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EXTENSION ATTACHED

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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

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

Please use IRS label or print or type See Specific Instructions

C Name of organization, number and street, city, town, state, and ZIP code

PRESBYTERIAN COMMUNITY CENTER INC

1228 JAMISON AVENUE SE
ROANOKE VA 24013-1909

D Employer identification number: 54-1610899

E Telephone number: 540-982-2911

G Gross receipts $

F Name and address of principal officer: KAREN MCNALLY
2531 STANLEY A ROANOKE VA 24014-

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? If "No", attach a list (see instructions) ☐ Yes ☐ No

H(c) Group exemption number ▶

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

J Website: ▶ N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile: VA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

THE OPERATION IS AN INNER CITY MINISTRY PROVIDING ASSISTANCE TO FAMILIES AND INDIVIDUALS IN MEETING THEIR FOOD SHELTER AND HEALTH NEEDS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of employees (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	491
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	5513.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	-4460.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	647336.	605928.
	9 Program service revenue (Part VIII, line 2g)	73715.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1743.	688.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5513.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	722794.	612129.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	351614.	220520.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	220715.	234834.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3000.	
	b Total fundraising expenses, (Part IX, column (D), line 25) ▶ 48131.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	113107.	108065.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	688436.	563419.
	19 Revenue less expenses Subtract line 18 from line 12	34358.	48710.

		Beginning of Year	End of Year
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	788232.	815173.
	21 Total liabilities (Part X, line 26)	248022.	226254.
	22 Net assets or fund balances Subtract line 21 from line 20	540210.	588919.

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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

Karen McNally 8/13/10
Signature of officer Date

Karen McNally, President + Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Tony M Murphy Date: 8-10-10 Check if self-employed ▶ ☐ Preparer's identifying number (see instructions) P00043208

Firms name (or yours if self-employed), address, and ZIP + 4: KENNETT & KENNETT PC CPAS
6244 PETER ROANOKE VA 24019-4026
EIN ▶ 54-1174777
Phone no ▶ 540-362-2727

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

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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2009)

 US990$$1 Rev 1

915 13

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
FOOD, SHELTER AND HEALTH ASSISTANCE TO NEEDY FAMILIES

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 $ 501521. including grants of $ 179540.) (Revenue $)
THE OPERATION IS AN INNER CITY MINISTRY PROVIDING ASSISTANCE TO FAMILIES AND INDIVIDUALS IN MEETING THEIR FOOD, SHELTER AND HEALTH NEEDS

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** ▶ 501521.

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?	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? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? 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	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			
•	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			
•	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			
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year? (Yes: X, No:) If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	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, Part I	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, Part II	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, Part III	16		X
17	Did the organization report more than $15,000 of expenses for professional fundraising services on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

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 employee's? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	
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	N/A	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/A	
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? 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 990EZ? 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, directly or indirectly (see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and 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 of the organization (or a family member) was an officer, director, trustee, or 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)? If "Yes," complete Schedule R, Part V, line 2	35		X
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 for Part VI, lines 11 and 19?	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	0		
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 X	
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	12		
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 this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b X	
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 the instructions for exceptions and 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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c N/A	
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 N/A	
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 N/A	
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	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	N/A		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e N/A	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			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 N/A	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b N/A	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	N/A		
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 N/A	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	N/A		

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

Section A. Governing Body and Management			Yes	No
1a Enter the number of voting members of the governing body	1a	14		
b Enter the number of voting members that are independent	1b	14		
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 organizational documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a material 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 of 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	N/A	
11 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	11	X	
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	N/A	
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	N/A	
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? Describe the process in Schedule O (see instructions)	15b	X	
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	N/A	

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 (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 it 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 ▶KAREN MCNALLY 1228 JAMIS ROANOKE VA 24013- 540-982-2911

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

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 Use Schedule J-2 if additional space is needed

