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PRESBYTERIA 06/14/2010 2 12 PM

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

<u>A</u>	For the 200	9 calendar ye	er, or tax year beginning	, and ending				
B (Check if applica		· -	sbyterian Chu	rch		D Employ	er identification number
\bigsqcup	Address chang	e use IRS label or	Foundation	<u>n</u>				
X	Name change	print or	Doing Business As				57-:	1011248
\equiv	_	type.	Number and street (or P O box if mail is not deliv	ered to street address)		Room/suite	E Telepho	ne number
\Box	Initial return	See	P.O. Box 326				864	-235-0496
	Termination	Specific	City or town, state or country, and ZIP +	4			G Gross receip	ts \$ 327,686
	Amended return	Instruc- tions.	Greenville	SC 29602-	-0326			
	Amended retur		·	50 23002			H(a) Isthisa	amus mhum for
	Application per	iding F Nam	e and address of principal officer				l ' '	
		ł					affiliates H(b) Are all a	ffiliates
							included	
				1			lf "No," a	attach a list (see instructions)
1	Tax-exempt		501(c) (3) ◀ (insert no)	4947(a)(1) or	527			
J	Website.	first	tpresfoundation.org					xemption number
K	Type of organi	zation X Co	rporation Trust Association Ot	her 🕨	L	Year of formation 1	994	M State of legal domicile SC
P	art I	Summa	ry					
	1 Bne	fly describe t	he organization's mission or most signif	icant activities				
•			it First Presbyterian C		er churches	in the G	ceenvill	Le
ဦ	1		rolina community and th					
Па			.			-		
Activities & Governance	2 Che	ok this hov	If the organization discontinued its	e anaratione or dienoee	nd of more than 25°	L of its not assets	•	
ဖွ			_ ,	•	ed of filore trial 25	o or its her asset	1 1	Δ
త	B .	-	members of the governing body (Part				3	4
Eje	li .	•	endent voting members of the governing	g body (Part VI, line 16)		4	
Ξ	l .		employees (Part V, line 2a)				5	1
Ac	L		volunteers (estimate if necessary)				6	
	7a Tota	ıl gross unrel	lated business revenue from Part VIII, c	olumn (C), line 12			7a	
	b Net	unrelated bu	siness taxable income from Form 990-T	, line 34			7b	0
						Prior Yea		Current Year
Revendal10	8 Con	tributions and	d grants (Part VIII, line 1h)			16	8,987	247,633
2			revenue (Part VIII, line 2g)		7			
-8	10 Inve	stment incon	ne (Part VIII, column (A), lines 3, Rape	@EIVED	\(\lambda\)		8,680	10,675
e₩.					l		2,844	19,049
9	12 Tota	l revenue – a	Part VIII, column (A), lines \$,6d, de=9c, add lines 8 through 11 (must equal Part	VIIIacolumna(A), linesi	a)	22	0,511	277,357
AMG	13 Grai	nts and simila	ar amounts paid (Part IX, column (A), in	les 1-31 6910 100				110,659
	1		or for members (Part IX, column (A), line	1~	8			
ANINED ARESIED			ompensation, employee benefits (Ra)		16)			5,224
			draising fees (Part IX, column (A), line 1		3 ′			
₹	1		expenses (Part IX, column (D), line 25)					
	l	_					3,641	2,653
95	1	•	(Part IX, column (A), lines 11a-11d, 11f	•			3,641	118,536
	l	•	Add lines 13–17 (must equal Part IX, co	lumn (A), line 25)				
F "	19 Rev	enue less ex	penses Subtract line 18 from line 12			Beginning of Cur	6,870	158,821 End of Year
Net Assets or Fund Balances	00 -	d === -4= 40	4 V June 40)				2,717	2,618,522
Sse	20 Tota	l assets (Par	· · · · · · · · · · · · · · · · · · ·					
ad E	21 Tota	•	Part X, line 26)	_			5,061	1,545,061
72	22 Net		nd balances Subtract line 21 from line 2	0	<u> </u>	83	7,656	1,073,461
<u> P</u>	art II	Signatu	re Block					
		Under penal	ties of perjury, I declare that I have examined	this return, including accor	mpanying schedules a	nd statements, and	to the best of	my knowledge
		and belief, it	is true, correct, and complete Declaration of	preparer (other than office	r) is based on all infor	mation of which pre	parer has any	
Sig	jn :		Jesu 100				1/8/	2/10
He	re	Signatu	ure of officer				Date	,
		Ed	die Terrell		Treas	urer		
		Type or	r print name and title					
		Decarate	1744		Date	Check	ıf	Preparer's identifying number
Pai	id	Preparer's signature	7 × 2	DA		self-		(see instructions) P00820369
Pre	eparer's	3191121410	Thomas R. Larson, C		LLC	4/10 employ		26-4049405
	e Only	Firm's name			<u> </u>	<u> </u>	EIN P	20-4043403
		if self-emplo					Phone	064 000 4160
_		address, and					no 🕨	864-233-4163
			turn with the preparer shown above? (s					Yes No
For DAA		ct and Pape	rwork Reduction Act Notice, see the	separate instructions	.			Form 990 (2009)
2,01								()

d Other program services (Describe	Other program services (Describe in Schedule O)							
(Expenses \$	including grants of \$) (Revenue \$)					
te Total program service expenses	▶ 110,659							
		<u></u>	E 000	(2000)				

