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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

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

C Name of organization: PARTNERSHIP FOR COMMUNITY DEVELOPMENT LTD. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 37. City or town, state or country, and ZIP + 4: HAMILTON, NY 13346

D Employer identification number: 16-1572206. E Telephone number: (315) 824-1063. F Group Exemption Number

G Accounting method: Accrual. I Website: WWW.PARTNERSATWORK.ORG. J Tax-Exempt status: 501(c)(3)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$88,013

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 3 columns: Line number, Description, and Amount. Rows include Revenue (80,750 total), Expenses (67,063 total), and Net Assets (84,915 total).

**Part II Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	52,040	<b>22</b> 86,396
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .	15,438	<b>24</b> 39,253
<b>25</b> Total assets . . . . .	67,478	<b>25</b> 125,649
<b>26</b> Total liabilities (describe in Schedule O) . . . . .	6,385	<b>26</b> 40,734
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	61,093	<b>27</b> 84,915

**Part III Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

What is the organization's primary exempt purpose?  
TO ENHANCE THE ECONOMIC AND COMMUNITY VITALITY OF THE AREA OF THE TOWN/VILLGE OF HAMILTON, NY DURING 2010, PARTNERSHIP FOR COMMUNITY DEVELOPMENT FOCUSED ITS EFFORTS IN THE FOLLOWING AREAS (1) MARKETING AND DEVELOPMENT, (2) COMPILATION AND DISTRIBUTION OF HAMILTON HIGHLIGHTS, (3) DEVELOPMENT AND ADMINISTRATION OF A MICRO-ASSISTANCE GRANT PROGRAM, (4) CONTINUED ADMINISTRATION OF THE TOWN OF HAMILTONS 2-YEAR COMMUNITY DEVELOPMENT BLOCK GRANT, AND (5) A FALL FUNDRAISING CAMPAIGN

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

**28** MARKETING AND DEVELOPMENT IN 2010 JILL SMITH, PCDS MARKETING & DEVELOPMENT COORDINATOR, WORKED DILIGENTLY TO CARRY THRU WITH THE PCDS OVERALL GOAL OF ENHANCING ECONOMIC OPPORTUNITY AND COMMUNITY VITALITY IN AND AROUND HAMILTON, NEW YORK AT THE BEHEST OF LIVING COMMUNITIES, AN ADULT LIVING COMMUNITY THAT EXPRESSED DESIRE TO BUILD A COMPLEX HERE IN HAMILTON, THE PCD PLAYED A KEY ROLE IN FACILITATING AND HOSTING SENIORS SYMPOSIUMS A COLGATE UNIVERSITY UPSTATE INSTITUTE STUDENT INTERN ASSISTED THE PCD IN DEVELOPING AND ENHANCING ITS EXISTING WEBSITE SEVERAL GRANTS WERE APPLIED FOR IN 2010, AND PLANNING BEGAN FOR THE 2011 CHOCOLATE WRECK FESTIVAL THE PCD ASSISTED LOCAL LANDLORDS IN FINDING TENANTS, AND CONTINUED TO WORK WITH THE NEW YORK STATE DEPT OF TRANSPORTATION WITH THE 5-WAY INTERSECTION TRAFFIC AND SAFETY STUDY ALSO, IN 2009 THE TOWN OF HAMILTON WAS AWARDED A \$400K COMMUNITY DEVELOPMENT BLOCK GRANT BY NEW YORK STATE DEPT OF COMMUNITY RENEWAL, IN WHICH THE PCD WAS DESIGNATED BY THE TOWN OF HAMILTON TO SERVE AS THE PROGRAM ADMINISTRATOR PCDS FUNCTIONS IN THIS CAPACITY DURING 2010 INCLUDED FILE MAINTENANCE, COMPILATION AND SUBMISSION OF NUMEROUS MANDATORY PROGRAM DOCUMENTS, AND GENERAL PROCEDURAL COMPLIANCE  
(Grants \$ 0) If this amount includes foreign grants, check here

