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Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

BRIGHTON CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

PO BOX 325

Room/suite

City or town, state or country, and ZIP + 4

NEWPORT, KY 410720325

F Name and address of principal officer

TAMMY WEIDINGER

PO BOX 325

NEWPORT, KY 410720325

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

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

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) (insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.BRIGHTONCENTER.COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation 1967

M State of legal domicile KY

Part I	Summary																								
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>THE MISSION OF BRIGHTON CENTER, INC IS TO CREATE OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO REACH SELF-SUFFICIENCY THROUGH SUPPORT SERVICES, EDUCATION, AND LEADERSHIP TO BRIGHTON CENTER, INC , SELF-SUFFICIENCY IS TAKING RESPONSIBILITY TO PROVIDE FOR YOURSELF AND YOUR FAMILY USING AVAILABLE RESOURCES</div></div>																								
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																								
	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>32</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>32</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2010 (Part V, line 2a)</td><td>5</td><td>209</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>1,590</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	32	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	209	6	Total number of volunteers (estimate if necessary)	6	1,590	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
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Net Assets or Fund Balances	<table><tr><th></th><th>Beginning of Current Year</th><th>End of Year</th></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>3,099,0503,148,222</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>389,487262,553</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>2,709,5632,885,669</td></tr></table>		Beginning of Current Year	End of Year	20	Total assets (Part X, line 16)	3,099,0503,148,222	21	Total liabilities (Part X, line 26)	389,487262,553	22	Net assets or fund balances Subtract line 21 from line 20	2,709,5632,885,669												
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Part IISignature Block

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

Sign Here

TAMMY WEIDINGER PRESIDENT & CEO

Type or print name and title

\*\*\*\*\*

Signature of officer

2012-03-19

Date

Paid Preparer Use Only

Print/Type preparer's name

ANDREW J BERTKECPA

Preparer's signature

ANDREW J BERTKECPA

Date

Check if self-employed

☐

PTIN

Firm's name

BERTKE SPARKS & KREMER CPAS INC

Firm's EIN

Firm's address

B 2617 LEGENDS WAY SUITE 100

CRESTVIEW HILLS, KY 41017

Phone no

B (859) 344-6400

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2010)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization’s mission

THE MISSION OF BRIGHTON CENTER, INC IS TO CREATE OPPORTUNITIES FOR INDIVIDUALS AND FAMILIES TO REACH SELF-SUFFICIENCY THROUGH SUPPORT SERVICES, EDUCATION, AND LEADERSHIP TO BRIGHTON CENTER, INC , SELF-SUFFICIENCY IS TAKING RESPONSIBILITY TO PROVIDE FOR YOURSELF AND YOUR FAMILY USING AVAILABLE RESOURCES

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 1,938,273 including grants of \$ ) (Revenue \$ 67,422 )

EARLY CHILDHOOD EDUCATION NEARLY 50% OF CHILDREN WHO WALK INTO OUR LOCAL SCHOOLS ARE UNPREPARED TO LEARN TEACHERS ARE FINDING OUT THAT THESE CHILDREN LACK THE APPROPRIATE LANGUAGE, COGNITIVE, MOTOR, AND SOCIAL/EMOTIONAL SKILLS NECESSARY TO SUCCEED RESEARCH INDICATES THAT A CHILD WHO ENTERS SCHOOL BEHIND HAS A DIFFICULT TIME IN 'CATCHING UP', IF THEY ARE ABLE TO 'CATCH UP' AT ALL IN ORDER TO COMBAT THIS, OUR EARLY CHILDHOOD EDUCATION OFFERS FIVE PROGRAMS THAT WORK WITH CHILDREN AND PARENTS MAKING SURE THAT THEY ARE LEARNING AT AGE APPROPRIATE LEVELS THE 102 CHILDREN WHO PARTICIPATED IN THE BOONE COUNTY AND NEWPORT HIPPIY PROGRAM A FULL ACADEMIC YEAR, FROM PRE DIAL TO POST DIAL DEMONSTRATED AN AVERAGE CONCEPT GAIN OF 12 21 NCE'S AND AN AVERAGE LANGUAGE GAIN OF 12 03 NCE'S THE 66 CHILDREN WHO WERE ENROLLED IN BRIGHT DAYS CHILD DEVELOPMENT CENTER A MINIMUM OF 12 MONTHS DEMONSTRATED GROWTH FROM PRE DIAL TO POST DIAL IN LANGUAGE, MOTOR, AND CONCEPTS DOMAINS 94% OF THE CHILDREN SERVED THROUGH EVERY CHILD SUCCEEDS WERE DEVELOPING AGE APPROPRIATE IN ALL AREAS OF DEVELOPMENT (SOCIAL, EMOTIONAL, PHYSICAL, AND COGNITIVE DEVELOPMENT), AND 98% OF THE CHILDREN HAD A MEDICAL HOME