- 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 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(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			
KAREN MC NALLY PRES/EXEC DIR	40			X				39520.	4742.	0
CHARLES WARSAW CHAIRMAN		X						0	0	0
JULIE DREWRY SECRETARY				X				0	0	0
PEGGY PEARSON TREASURER				X				0	0	0
REV D FIELDER PROG COMMITTEE		X						0	0	0
REV T HESTER PROG COMMITTEE		X						0	0	0
A WAYNE LEWIS DEV COMMITTEE		X						0	0	0
JIM HARKNESS DEV COMMITTEE		X						0	0	0
KITTY MORTARA DEV CMMITTEE		X						0	0	0
DR R RHEA DEV COMMITTEE		X						0	0	0
A STANFILL FAC COMMITTEE		X						0	0	0
B CRITTENDEN FAC COMMITTEE		X						0	0	0
KANDY ELLIOTT FAC COMMITTEE		X						0	0	0
CHUCK LOCKARD FAC COMMITTEE		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	(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			
1b Total ▶								39520.	4742.	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 ▶

		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 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

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 ▶

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	10456.				
	b Membership dues	1b					
	c Fundraising events	1c	8578.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	48872.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	538022.				
	g Noncash contributions included in lines 1a-1f $		143252.				
	h **Total.** Add lines 1a-1f ▶			605928.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f ▶						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			688.			688.
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross Rents	58421.					
	b Less rental expenses	52908.					
	c Rental income or (loss)	5513.					
	d Net rental income or (loss) ▶			5513.		5513.	
		(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) ▶						
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities See Part IV, line 19 a						
	b Less direct expenses b						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances a						
	b Less cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a-11d ▶						
	12 **Total Revenue** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			612129.		5513.	688.

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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	220520.	220520.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	39520.	3952.	7904.	27664.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	139926.	138858.	1068.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11208.	8855.	560.	1793.
9 Other employee benefits	30321.	23953.	1516.	4852.
10 Payroll taxes	13859.	10949.	693.	2217.
11 Fees for services (non-employees)				
a Management	16620.	16620.		
b Legal				
c Accounting	2995.	2306.	180.	509.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	7865.	1471.	73.	6321.
13 Office expenses	5355.	4392.	306.	657.
14 Information technology				
15 Royalties				
16 Occupancy	61463.	58306.	910.	2247.
17 Travel	980.	833.	49.	98.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	997.	997.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8572.	6943.	343.	1286.
23 Insurance				
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a COPIER LEASE	1483.	1187.	74.	222.
b DUES & MEMBERSHIPS	490.	383.	29.	78.
c MISCELLANEOUS	1245.	996.	62.	187.
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	563419.	501521.	13767.	48131.
26 **Joint Costs** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the org 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		141034.	1	147409.
	2	Savings and temporary cash investments		75359.	2	104340.
	3	Pledges and grants receivable, net		8384.	3	
	4	Accounts receivable, net			4	1100.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Sch L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		13366.	8	9271.
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 770308.			
	b	Less accumulated depreciation	10b 217255.	550089.	10c	553053.
	11	Investments - publicly traded securities			11	
	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)		788232.	16	815173.
Liabilities	17	Accounts payable and accrued expenses		5030.	17	4946.
	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	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		242992.	24	221308.
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities** Add lines 17 through 25		248022.	26	226254.
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		481988.	27	520294.
	28	Temporarily restricted net assets		58222.	28	68625.
	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			32	
	33	Total net assets or fund balances		540210.	33	588919.
	34	Total liabilities and net assets/fund balances		788232.	34	815173.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
	☒ Cash ☐ Accrual ☐ Other _____			
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?	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements of the year were issued on a consolidated basis, separate basis, or both	2d		
	☐ 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?	3b	N/A	

Form **990** (2009)

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) organizations or a section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
PRESBYTERIAN COMMUNITY CENTER INC	54-1610899

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?		(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 support
			Yes	No	Yes	No	Yes	No	
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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	454577.	392545.	685982.	647336.	605928.	2786368.
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	454577.	392545.	685982.	647336.	605928.	2786368.
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						2786368.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	454577.	392545.	685982.	647336.	605928.	2786368.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	66889.	65240.	74877.	75458.	59109.	341573.
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						3127941.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	89.08 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	87.90 %