**28a** 48,366

**29** HAMILTON HIGHLIGHTS AS PART OF ITS AGREEMENT WITH THE HAMILTON BUSINESS ALLIANCE, THE PCD PUBLISHES HAMILTON HIGHLIGHTS, A MONTHLY CALENDAR OF HAMILTON-AREA EVENTS PCD RESEARCHES, COMPILES AND ORGANIZES INFORMATION TO BE INCLUDED IN EVERY ISSUE OF HAMILTON HIGHLIGHTS, AND IN 2010 INCREASED THE SPECTRUM OF THE PUBLICATION BY INCLUDING A MONTHLY BUSINESS PROFILE AND RESTAURANT/SHOPPING GUIDE JILL SMITH, PCDS MARKETING AND DEVELOPMENT COORDINATOR, WAS SOLELY RESPONSIBLE FOR FINDING ADVERTISERS IN THE HAMILTON HIGHLIGHTS, AND PROVIDING ITS EDITORIAL CONTENT HAMILTON HIGHLIGHTS WAS SENT OUT MONTHLY BY THE PCD TO OVER 1,000 PEOPLE VIA E-MAIL BLAST, AND ABOUT 400 HARD COPIES WERE DELIVERED MONTHLY THROUGHOUT VARIOUS LOCATIONS IN CENTRAL NEW YORK (INCLUDING TURNING STONE CASINO AND AREA CHAMBERS OF COMMERCE)  
(Grants \$ 0) If this amount includes foreign grants, check here

**29a** 4,919

**30** MICRO-ASSISTANCE GRANT PROGRAM IN 2010, PCD APPLIED FOR AND WAS SUBSEQUENTLY AWARDED \$35,000 FROM MADISON COUNTY INDUSTRIAL DEVELOPMENT AGENCY TO BE USED FOR A MICRO-ASSISTANCE GRANT PROGRAM THE CONCEPT BEHIND THE PROGRAM WAS TO FINANCIALLY ASSIST BUSINESSES LOCATED WITHIN THE TOWN OF HAMILTON WITH A SPECIFIC PROJECT OF THE BUSINESS CHOICE EACH BUSINESS SUBMITTED AN APPLICATION DETAILING THE PROJECT, THE EXPECTED COST AND THE INTENDED BENEFIT TO THE BUSINESS AND THE COMMUNITY THE BUSINESSES WERE AWARDED GRANTS RANGING FROM \$1,200 TO \$4,500, WITH THE BUSINESS FUNDING 25% OF THE PROJECT TOTAL PCD WAS SOLELY RESPONSIBLE FOR THE IMPLEMENTATION, DEVELOPMENT AND ADMINISTRATION OF THE PROGRAM  
(Grants \$ 0) If this amount includes foreign grants, check here

**30a** 4,895

**31** Other program services (describe in Schedule O) . . . . .  
(Grants \$ ) If this amount includes foreign grants, check here

**31a**

**32** Total program service expenses (add lines 28a through 31a) . . . . .

**32** 58,180

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U S ?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. [X] Yes [ ] No

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

Sign Here: Signature of officer (\*\*\*\*\*), Date (2011-05-13), Type or print name and title (CARL ALBRECHT, PRESIDENT)

Paid Preparer's Use Only: Preparer's signature (LEONARD P. CARISSIMO, CPA), Date (2011-05-13), Check if self-employed, Preparer's taxpayer identification number, Firm's name (D'ARCANGELO & CO LLP), address (200 E GARDEN ST PO BOX 4300, ROME, NY 13442), EIN, Phone no ((315) 735-5216)

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
PARTNERSHIP FOR COMMUNITY DEVELOPMENT LTD

Employer identification number

16-1572206

**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?  
 (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 the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	218,959	242,555	190,403	108,163	80,750	840,830
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	218,959	242,555	190,403	108,163	80,750	840,830
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						840,830

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	218,959	242,555	190,403	108,163	80,750	840,830
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,491	3,539	1,871	625	1,052	12,578
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					92	92
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	28,530	104,509	1,363	33,043		167,445
<b>11 Total support</b> (Add lines 7 through 10)						1,020,945
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	6,888

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	82.360 %
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	84.000 %

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization **18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions


**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						


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


**Section C. Computation of Public Support Percentage**


<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	

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

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

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

**Part IV** **Supplemental Information.** 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. Also complete this part for any additional information. (See instructions).