P	art 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	х	
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	•	
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		х
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	Ť		
	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	Ť		
	guasi-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 related 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			
12	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12		12	H	X
424	Schedule D, Parts XI, XII, and XIII Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12		
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
_	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part!	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
13		15	i .	X
46	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			
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
47		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	17		x
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	- '' -		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		х
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		_ ^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		х
•	If "Yes," complete Schedule G, Part III	19 20		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_ ZU	L	

P	art 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_	<u> </u>	
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		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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 direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part !	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		<u> </u>
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		_ <u>x</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts !!,	i	l	
	III, IV, and V, line 1	34		<u> </u>
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		<u>x</u>
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		<u> </u>
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		<u> </u>
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		. .	
	19? Note. All Form 990 filers are required to complete Schedule O	38_	X	

				-	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			Ĭ
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	_1b_	0			I
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				•
_	gaming (gambling) winnings to prize winners?	1 1		1c	 	<u> </u>
2a		,	1			Ī
_	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	x	Ī
Þ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			20	1	
	instructions)					Ī
3a	· · · · · · · · · · · · · · · · · · ·	v				•
	this return?	,		3a	<u> </u>	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	al			1	
	account)?			4a	<u> </u>	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 Bar	ık				
	and Financial Accounts					!
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		5a_	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b	 	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards	ng				
6-	Prohibited Tax Shelter Transaction?			5c	1	
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
ь		or				
_	gifts were not tax deductible?			6ь	ľ	
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 good	ds				
	and services provided to the payor?			7a]	_x_
b	if "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			}		
	required to file Form 8282?			7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
θ	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal content of the property of the	onal				
	benefit contract?			7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?)		7f	_	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7 <u>g</u>	 	^
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			76		х
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			7h		-
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ŧ		
	organization, have excess business holdings at any time during the year?			8	1 1	x
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		\mathbf{x}_{-}
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b_		X
0	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			į		
	amounts due or received from them)	11b	•	—— —		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			n 990	(2000)
				ron	ラブリ	(ZUU3)

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 4	-		
þ	Enter the number of voting members that are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	ŀ		
	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	ı		
	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		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			
а	The governing body?	8a	X	lder
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
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue 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		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Х	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		-	
_	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	1.25		
•	describe in Schedule O how this is done	12c		х
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	1.7		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	x	Ī
a b	Other officers or key employees of the organization	15b	х	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	135		
46-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
16a	with a taxable entity during the year?	16a	i	X
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		-
b				
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	466	1	
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed SC			
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 X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Ed Terrell 200 W. Washington St		_ ^	400
G:	reenville SC 29601 86	4-23	5-0	496

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 (A)	(B)	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per week	or director		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Eddie Terrell										
Treasurer	5.00							0	0	0
Tom Banks										
Vice Chairman	5.00							0	0	0
John Bearden										
Chairman	5.00		<u> </u>	L	L		L	0	0	0
Mary Ann Brown										
Secretary	5.00							0	0	0
		<u> </u>	<u> </u>							
						-				,
							_			
**************************************										<u>.</u>
-										
		\vdash				\vdash				
		-			-					

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
	(A) Name and Title	(B) Average hours per			chec		hat a	,		(E) Reportable compensation	(F Estim amou	ated
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	oth comper from organi and re organiz	er nsation the zation lated
_ <u>1b</u> _	Total							<u> </u>		00.000		
2	Total number of individuals (inc reportable compensation from t				ose I	ıstec	1 abo	ve)	wno received more than \$10	uu,uuu in		I Van I Na
3	Did the organization list any for employee on line 1a? If "Yes," of For any individual listed on line	complete Schedu	le J	for si	uch i	ndıvı	dual			m	3	Yes No
5	the organization and related organization and	ganizations great	er th	an \$	150,0	000?	If "Y	'es,"	complete Schedule J for su		4_	x
	services rendered to the organi										5	<u> </u>
Sec	tion B. Independent Contracto											
1	Complete this table for your five compensation from the organiz	ation	sate	d inc	lepe	nden	t cor	ntrac				(C)
	Name and	(A) business address							Descrip	(B) tion of services	<u>_</u>	(C) ompensation

				<u></u>								
2	Total number of independent comore than \$100,000 in compen						to th	ose	listed above) who received		0	
DAA											Forr	n 990 (2009)

<u>Pa</u>	rt V	III Statem	ent of Reve	nue		····		(0)	(5)
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इइ	1a	Federated cam	paigns	1a					
Contributions, gifts, grants and other similar amounts		Membership du	-	1b		1			Ĭ.
S, g		Fundraising ev		1c		<u> </u>			1
al al		Related organiz		1d		į			
S,E		Government grants (1e					‡
i Si	f	All other contributions	s, gifts, grants,						
ള릙		and similar amounts	not included above	1f	247,633	İ			
풀	g	Noncash contribution	s included in lines 1a-1	f \$					1
န် ပ	h	Total. Add line:	s 1a-1f		•	247,633			
g					Busn. Code				
ē	2a								
å	b					T			
, <u>ş</u>	С								
Sel	d								
Ē	е								
Program Service Revenue	f	All other progra	m service reven	ue					
ے	g	Total. Add lines	s 2a–2f	_	•				
\neg	3	Investment inco	me (including d	ıvıdends	, interest, and	·		•	
l		other similar an	nounts)		▶ [10,675			10,675
Ì	4	Income from in	vestment of tax-	exempt l	oond proceeds 🕨	·			
	5	Royalties			▶ .				
		. [(ı) Real		(ii) Personal				
	6a	Gross Rents	69,	378		1			
1	b	Less rental exps	50,	329					1
	С	Rental inc or (loss)	19,	049					1
-	_d	Net rental incor	ne or (loss)		>	19,049			19,049
	7a	Gross amount from sales of assets	(i) Securities		(II) Other				
		other than inventory							
	b	Less cost or other		I		1			
		basis & sales exps							1
	C	Gain or (loss)							
- 1	d	Net gain or (los	s)		> _				
	8a	Gross income from	n fundraising even	ts		1			
Other Revenue		(not including \$							
8		of contributions re	ported on line 1c)			I			
<u>بر</u>		See Part IV, line	18	a		1			
₹	b	Less direct exp	enses	ь <u>_</u>					
٦,	C	Net income or (loss) from fundr	aising <u>ev</u>	rents 🕨		,	-	
	9a	Gross income from	-	;					
		See Part IV, line	19	a					
		Less direct exp		b_					<u> </u>
-		Net income or (ng activit	ies 🕨				
	10a	Gross sales of	-			1			1
		returns and allo		a _		1			I I
		Less cost of go		b_		#			‡
-	С	Net income or (of inven	T I				<u> </u>
-		Misce	llaneous Revenue		Busn. Code	#			‡
	11a		•						
	b							-	
	С								
		All other revenu							
		Total. Add lines			<u> </u>				1
- 1	12	Total Revenue	. See instruction	s		277,357	0		29,724