16a **33 1/3% support test - 2009.** 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 - 2008.** 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 - 2009.** 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 - 2008.** 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 in line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PRESBYTERIAN COMMUNITY CENTER INC

Employer identification number
54-1610899

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 0.00 %
b Permanent endowment ▶ 0.00 %
c Term endowment ▶ 0.00 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		117,500.		117,500.
b Buildings		314,576.	55,230.	259,346.
c Leasehold improvements		247,783.	159,743.	88,040.
d Equipment		90,449.	2,282.	88,167.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)) ▶				553,053.

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	612,129.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	563,419.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	48,710.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	48,710.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	747,597.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	140,981.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	140,981.
3	Subtract line 2e from line 1			3	606,616.
4	Amounts included on Form 990, Part VIII, line 12, but not on line1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	5,513.		
c	Add lines 4a and 4b			4c	5,513.
5	Total revenue Add lines3 and 4c (This should equal Form 990, Part I, line 12)			5	612,129.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	757,308.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	140,981.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	52,908.		
e	Add lines 2a through 2d			2e	193,889.
3	Subtract line 2e from line 1			3	563,419.
4	Amounts included on Form 990, Part IX, line 25, but not on line1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines3 and 4c (This should equal Form 990, Part I, line 18)			5	563,419.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information.

PART XII,LINE 4B- NET RENTAL INCOME

PART XIII,LINE 2D-BUILDING RENTAL EXPENSES

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," of Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PRESBYTERIAN COMMUNITY CENTER INC

Employer identification number
54-1610899

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" on 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [X]

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

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

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. Use Schedule I-1 (Form 990) 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
UTILITY BILLS	410	46,771.			ELECTRIC,GAS,OIL
WATER BILLS	52	6,212.			WATER
FOOD ORDERS	1558		140,100.	FMV	FOOD,DRINKS,ETC
NON-FOOD	150		11,058.	FMV	SUPPLIES,EQUIP,ETC
PRESCRIPTION DRUGS	48	4,589.			PRESCRIPTION DRUGS
SCHOOL SUPPLIES	40		7,987.	FMV	SCHOOL,CRAFT SUPPL
INCENTIVES,TRIPS,SUMMER CAMP	23	3,803.			FIELD TRIPS,CAMPS

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

THE ORGANIZATION PREPARES PERIODIC REPORTS TO MONITOR THE FUNDS TO ENSURE THEY ARE USED FOR PROPER PURPOSES

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization
PRESBYTERIAN COMMUNITY CENTER INC

Employer identification number
54-1610899

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art-Works of art				
2	Art-Historical treasures				
3	Art-Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		15,061.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities-Publicly traded				
10	Securities-Closely held stock				
11	Securities-Partnership, LLC, or trust interests				
12	Securities-Miscellaneous				
13	Qualified conservation contribution-Historic structures				
14	Qualified conservation contribution-other				
15	Real estate-Residential				
16	Real estate-Commercial				
17	Real estate-Other				
18	Collectibles				
19	Food inventory	X	319	128,191.	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
PRESBYTERIAN COMMUNITY CENTER INC

Employer identification number
54-1610899

FORM 990,PART VI,SECTION B,LINE 11, - THE ORGANIZATION'S EXECUTIVE DIRECTOR REVIEWS THE FORM 990 BEFORE IT IS FILED.

