996.19
Short options	-1,310.00		-5,279.11		3,969.11
Other equity investments	126,268.00		94,473.00	8,480.00	31,795.00
Total equities	838,393.75	86.34%	800,633.45	37,840.00	37,760.30
Fixed income					
Closed end funds & Exchange traded products	43,168.75		41,331.59	2,773.00	1,837.16
Preferred securities	76,300.00		74,200.50	6,008.00	2,099.50
Total fixed income	119,468.75	12.30%	115,532.09	8,781.00	3,936.66
Total	\$971,092.07	100.00%	\$929,395.11	\$46,621.00	\$41,696.96

Account activity this month

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

Date	Activity	Description	Amount (\$)
Dec 10	Dividend	AMER ELECTRIC POWER CO PAID ON	235.00
Dec 10	Dividend	CHEVRON CORP PAID ON	450.00
Dec 12	St Cap Gain	RMA MONEY MKT PORTFOLIO AS OF 12/11/12	0.01
Dec 12	Foreign Dividend	NORDIC AMERN TANKERS LTD PAID ON	300.00
Dec 17	Dividend	ALLIANZ SE 8 375% PERPETUAL, CALLABLE PAID ON	1,046.88
Dec 17	Foreign Dividend	PENGROWTH ENERGY CORP CAD PAID ON	121.73
Dec 19	Dividend	CISCO SYSTEMS INC PAID ON	140.00
Dec 20	Dividend	JOHN HANCOCK PREFERRED INCOME FUND III	130.39
Dec 21	Dividend	CENTURYLINK INC PAID ON	725.00
Dec 21	St Cap Gain	WESTERN ASSET INVNT GRADE DEFINED OPPORTUNITY TR INC	100.00
Dec 21	Lt Cap Gain	WESTERN ASSET INVNT GRADE DEFINED OPPORTUNITY TR INC	70.00
Dec 24	Dividend	RMA MONEY MKT PORTFOLIO AS OF 12/21/12	0.04
Dec 28	Dividend	BANK OF AMER CORP PAID ON	30.00

continued next page

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

Return of Organization Exempt from Income Tax - IRS Form 990
Calendar Year 2012

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

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

Kyle Kilian
1501 N. Belcher Road
Clearwater, FL
Secretary

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