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)

_	All other organizations must	complete column (A) but	are not required to comp	iete columns (B), (C), and	(U).
	not include amounts reported on lines 6b, 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		· ·	· · · · · · · · · · · · · · · · · · ·	
Ī	organizations in the U.S. See Part IV, line 21	110,659	110,659		
2	Grants and other assistance to individuals in				
-	the U.S. See Part IV, line 22				
	•				
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				
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 salanes and wages	5,224		5,224	
8	Pension plan contributions (include section 401(k)		<u> </u>		
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	· · · · · · · · · · · · · · · · · · ·			
11	Fees for services (non-employees)				
' a	Management				
	Legal				
	Accounting	2,130		2,130	
	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other		-		
12	Advertising and promotion		···		
13	Office expenses	523		523	
14	Information technology	323			-
	Royalties			.:	
15 16	Occupancy				
17	Travel				
	Payments of travel or entertainment expenses				
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		 .		-
20	Interest				
21	Payments to affiliates			·	-
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)		1		
	o 70 of total expenses shown off line 25 below)				
a					
p	•	-			
c d					
u e					
f	All other expenses				
25	Total functional expenses.Add lines 1 through 24f	118,536	110,659	7,877	
26	Joint costs. Check here ▶ If following	====,===			
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				

	art)	Balance Sheet		1011240		Page II
_				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		51,795	_ 1	46,272
	2	Savings and temporary cash investments			2	135,384
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, the	ustees, key			
		employees, and highest compensated employees. Compl	ete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined u	nder section	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		4958(f)(1)) and persons described in section 4958(c)(3)(B				
	}	Part II of Schedule L	· '		6	
Assets	7	Notes and loans receivable, net			7	
SS(8	Inventories for sale or use	[8	
Ä	9	Prepaid expenses and deferred charges	Γ	2,779	9	2,779
	l	Land, buildings, and equipment: cost or				
		other basis Complete Part VI of Schedule D	10a 2,010,157		1	
	ь	Less accumulated depreciation	10b 77,500	1,947,657	10c	1,932,657
	11	Investments—publicly traded securities		380,486	11	501,430
	12	Investments—other securities See Part IV, line 11		12	55_, 555	
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets	· · · = · · ·	14		
	15	Other assets See Part IV, line 11	F		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u> </u>	2,382,717	16	2,618,522
	17	Accounts payable and accrued expenses		= 1 = 1 = 1	17	
	18	Grants payable	··-	18		
	19	Deferred revenue	<u> </u>		19	
	20	Tax-exempt bond liabilities	<u> </u>		20	
s	21	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees	F			
ij		employees, highest compensated employees, and disqua			1	
<u>ia</u>		persons Complete Part II of Schedule L			22	
_	23		harties –	1,545,061	23	1,545,061
	24	Unsecured notes and loans payable to unrelated third par			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	<u> </u>	1,545,061	26	1,545,061
<u> </u>		Organizations that follow SFAS 117, check here ▶ 🗶	and			
Ö		complete lines 27 through 29, and lines 33 and 34.	, and			
an	27	Unrestricted net assets	-	372,072	27	529,726
3al	28	Temporarily restricted net assets		465,584	28	42,305
-	29	Permanently restricted net assets			29	501,430
5		Organizations that do not follow SFAS 117, check her				<u> </u>
Ë		and complete lines 30 through 34.			I	
0	30	Capital stock or trust principal, or current funds	1	İ	30	
ets	31	Paid-in or capital surplus, or land, building, or equipment fi	und -		31	
SS	32	Retained earnings, endowment, accumulated income, or of			32	
Net Assets or Fund Balances	33	Total net assets or fund balances		837,656	33	1,073,461
Š	34	Total liabilities and net assets/fund balances	F	2,382,717	34	1,073,461 2,618,522

Form **990** (2009)

orm	990 (2009) First Presbyterian Church	57-1011248		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			_	
				Yes	No
1	Accounting method used to prepare the Form 990.	ccrual Other			
	If the organization changed its method of accounting from a prior year or chec	ked "Other," explain in			
	Schedule O.		1		
2a	Were the organization's financial statements compiled or reviewed by an inde	pendent accountant?	_ 2a	X	
b	Were the organization's financial statements audited by an independent according	untant?	_ 2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assume	s responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of ar	independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process d	uring the tax year, explain in			
	Schedule O				
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial st	atements for the year were			
	issued on a consolidated basis, separate basis, or both				
	Separate basis Consolidated basis Both consolidated and	separate basis			
3a	As a result of a federal award, was the organization required to undergo an au	idit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization	nization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps ta	ken to undergo such audits	3ь		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury internal Revenue Service