FORM 990,PART VI,SECTION C,LINE 19-THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
BUILDING	301,145.38	13,430 17	0 00	314,575 55	45,921 83	9,307 89	0.00	55,229 72
FURNITURE & FIXTU	3,557.00	0 00	0.00	3,557 00	1,774.23	508 15	0 00	2,282 38
LAND	117,500.00	0 00	0 00	117,500.00	0 00	0 00	0 00	0 00
LEASEHOLD IMPRO\	246,717 07	1,066.03	0 00	247,783 10	76,703 29	5,472 80	0 00	82,176.09
OFFICE EQUIPMENT	94,688 88	6,854 88	14,651 60	86,892 16	89,119 49	3,098 97	14,651 60	77,566 86
Grand Total	763,608 33	21,351.08	14,651 60	770,307 81	213,518 84	18,387 81	14,651 60	217,255 05

Tax Asset Detail 1/01/09 - 12/31/09

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: BUILDING												
1		ENVIRONMENTAL SCREEININ(	2/05/03	1,700.00	0.00	0.00	257 91	43 59	301 50	1,398 50	S/L	39 0
2		BUILDING	2/05/03	237,029 03	0 00	0 00	35,959 55	6,077 67	42,037.22	194,991 81	S/L	39 0
73		NEW ROOF	10/12/04	19,500.00	0 00	0 00	5,525 00	1,300 00	6,825 00	12,675 00	S/L	15 0
74		FACADE RENNOVATIONS	7/31/05	36,159.13	0 00	0.00	3,167.80	927 16	4,094 96	32,064 17	S/L	39.0
83		CAMERA SECURITY SYSTEM	11/19/07	3,317 00	0 00	0 00	513 35	473 86	987 21	2,329 79	S/L	7 0
84		INSTALL LIGHTS	7/01/07	877 22	0.00	0 00	187 98	125 32	313 30	563 92	S/L	7 0
85		BUILDING SIGNS	5/30/07	1,000 00	0 00	0.00	105 56	66.67	172 23	827 77	S/L	15 0
86		CAMERA SECURITY SYSTEM	1/16/08	1,563 00	0.00	0.00	204 68	223 29	427.97	1,135.03	S/L	7.0
102		RENOVATIONS	10/01/09	11,006 00	0 00c	0.00	0.00	58 79	58 79	10,947.21	S/L	39.0
103		CARPET	10/23/09	2,095 00	0 00c	0 00	0 00	11.19	11 19	2,083.81	S/L	39 0
104		RENOVATIONS-HAIR SALON	12/10/09	329 17	0 00c	0 00	0 00	0 35	0 35	328 82	S/L	39 0
		BUILDING		314,575 55	0 00c	0 00	45,921 83	9,307 89	55,229.72	259,345 83		
Group: FURNITURE & FIXTURES-PLC												
3		TOILET	4/09/03	382 00	0 00	0 00	313.78	54 57	368 35	13 65	S/L	7 0
4		AIR CONDITIONER	7/29/03	1,375 00	0 00	0 00	1,064.00	196 43	1,260 43	114 57	S/L	7.0
5		LIGHT FIXTURES	10/20/03	450 00	0 00	0.00	332 16	64 29	396 45	53 55	S/L	7 0
87		UNDER SINK WATER PUMP	8/27/08	1,350 00	0 00	0 00	64 29	192.86	257 15	1,092.85	S/L	7 0
		FURNITURE & FIXTURES-PLC		3,557 00	0 00c	0 00	1,774 23	508.15	2,282 38	1,274.62		
Group: LAND												
6		LAND	2/05/03	117,500.00	0 00	0 00	0 00	0.00	0 00	117,500 00	Land	39.0
		LAND		117,500 00	0 00c	0 00	0 00	0 00	0 00	117,500 00		
Group: LEASEHOLD IMPROVEMENTS												
7		LEASEHOLD IMPROVEMENTS	12/01/96	18,454 16	0 00	0 00	18,454.16	0 00	18,454 16	0 00	S/L	5 0
8		RENOVATION&EXPANSION	5/01/00	191,669 62	0 00	0 00	42,593 28	4,914 61	47,507 89	144,161 73	S/L	39 0
9		SECURITY SYSTEM	3/17/00	4,656 25	0 00	0 00	4,656 25	0 00	4,656 25	0 00	S/L	7 0
10		CARPET	5/09/00	8,294 00	0 00	0.00	8,294.00	0 00	8,294 00	0 00	S/L	7 0
11		AUDIO SYSTEM	6/19/01	1,964 45	0 00	0 00	1,964 45	0 00	1,964 45	0 00	S/L	5 0
82		PATHFINDERS RENOVATIONS	9/13/07	21,678 59	0 00	0 00	741 15	555 86	1,297 01	20,381 58	S/L	39 0
92		PATHWAYS RENOVATIONS-FI1	12/10/09	511 06	0 00c	0 00	0 00	0.55	0 55	510 51	S/L	39 0
93		PATHWAYS RENOVATIONS-FI1	11/12/09	554 97	0 00c	0 00	0 00	1 78	1 78	553 19	S/L	39.0
		LEASEHOLD IMPROVEMENTS		247,783 10	0 00c	0 00	76,703 29	5,472 80	82,176 09	165,607 01		
Group: OFFICE EQUIPMENT												
24		MOVABLE PARTITIONS	10/24/96	7,401 51	0 00	0 00	7,401.51	0 00	7,401 51	0.00	S/L	7 0
30	d	PARADIGM SOFTWARE	4/14/98	4,100.00	0 00	0 00	4,100 00	0 00	4,100 00	0 00	S/L	5 0
32		COMPUTER	10/23/98	1,115.95	0 00	0 00	1,115 95	0 00	1,115 95	0 00	S/L	5 0
33		LP LASERJET 4000SE	4/07/98	1,149.99	0 00	0 00	1,149.99	0 00	1,149 99	0 00	S/L	5 0
34		NEC 15 INCH MONITOR	4/27/99	179.99	0.00	0.00	179.99	0 00	179.99	0.00	S/L	5.0
35		TELEPHONE SYSTEM	5/11/00	8,504.05	0 00	0 00	8,504 05	0.00	8,504 05	0.00	S/L	7 0