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<b>Facts And Circumstances Test</b>
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**Additional Data****Software ID:****Software Version:****EIN:** 16-1572206**Name:** PARTNERSHIP FOR COMMUNITY DEVELOPMENT LTD**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
CARL ALBRECHT PO BOX 37 HAMILTON, NY 13346	PRESIDENT 2 00	0	0	0
KARL CLAUSS PO BOX 37 HAMILTON, NY 13346	VICE PRESIDENT 0 00	0	0	0
LESLIE YACAVONE PO BOX 37 HAMILTON, NY 13346	DIRECTOR 0 00	0	0	0
MATTHEW NORRIS PO BOX 37 HAMILTON, NY 13346	SECRETARY 0 00	0	0	0
RAY MEEKS PO BOX 37 HAMILTON, NY 13346	DIRECTOR 0 00	0	0	0
DIANA BOWERS PO BOX 37 HAMILTON, NY 13346	DIRECTOR 0 00	0	0	0
MARGARET MILLER PO BOX 37 HAMILTON, NY 13346	DIRECTOR 0 00	0	0	0
SCOTT MILLS PO BOX 37 HAMILTON, NY 13346	DIRECTOR 0 00	0	0	0
VICTORIA MIGONIS PO BOX 37 HAMILTON, NY 13346	DIRECTOR 0 00	0	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**

PARTNERSHIP FOR COMMUNITY DEVELOPMENT LTD

**Employer identification number**

16-1572206

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION CONTRACTUAL INCOME - HBA AMOUNT 1,200 DESCRIPTION RENTAL INCOME AMOUNT 250 DESCRIPTION HAMILTON HIGHLIGHTS SUBSCRIPTION FEES AMOUNT 5,011 TOTAL TO FORM 990-EZ, LINE 8 6,461

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION PAYROLL TAXES AMOUNT 3,890 DESCRIPTION ADVERTISING AMOUNT 5,510 DESCRIPTION MISCELLANEOUS AMOUNT 629 DESCRIPTION TRAVEL AMOUNT 1,316 DESCRIPTION TELEPHONE AND INTERNET AMOUNT 1,272 DESCRIPTION OFFICE EXPENSES AMOUNT 408 DESCRIPTION DEPRECIATION AMOUNT 1,236 DESCRIPTION INSURANCE AMOUNT 3,508 DESCRIPTION PLANNING AND DEVELOPMENT AMOUNT 1,295 DESCRIPTION FILING FEES AMOUNT 118 DESCRIPTION MICRO-ASSISTANCE PROJECT AMOUNT 4,700 TOTAL TO FORM 990-EZ, LINE 16 23,882

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION PRIOR PERIOD ADJUSTMENT AMOUNT 2,872

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION REVOLVING LOANS RECEIVABLE BEG OF YEAR AMOUNT 13,662 END OF YEAR AMOUNT 8,345 DESCRIPTION GRANTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 28,691 DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 100 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,776 END OF YEAR AMOUNT 2,117

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION OTHER CURRENT LIABILITIES BEG OF YEAR AMOUNT 2,068 END OF YEAR AMOUNT 2,068 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 4,317 END OF YEAR AMOUNT 2,174 DESCRIPTION COMPENSATED ABSENCES BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 559 DESCRIPTION DEFERRED REVENUE- GRANTS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 35,933

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** PARTNERSHIP FOR COMMUNITY DEVELOPMENT LTD

**EIN:** 16-1572206

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.