Name of the organization

First Presbyterian Church Foundation

Employer identification number 57-1011248

P	art l	Reas	on for Public Char	ity Status (All o	organizations	must c	omplete	this p	art.) S	ee ins	struction	ons.		
The	orga	nization is not	a private foundation beca	use it is (For lines	1 through 11, che	eck only o	ne box)							
1		A church, cor	nvention of churches, or	association of churc	hes described in	section 1	70(b)(1)(A)(i).						
2		A school des	cribed in section 170(b)	(1)(A)(ii). (Attach So	hedule E)									
3		A hospital or	a cooperative hospital se	rvice organization o	lescribed in secti	ion 170(b)(1)(A)(iii)).						
4		A medical res	search organization oper	ated in conjunction v	with a hospital de	scribed in	section 1	170(b)(1)(A)(iii).	Enter th	ne hosp	ital's name,		
	ட	city, and state	•	•	,						•	,		
5	\Box	-	on operated for the bene	fit of a college or un	iversity owned or	r operated	hy a gove	ernment	al unit de	escribed	lın			
Ŭ	لــا	•	b)(1)(A)(iv). (Complete F	=		. 000.0100	b, a gov							
6			te, or local government of		described in sor	ction 170/	h)(1)(A)(\	Л						
7	H		on that normally receives	_				•	n the de	neral ni	iblic			
′	Ш	•	section 170(b)(1)(A)(vi).	•	n its support iron	ii a goveii	iniciliai ui	01 1.01	ii tile ge	nerai pe	iblic			
۰	X				(Complete Bart II	1 \								
8		-	trust described in section on that normally receives				ntribution	c mamb	orchin f	000 200	d arose			
9	Ш	=	activities related to its ex											
		•	gross investment income	•	•	•					i its			
			he organization after Jun			•		i i tazjii	om busi	1103303				
40			ū	Ť		•	•	a)/4)						
10	\vdash	•	on organized and operate on organized and operate	•	•	•			carn, or	ıt the				
11	Ш	•	one or more publicly supp	•	•						tion			
			eck the box that describe								tion.			
		a Type		·	ype III-Function		•	d d		 e III–Ot	hor			
_			his box, I certify that the		• •						1101			
е	لـــا										rtion			
	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)													
		If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting												
f		_	f 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											
_		•	: 17, 2006, has the organ	ization accented an	v aift or contribut	on from a	ny of the							اـــا
g		•		zation accepted an	y girt of contribut	ion nom a	ily of the							
		following per	sons? In who directly or indirectly	controls author alo	ne or together w	ith nerson	e describe	ed in (ii)					Yes	No
			pelow, the governing bod		_	ilii persori	3 describe	, u III (II)				11g(i)	1.00	1
			member of a person des		ngamzation.							11g(ii)		1
			ontrolled entity of a person		· (u) above2							11g(iii	$\overline{}$	<u> </u>
h			ollowing information about									[11g(m	<u> — — — — — — — — — — — — — — — — — — —</u>	
	Name	e of supported	(ii) EIN		f organization	(iv) Is the	organization	(v) Did v	ou notify	(vi)	ls the	(vii) Am	ount of	
1"		anization	(11) (11)	1 , , , ,	on lines 1–9	1 ' '	sted in your	the organ	nization in	organizat	ion in col	sup		
					IRC section	governing	document?		of your port?		zed in the S ?			
				(see insi	tructions))	Yes	No	Yes	No	Yes		1		
			<u> </u>											
													_	
					<u> </u>									
					<u>-</u>	-								
		<u></u>			· · · · · · · · · · · · · · · · · · ·	1								-
				<u></u>		 	 			-				
r				1		Ī								

	edule A (Form 990 or 990-EZ) 2009					1011248	Page 2
Pa	art II Support Schedule for Or				(A)(iv) and 170	D(b)(1)(A)(vi)	
	(Complete only if you che	ecked the box o	<u>n line 5, 7, or 8</u>	of Part I.)			
	tion A. Public Support						
Ça	lendar 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")	34,050	13,676	35,470	168,987	247,633	499,816
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	34,050	13,676	35,470	168,987	247,633	499,816
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						499,816
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	34,050	13,676	35,470	168,987	247,633	499,816
8	Gross income from interest, dividends, payments received on securities loans, rents, royallies and income from similar sources	5,811	11,043	13,188	14,311	80,053	124,406
9	Net income from unrelated business activities, whether or not the business is regularly carned on	0	0	0	0	0	
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						624,222
12	Gross receipts from related activities, etc (see instructions)				12	
13	First five years. If the Form 990 is for the o	organization's first, si	econd, third, fourth,	or fifth tax year as	a section 501(c)(3))	
	organization, check this box and stop here						
Sec	tion C. Computation of Public Su	pport Percentag	ge				
14	Public support percentage for 2009 (line 6,	column (f) divided by	line 11, column (f))		14	80.07%
15	Public support percentage from 2008 Sche	dule A, Part II, line 1	4			15	84.79%
16a	33 1/3 % support test—2009. If the organi	zation did not check	the box on line 13,	and line 14 is 33 1/	3 % or more, chec	k this box	
	and stop here. The organization qualifies a	is a publicly supporte	ed organization				► X
b	33 1/3 % support test—2008. If the organi	zation 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 qualif	ies as a publicly sup	ported organization				▶ 🔲
17a	10%-facts-and-circumstances test—2009	9. If the organization	did not check a box	k on line 13, 16a, or	16b, and line 14 is	10% or	
	more, and if the organization meets the "fac	cts-and-circumstance	es" test, check this l	box and stop here.	Explain in Part IV	how the	_
	organization meets the "facts-and-circumst			•	="		▶ 🗌
b	10%-facts-and-circumstances test—2008	-				15 is 10% or	
	more, and if the organization meets the "factorization meets the "facts-and-circumst	cts-and-circumstance	es" test, check this l	box and stop here.	Explain in Part IV		▶ □
18	Private foundation. If the organization did	-			-	tructions	▶ 🗌