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: OFFICE EQUIPMENT (continued)												
36		FURNITURE-FAMLY LEARN CT	4/21/00	2,115 55	0 00	0 00	2,115 55	0 00	2,115 55	0 00	S/L	7 0
37		DIGITAL PIANO	5/03/00	8,590 00	0 00	0 00	8,590 00	0.00	8,590 00	0 00	S/L	7.0
38		CHAIRS	6/07/00	5,440 39	0 00	0 00	5,440 39	0.00	5,440.39	0.00	S/L	7 0
39		TABLES	8/09/00	8,185 15	0 00	0 00	8,185 15	0 00	8,185 15	0 00	S/L	7 0
40		COMPUTER EQUIPMENT	8/09/00	13,616 91	0 00	0.00	13,616 91	0.00	13,616.91	0.00	S/L	5.0
41		BULLETIN BOARD	5/24/00	160 45	0 00	0 00	160 45	0 00	160.45	0 00	S/L	7.0
42		CARPTS	7/07/00	1,247 57	0 00	0.00	1,247 57	0 00	1,247.57	0 00	S/L	7.0
43		SHELVES	7/27/00	106 09	0 00	0.00	106 09	0 00	106 09	0 00	S/L	7.0
44		TELEVISION	8/04/00	539 00	0 00	0 00	539 00	0 00	539 00	0 00	S/L	7 0
45		COPIER	9/06/00	805 00	0 00	0 00	805 00	0 00	805.00	0.00	S/L	7 0
46		VCR	9/28/00	89 96	0 00	0 00	89.96	0 00	89.96	0 00	S/L	7.0
47		BOOK SHELVES	7/19/00	391.53	0 00	0 00	391 53	0 00	391 53	0.00	S/L	7 0
48	d	DELL COMPUTER	10/12/01	2,031.16	0 00	0.00	2,031 16	0 00	2,031.16	0 00	S/L	5.0
49	d	COMPAQ SERVER	10/19/01	884.00	0 00	0 00	884.00	0 00	884.00	0 00	S/L	5 0
50	d	(2) DELL LAPTOPS	3/07/01	3,580 00	0 00	0 00	3,580 00	0.00	3,580 00	0 00	S/L	5 0
51		TOSHIBA PROJECTOR	3/08/01	3,429.00	0 00	0 00	3,429 00	0 00	3,429 00	0 00	S/L	5 0
52		PRINTER	3/08/01	148 95	0 00	0 00	148 95	0 00	148 95	0 00	S/L	5 0
53	d	DIGITAL CAMERA	6/21/01	454 94	0 00	0 00	454 94	0 00	454 94	0.00	S/L	5 0
54	d	HARD DRIVE	7/30/01	513.56	0 00	0 00	513 56	0 00	513 56	0.00	S/L	5.0
55	d	(2) DELL LAPTOPS	8/13/01	1,098 00	0 00	0 00	1,098 00	0.00	1,098 00	0.00	S/L	5.0
56	d	DELL COMPUTER	7/24/01	689.00	0 00	0 00	689.00	0 00	689.00	0.00	S/L	5.0
57		8 PORT SWITCH	9/17/01	370.51	0.00	0 00	370 51	0 00	370 51	0.00	S/L	5 0
58		FURNITURE	9/24/01	750 00	0 00	0.00	750 00	0 00	750 00	0 00	S/L	7 0
59		8 PORT SWITCH	9/28/01	366.72	0 00	0 00	366 72	0 00	366 72	0 00	S/L	5 0
60		FURNITURE	10/11/01	281.78	0 00	0 00	281 78	0 00	281.78	0.00	S/L	7.0