Schedule A (Form 990 or 990-EZ) 2009

33 1/3 % support tests—2009. 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
 33 1/3 % support tests—2008. 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
 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 First Presbyterian Church

57-1011248

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Open to Public

Part IV, line 6, 7, 8, 9, 10, 11, or 12. Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. ▶ See separate instructions.

inspection Employer Identification number

	of the organization		Employe	er Identification number
	irst Presbyterian Church			
***************************************	oundation			011248
P:	Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, F		counts.	Complete if
		(a) Donor advised funds	(b	Funds and other accounts
1	Total number at end of year	1		11
2	Aggregate contributions to (during year)	79,908		43,959
3	Aggregate grants from (dunng year)	75,283		6,044
4	Aggregate value at end of year	42,305	<u>.</u>	501,430
5	Did the organization inform all donors and donor advisors in writing that the	he assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusion	ive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w	nting that grant funds can be		
	used only for charitable purposes and not for the benefit of the donor or of	lonor advisor, or for any other		
	purpose conferring impermissible private benefit?			X Yes No
Pa	irt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	<u>1990, P</u>	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check a	ll tha <u>t a</u> pply)		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp	ortant land	d area
	Protection of natural habitat	Preservation of certified historic st	tructure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ation contribution in the form of a conservat	tion	
	easement on the last day of the tax year			
				Held at the End of the Tax Yea
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure include	led in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	i e e e e e e e e e e e e e e e e e e e	2d	
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during	
	the taxable year ▶			
4	Number of states where property subject to conservation easement is loc	ated ▶		
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	nservation easements during the year		
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation easemer	•		
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descr	nbes	
	the organization's accounting for conservation easements			
Pa	ort III Organizations Maintaining Collections of Art, F Complete if the organization answered "Yes" to	Form 990, Part IV, line 8.	milar As	ssets.
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet v	vorks of	
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic servic	e,
	provide, in Part XIV, the text of the footnote to its financial statements tha	t describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in its r	evenue statement and balance sheet work	s of art,	
	historical treasures, or other similar assets held for public exhibition, educ			
	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 of	her similar assets for financial gain, provide	e the	
_	following amounts required to be reported under SFAS 116 relating to the			
а	Revenues included in Form 990, Part VIII, line 1		>	\$
b	Assets included in Form 990, Part X		•	\$

che	dule D (Form 990) 2009 FIFSC Pres	byterian chui	ren		2/-10	11240	Page 2
Pa	rt III Organizations Maintaining C	collections of Art, Hi	storical Treasu	ıres, or	Other Si	milar Assets	(continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check a	iny of the following	that are a	significant	use of its	
а	Public exhibition	d Loan or	exchange program	ıs			
ь	Scholarly research	e Other					
С	Preservation for future generations	لسب					
4	Provide a description of the organization's collect Part XIV	ctions and explain how they	further the organiz	ation's ex	empt purpo	se in	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be				lar		Yes No
Pa	rt IV Escrow and Custodial Arran				swered "	Yes" to Form	
	IV, line 9, or reported an amo		-				
1a	Is the organization an agent, trustee, custodian			assets no	nt .		
	included on Form 990, Part X?	or other intermediary for oc		400010 110	•		Yes No
h	If "Yes," explain the arrangement in Part XIV and	t complete the following tak	nle				[] 100 [] 110
D	ii 165, explain the arrangement in Fart Arv and	complete the following tal	JIE				Amount
_	Doguesias halanas					1c	7 4110
	Beginning balance					1d	
	Additions during the year						
	Distributions during the year					1e	
	Ending balance	000 B 4 V 4 040				1f	П. П.
	Did the organization include an amount on Form	990, Part X, line 217					☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV	4- :6		. Голи	200 Dad	N/ line 10	
Pa	rt V Endowment Funds. Comple						ok (a) Faur years back
		(a) Current year	(b) Prior year	(C) TWO	years back	(d) Three years ba	ck (e) Four years back
	Beginning of year balance		·	ļ			
þ	Contributions			ļ			
С	Net investment earnings, gains,						
	and losses	-		ļ		***************************************	
d	Grants or scholarships		·				
6	Other expenditures for facilities						
	and programs						
f	Administrative expenses			<u></u>			
g	End of year balance			<u> </u>			
2	Provide the estimated percentage of the year en	d balance held as					
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶ %						
C	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	n of the organization that a	ire held and admini	stered for	the		
	organization by						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations lis	ted as required on Schedul	le R?				3b
4	Describe in Part XIV the intended uses of the organization	anization's endowment fui	nds				
	rt VI Investments—Land, Building			, Part X	, line 10.		
	Description of investment	(a) Cost or other basis	(b) Cost or oth			umulated	(d) Book value
		(investment)	basis (other)	<u> </u>	depre	eciation	
1a	Land		1,410	,157			1,410,157
	Buildings	600,000				77,500	522,500
	Leasehold improvements	,					
	Equipment						
	Other						
	. Add lines 1a through 1e. (Column (d) must equa	I Form 990, Part X, column	(B), line 10(c))	<u> </u>		•	1,932,657

Schedule D (Fo	orm 990) 2009 First Presbyterian Ch	urch	57-1011248	Page 3
Part VII	Investments—Other Securities. See Form 99			
	(a) Description of security or category	(b) Book value	(c) Method o	of valuation
	(including name of security)		Cost or end-of-ye	ar market value
Financial deriva	alives			
Closely-held ed				
Other	,,			
			<u> </u>	<u></u>
		·		
				
				
	(b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Related. See Form 99	0, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method o	f valuation
			Cost or end-of-ye	ar market value

-				
	(b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. See Form 990, Part X, line 15.			
	(a) Description			(b) Book value
				
· · · · · · · · · · · · · · · · · · ·				
				L
	// LE			
	(b) must equal Form 990, Part X, col (B) line 15)			·
Part X	Other Liabilities. See Form 990, Part X, line 2	1		
1	(a) Description of liability	(b) Amount	4	
Federal income	taxes		_}	
			_[
			1	
			1	
-			1	
			1	
		 	1	
			-{	
			4	
			4	
	(b) must equal Form 990, Part X, col (B) line 25)	<u></u>	<u> </u>	
2. FIN 48 Foo	tnote. In Part XIV, provide the text of the footnote to the organia	zation's financial statements	s that reports the	
organization's li	ability for uncertain tax positions under FIN 48		<u> </u>	

	dule D (Form 990) 2009 First Presbyterian Church		57-101124		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
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 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemen	nts Wit	h Revenue per Retu	rn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a]]	
b	Donated services and use of facilities	2b] [
С	Recoveries of prior year grants	2c]	
d	Other (Describe in Part XIV)	2d		1 1	
е	Add lines 2a through 2d			2 ₽	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:]			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		1 1	
c	Add lines 4a and 4b		<u>. </u>	1 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Expenses per Re	turn	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		1 1	
c	Other losses	2c		1 1	
d	Other (Describe in Part XIV)	2d		1 1	
9	Add lines 2a through 2d		L	1 2e]	
3	Subtract line 2e from line 1			3	-
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:]	[
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV.)	4b		1 1	
	Add lines 4a and 4b			4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	······································
	rt XIV Supplemental Information			11	
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, line	s 1a and	1.4 Part IV lines 1b		~~~
	b; Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines				
	art to provide any additional information		15 / 100 top.		
···· •	art to provide any additional information				
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Sched	iule () (Fo	rm 99	0) 200	9	F	irs	st	Pr	est	yt	er:	iaı	n (Chi	arc	ch					57	-10	011	24	8				Pa	ge 5
Scheo	rt XI	٧	Sup	plen	nen	tal I	nfo	rma	atio	n (co	ontir	nue	<u>(</u> t	_			-														
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				•	_	•																									
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number

57-1011248

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Foundation

First Presbyterian Church

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ▶ Attach to Form 990.

≗ □ 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 ▶ Ministry Support Ministry Support Ministry Support (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) 38,000 18,000 13,500 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable ო 57-0349216 20-4280877 95-6006173 (b) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? 1st Presbyterian Church/Greenville FL 32862 SC 29604 SC 29601 (a) Name and address of organization or government 200 W. Washington St. Neighborhood Focus P.O. Box 628222 Campus Crusade P.O. Box 9127 Greenville Greenville Orlando Part III

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

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Part III Grants and Other Assistance to Individuals in the U Use Part IV and Schedule I-1 (Form 990) if additiona (a) Type of grant or assistance recipients	e I-1 (Form 990) if addition (b) Number of recipients		(d) Amount of non-cash assistance	nited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Il space is needed. (c) Amount of (d) Amount of (e) Method of valuation (book. (f) Description of non-cash as cash grant non-cash assistance FMV, appraisal, other)	on answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
(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
					,
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	n. Complete this part to pr	ovide the informatic	on required in Part I,	, line 2, and any other add	itional information.

Schedule I (Form 990) 2009

SCHEDULE O

Supplemental Information to Form 990

(Form 990)

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

Attach to Form 990.

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury internal Revenue Service

Name of the organization

First Presbyterian Church Foundation

Employer Identification number 57-1011248

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Form 990 prepared by CPA firm, Governing body members review all Form 990 information independently

Form 990, Part VI, Line 15a - Compensation Process for Top Official Compensation reviewed annually by governing body

Form 990, Part VI, Line 15b - Compensation Process for Officers Compensation reviewed annually by governing body

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

A copy of governing documents are made available to the public upon request

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Identifying number

Department of the Treasury Internal Revenue Service Name(s) shown on return

► See separate instructions. First Presbyterian Church

Attach to your tax return.