61		TRUCK CARTS	8/02/02	162.40	0 00	0 00	148 87	13.53	162.40	0 00	S/L	7.0
62	d	HARD DRIVE	10/23/02	760.00	0 00	0 00	760.00	0 00	760 00	0 00	S/L	5 0
63		PIANO DOLLY	1/23/02	195.00	0 00	0.00	185 04	9 96	195 00	0.00	S/L	7 0
64		PROJECTOR SCREEN	3/04/02	149 99	0 00	0 00	149 99	0 00	149 99	0.00	S/L	5 0
65		FILE CABINET & DESK	2/01/02	289.00	0 00	0 00	285.59	3 41	289.00	0 00	S/L	7.0
66		MONITORS	10/30/03	456 00	0 00	0 00	456 00	0 00	456 00	0.00	S/L	5.0
67		DELL COMPUTER	11/21/03	775 00	0 00	0 00	775 00	0 00	775 00	0 00	S/L	5 0
68		DELL COMPUTER	11/21/03	596 00	0 00	0 00	596 00	0 00	596 00	0 00	S/L	5 0
69	d	NANNY SOFTWARE	12/15/03	540 94	0 00	0 00	540 94	0 00	540 94	0 00	S/L	3 0
70		SYSTEM UPGRADE	11/19/04	3,500 00	0 00	0 00	2,858 33	641 67	3,500 00	0 00	S/L	5 0
71		(1) COMPUTER&(3) 17" MONITC	10/21/04	847 00	0 00	0 00	705 83	141 17	847 00	0 00	S/L	5 0
72		(3) COMPUTERS	7/28/04	1,061 40	0 00	0 00	937 57	123 83	1,061.40	0 00	S/L	5 0
75		COMPUTERS	12/08/05	1,069 99	0 00	0 00	659.83	214 00	873 83	196 16	S/L	5 0
76		OFFICE FURNITURE	12/23/05	880 00	0 00	0 00	377 13	125 71	502 84	377.16	S/L	7 0
77		(2) COMPUTERS	5/09/06	1,321 80	0 00	0.00	704 96	264 36	969 32	352 48	S/L	5 0
78		HP LAPTOP	5/07/07	832 98	0 00	0 00	277 66	166 60	444 26	388.72	S/L	5 0
79		POWERMAC APPLLE COMPUTI	7/10/07	228 00	0 00	0 00	68 40	45 60	114 00	114 00	S/L	5 0
80		37" LCD TV-WESTINGHOUSE	9/05/07	598 67	0 00	0 00	159 64	119 73	279 37	319 30	S/L	5 0
81		OFFICE FURNITURE	8/23/07	225 00	0 00	0 00	42 85	32 14	74 99	150 01	S/L	7.0
88		COMPUTER SERVER	10/09/08	1,863 00	0 00	0 00	93 15	372 60	465 75	1,397 25	S/L	5 0
89		SPIRIT XE195 ELLIPTICAL	12/07/09	999 99	0 00c	0.00	0.00	35 71	35 71	964 28	200DB	7 0
90		SPIRIT ET488 TREADMILL	12/07/09	999 99	0 00c	0 00	0 00	35 71	35.71	964 28	200DB	7 0
91		HP DESKTOP PC-	1/23/09	596.23	0 00c	0 00	0 00	208 68	208 68	387.55	200DB	5.0
94		COMPUTER EQUIPMENT	7/01/09	1,597 67	0 00c	0 00	0 00	239.65	239 65	1,358 02	200DB	5.0