Attachment Sequence No

	Foundat	<u> </u>			_		37-	<u> 101</u>	1240
	ess or activity to which this form relates								
	rovence Property I		artu lindar Castian	470					
Pa	Election To Expen		erty Under Section ty, complete Part V		com	nlete Pa	rt I		
1	Maximum amount See the instruct			pelole you	COIII	piete i e		1	250,000
2	Total cost of section 179 property p	-						2	
3	Threshold cost of section 179 prop	•	· ·	ons)				3	800,000
4	Reduction in limitation Subtract line	•		0.10)				4	333,333
5	Dollar limitation for tax year Subtract lin		· · · · · · · · · · · · · · · · · · ·	no senarately se	e instru	ctions		5	
6	(a) Description			ost (business use			Elected cost		
Ť				· .					# • •
									1
7	Listed property Enter the amount f	rom line 29	· · · · · · · · · · · · · · · · · · ·		7				
8	Total elected cost of section 179 pr	operty Add amounts	ın column (c), lines 6 and	17				8	
9	Tentative deduction Enter the sma	iller of line 5 or line 8						9	
10	Carryover of disallowed deduction	from line 13 of your 2	008 Form 4562					10	
11	Business income limitation. Enter the	ne smaller of busines	s income (not less than z	ero) or line 5 (s	see ins	tructions)		11	
12	Section 179 expense deduction. Ac	ld lines 9 and 10, but	do not enter more than li	ne 11		<u> </u>		12	
13	Carryover of disallowed deduction			<u> </u>	13				<u> </u>
	: Do not use Part II or Part III below								
Pa	ert II Special Depreciati					ude liste	d prope	rty.)	(See instr.)
14	Special depreciation allowance for		ner than listed property) p	laced in servic	е				
	during the tax year (see instruction	•						14	
15	Property subject to section 168(f)(1							15	15 000
16	Other depreciation (including ACRS		.do listed massach	(Caa inate	4:	- \		16	15,000
<u> </u>	rt III MACRS Depreciati	on (Do not incit	ide listed property.) Section A	(See Instru	CUO	is.)			
17	MACRS deductions for assets place	ad in convec in tax vi		<u> </u>				17	0
18	If you are electing to group any assets place	-	• •		ounte c	hack hara		- ''-	
10			ervice During 2009 Tax					stem	
_		(b) Month and year	(c) Basis for depreciation			•			<u> </u>
	(a) Classification of property	placed in service	(business/investment use only-see instructions)	period	(e) C	Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property								
b	5-year property]							
С	7-year property								
d	10-year property								
е	15-year property								
f	20-year property				ļ				
<u> </u>	25-year property			25 yrs			S/L		
h	Residential rental			27 5 yrs	ļ	MM	S/L		
	property	ļ		27 5 yrs		MM	S/L		
i	Nonresidential real			39 yrs		MM	S/L		
	property	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			1	MM_	S/L		<u></u>
		SSETS Placed in Sen	vice During 2009 Tax Ye	ar Using the <i>i</i>	Aiterna	stive Depr		ysten	<u> </u>
<u>20a</u>	Class life			12			S/L		
	12-year			12 yrs	 	MM	S/L		
	40-year Summary (See ins	tructions \	<u> </u>	40 yrs	1	MM	S/L		
								21	
21 22	Listed property Enter amount from Total. Add amounts from line 12, lin		es 10 and 20 in column /	n) and line 21	Enter	here		 '	-
~~	and on the appropriate lines of you	_		-	LIRE			22	15,000
23	For assets shown above and place					,- <u>-</u>			
	portion of the basis attributable to s	=	- sanon your, onter the		23				
	portion of the basis attributable to s								L

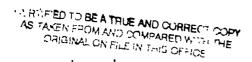
Totals

Forms		Mort	tgages and Oth	er Notes Payable		
990	/ 990-PF	For calendar year 2009, o	ir tay year heginging	, and ending		2009
Name	•	•	r tax year beginning	, and criding	Employer Identifica	tion Number
	st Presbyt ndation	terian Church			 57-101124	8
		rt X, Line 23 -	Additional	Information		-
FOLI	<u>u 990, Pal</u>	ic x, nine 23 -	Additional	Información		
Me	ortaga Pa	Name of lender ayable - Greenv	ille First	Relationship to dis	qualified person	
(1) M (2)	ortgage Pa	ayabre - Greenv	IIIe FIISC			
(3)	-					
(4)		<u> </u>				
(5)			· · ·		······································	
(6) (7)						
(8)	_		· 			
(9)						
(10)					······································	
······································	Onginal amount		Maturity			Interest
	borrowed	Date of loan	date	Repayment terms		rate
(1) (2)						
(3)						
4)						
(5)						
(6)						
(7)						
(8) (9)						
(10)						·
				T		
	s	Security provided by borrower		Purpose o	f loan	
1)		. <u>.</u>				
2)		· · · · 				
(4)						
2) 3) 4) 5) 6)					· ·	
6)						
7)						
8)						
(9) (10)						
	Conside	eration furnished by lender		Balance due at beginning of year	Balance end of	year
1)		<u> </u>		1,545,061	1,5	15,061
2)	· · · · · · · · · · · · · · · · · · ·					
3)				-		
4) 5)	 -		<u>.</u>			
(4) (5) (6) (7)						
7)						
(8) (9)						
9) 10)			 			
Totals		 		1,545,061	1,54	45,061