Asset	dt	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: OFFICE EQUIPMENT (continued)												
95		2 MONITORS	6/11/09	200 00	0 00c	0 00	0 00	50 00	50 00	150 00	200DB	5.0
96		MONITOR/EXT HARD DRIVE	4/17/09	235 00	0 00c	0 00	0 00	58 75	58 75	176 25	200DB	5 0
97		BODY SOLID FID BENCH	12/07/09	200.00	0.00c	0.00	0 00	7.14	7 14	192.86	200DB	7 0
98		BLOOD PRESSURE/PULSE	12/11/09	110 00	0 00c	0 00	0 00	3 93	3 93	106.07	200DB	7 0
99		LCD TV FOR WII	12/14/09	666 00	0 00c	0 00	0 00	33 30	33 30	632 70	200DB	5.0
100		FITSTEPP II STAIR STEPPER	12/01/09	750 00	0 00c	0 00	0 00	26 79	26 79	723 21	200DB	7 0
101		COMPUTER HP XW6200	4/01/09	500.00	0 00c	0 00	0 00	125 00	125 00	375 00	200DB	5 0
		OFFICE EQUIPMENT		101,543.76	0.00c	0 00	89,119 49	3,098 97	92,218.46	9,325 30		
		***Less: Dispositions and Transfers**		14,651 60	0.00	0 00	14,651 60	0 00	14,651.60	0 00		
		Net OFFICE EQUIPMENT		86,892 16	0 00c	0 00	74,467.89	3,098.97	77,566 86	9,325.30		
		Grand Total		784,959 41	0 00c	0 00	213,518 84	18,387.81	231,906.65	553,052 76		
		Less: Dispositions and Transfers		14,651 60	0 00	0 00	14,651.60	0.00	14,651 60	0 00		
		Net Grand Total		770,307 81	0 00c	0 00	198,867.24	18,387 81	217,255 05	553,052 76		

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return: PRESBYTERIAN COMMUNITY CTR INC

Identifying number: 54-1610899

Business or activity to which this form relates: All Business Activities

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.00
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000.00
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	17,490.49

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		3,794.90	5.0	MQ	200DB	715.38
c	7-year property		3,059.98	7.0	MQ	200DB	109.28
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				27 5 yrs	MM	S/L	
i	Nonresidential real property	12/10/09	511.06	39 yrs	MM	S/L	0.55
		Various	13,985.14	39.0	MM	S/L	72.11

Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations--see instructions	22	18,387.81
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)

24a Do you have evidence to support the business/investment use claimed? Yes No — 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions):					
43 Amortization of costs that began before your 2009 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ..... ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	**Employer identification number**
	PRESBYTERIAN COMMUNITY CENTER INC	54-1610899
	Number, street, and room or suite no If a P O box, see instructions.	
	1228 JAMISON AVENUE SE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	ROANOKE VA 24013-1909	

Check type of return to be filed (file a separate application for each return)

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ _____
  Telephone No ▶ _____ FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUG 15 , 20 10 , to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ ☒ calendar year 2009 or

▶ ☐ tax year beginning _____ , 20 ____ , and ending _____ , 20 ____ .

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

 US8868$1 Rev 1