Form **8868**

Application for Extension of Time To . .e an

(Rev April 2009)		Exempt Organization Return				OMB No	1545-1709
Department of the Treasury Internal Revenue Service		File a separate application for each return.					
		omatic 3-Month Extension	, complete only Part I and check this box				► X
If you are	filing for an Ado	ditional (Not Automatic) 3-l	Month Extension, complete only Part II (on p	page 2 of this form)			
Do not comp	ete Part II unie	ss you have already been g	ranted an automatic 3-month extension on a p	reviously filed Form	n 8868		
Part I	Automatic	3-Month Extension	of Time. Only submit original (no co	opies needed).			
A corporation	required to file I	Form 990-T and requesting a	in automatic 6-month extension—check this be	ox and complete			_
Part I only							▶ 🗌
	rations (includii ome tax returns		os, REMICs, and trusts must use Form 7004 to	o request an extens	ion of		
Electronic Fil	ing (e-file). Ge	nerally, you can electronicall	y file Form 8868 if you want a 3-month automa	atic extension of tim	e to file		
one of the retu	ims noted belov	v (6 months for a corporation	required to file Form 990-T) However, you ca	annot file Form 886	8		
-	· ·		3-month extension or (2) you file Forms 990-E				
			ad, you must submit the fully completed and s	_		m	
			visit www irs gov/efile and click on e-file for Ch				
Type or					Employer identification number		
print File by the	Founda	Presbyterian Community			57-1011248		
due date for	Number, stre	street, and room or suite no. If a P.O. box, see instructions					
filing your return See	P.O. Box 326						
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions Greenville SC 29602-0326						
Check type o		iled (file a separate application					-
X Form 99			Form 990-T (corporation)			Form 4720	i
Form 99	Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)				Form 5227		
Form 99	0-EZ		Form 990-T (trust other than above	a)		Form 6069	
Form 99	0-PF		Form 1041-A			Form 8870	
Telephone If the orga If this is fo for the whole galist with the r	No. ► 86 nization does n r a Group Retui roup, check thi ames and EINs	rn, enter the organization's for s box If it is of all members the extension	FAX No ▶ business in the United States, check this box our digit Group Exemption Number (GEN) is for part of the group, check this box	▶ and at	f this is		• []
until 0	8/15/10	, to file the exempt organization	ation return for the organization named above	The extension is			
	rganızatıon's re						
	calendar year						
▶ ∐	tax year beginn	ing , and	ending				
2 If this ta	x year is for less	s than 12 months, check rea	son Initial return Final return	Change in	accoun	ting period	
3a If this ap	plication is for F	Form 990-BL, 990-PF, 990-T	, 4720, or 6069, enter the tentative tax,				
	less any nonrefundable credits. See instructions						
	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					<u> \$ </u>	
-	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						
	See instruction	· · · · · · · · · · · · · · · · · · ·	TO CERCUIONIC I CUCIAI TAX FAYINCIIL		3с	\$	
			rawal with this Form 8868, see Form 8453-EC) and Form 8879-E			
for payment in	structions						



~ S 2009

STATE OF SOUTH CAROLINA SECRETARY OF STATE

SECRETARY OF STATE OF SOLUTION

NONPROFIT CORPORATION ARTICLES OF AMENDMENT

Pursuant to the provisions of Section 33-31-1005 of the 1976 South Carolina Code of Laws, as amended,

TYPE OR PRINT CLEARLY WITH BLACK INK

(e) Complete one of the following as appropriate

uie	applicant delivers to the Secretary of State these articles of amendment.							
1.	The name of the nonprofit corporation is Presbytenan Community Foundation							
2.	Date incorporated November 7, 1994							
3.	Specify (a) the text of every amendment adopted, and (b) list when each amendment was adopted. (a) Article 1 of the Articles of Incorporation is hereby amended by deleting it in its entirety and							
	replacing it with the following: "1 The name of the corporation is "First Presbytenan Church							
	Foundation."; (b) such amendment was adopted by the corporation on April 1, 2009							
4.	By checking this paragraph #4 the applicant represents that (a) approval of the amendment by the members was not required, (b) the amendment was approved by a sufficient vote of the board or directors or the incorporators. (Do <u>not</u> check this paragraph #4 if member vote was required or if the required vote of directors or incorporators was not obtained.)							
5	f the approval of the members was required to adopt the amendment(s), provide the following information:							
	a) Designation (Classes of Membership)							
	b) Number of memberships outstanding							
	c) Number of votes entitled to be cast by each class entitled to vote separately on the amendment							
	Number of votes of each class indisputably voting on the amendment							

(i) Total number of votes cast for and against the amendment by each class entitled to vote separately

(II) Total number of undisputed votes cast for the amendment by each class which was sufficient for approval for that class

090428-0193 FILED: 04/28/2009
FIRST PRESBYTERIAN CHURCH FOUNDATION
Filing Fee \$10 00 ORIG

Filing Fee \$10 00 ORIG

Mark Hammond

South Carolina Secretary of State

	Name of Corporation
6	By checking this paragraph #6 the applicant represents that approval of the amendment by some person or persons other than the members, the board, or the incorporators is required pursuant to Section 33-31-1030 of the 1976 South Carolina Code of Laws, as amended, and that the approval was obtained. (Do not mark paragraph #6 if either of these statements is not true)
7.	If the amendment provides for an exchange, reclassification, or cancellation of memberships, provisions for implementing the amendment must be set forth here if provisions are not contained in the amendment itself N/A
8.	If this corporation is converting from either a public benefit or religious corporation into a mutual benefit corporation, mark this paragraph #8 which certifies that a notice, including a copy of the proposed amendment, was delivered to the South Carolina Attorney General at least twenty days before the consummation of the amendment.
Dat	te +-1-2009 Presbyterian Community Foundation
	Name of Corporation
	Signature or Officer

Presbytenan Community Foundation

John H Bearden, Chairman Type or Print Name and Office

FILING INSTRUCTIONS

- 1 Two copies of this form, the original and either a duplicate original or a conformed copy, must by filed
- If the space in this form is insufficient, please attach additional sheets containing a reference to the appropriate paragraph in this form, or prepare this using a computer disk which will allow for expansion of space on the form
- 3 This form must be accompanied by the filing fee of \$10.00 payable to the Secretary of State

Return to Secretary of State P O Box 11350 Columbia, SC 29211