4b

(Code ) (Expenses \$ 1,583,426 including grants of \$ ) (Revenue \$ 960 )

WORKFORCE DEVELOPMENT ONE OF THE KEYS TO ACHIEVING SELF-SUFFICIENCY IS HAVING A JOB THAT PAYS A LIVABLE WAGE WITH BENEFITS AND AN OPPORTUNITY FOR CAREER ADVANCEMENT MANY IN OUR REGION ARE UNDEREMPLOYED BECAUSE OF A LACK OF MARKETABLE JOB SKILLS AND 10% OF THE RESIDENTS OF OUR COMMUNITY ARE JOBLESS DUE TO THE ECONOMIC DOWNTURN IN ORDER FOR OUR COMMUNITY TO BE A VIBRANT PLACE WHERE HOPES AND DREAMS ARE REALIZED, WE MUST HAVE AN EDUCATED AND EMPOWERED WORKFORCE 93% ADULTS AND DISLOCATED WORKERS SERVED THROUGH CAREER CONNECTIONS ENTERED EMPLOYMENT 90% RETAINED THAT EMPLOYMENT SIX MONTHS AFTER PLACEMENT 279 INDIVIDUALS RECEIVED TRAINING THROUGH OUR CENTER FOR EMPLOYMENT TRAINING (CET) 72% THAT WERE PLACED INTO JOBS AFTER COMPLETING THE PROGRAM WERE WORKING AT 12 MONTHS FOLLOW-UP 47 INDIVIDUALS RECEIVED THEIR GED'S WHILE PARTICIPATING IN CET OR OUR STEP UP WORKFORCE DEVELOPMENT SERVED OVER 26,000 INDIVIDUALS LAST YEAR ALONE

4c

(Code ) (Expenses \$ 906,537 including grants of \$ ) (Revenue \$ )

YOUTH SERVICES ON ANY GIVEN NIGHT THERE ARE OVER 3,000 YOUTH AND YOUNG ADULTS HOMELESS AND LEFT TO FIND THEIR OWN WAY IN NORTHERN KENTUCKY THE CONSEQUENCES ARE HARSH THEIR EDUCATION IS USUALLY INTERRUPTED OR CUT OFF THEY ARE VICTIMS OF VIOLENCE AND ABUSE THEY HAVE LIMITED OR NO ACCESS TO HEALTH CARE, MENTAL HEALTH SERVICES, OR LEGAL SERVICES HOMELESS YOUTH CAN'T GET AN APARTMENT BECAUSE OF THEIR AGE, BACKGROUND, AND LACK OF IDENTIFICATION AND INCOME THEY CAN'T GET A JOB WITHOUT IDENTIFICATION OR A CURRENT ADDRESS ALSO, THE TRANSITION FROM TEENAGE YEARS TO ADULthood IS RARELY EASY, EVEN FOR CHILDREN WITH STRONG PARENTAL SUPPORT AND SIGNIFICANT RESOURCES FOR TEENAGERS IN STATE CUSTODY, "AGING-OUT" OF THE SYSTEM WITH LITTLE OR NO SUPPORT CAN BE ESPECIALLY CHALLENGING 549 HOMELESS AND RUNAWAY YOUTH RECEIVED CRISIS SERVICES AT OUR HOMEWARD BOUND SHELTER FOR YOUTH AGES 12 TO 17 YEARS OLD, AND 76 WERE SERVED RESIDENTIALLY

4d
















Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 2,473,540 including grants of \$ ) (Revenue \$ 27,505 )

4e

Total program service expenses \$ 6,901,776

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2 Yes	
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	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9 Yes	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Parts II and IV	15	No
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 U S? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	151
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	209
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter			
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?			
<b>14b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Does the organization have members or stockholders? . . . . .	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
8a	The governing body? . . . . .	8a	Yes
8b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
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	No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> KY
18	Section 6104 requires an organization to make its Form 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <input checked="" type="checkbox"/> JUNE MILLER 741 CENTRAL AVE NEWPORT, KY 41071 (859) 491-8303

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Form **990** (2010)



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	330,183	0	101,655

**2** Total number of individuals (including but not limited to those I  
\$100,000 in reportable compensation from the organization) 0

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b>	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections  512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a	1,488,937			
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	79,389			
	d	Related organizations . . . . .	1d				
	e	Government grants (contributions)	1e	5,516,118			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,119,647			
	g	Noncash contributions included in lines 1a-1f \$		9,038			
	h	Total. Add lines 1a-1f . . . . .		8,204,091			
	Program Service Revenue			Business Code			
2a		CHILD DEVELOPMENT DAY	624410	67,422	67,422		
b		CENTER FOR EMPLOYMENT	561300	960	960		
c							
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f . . . . .		68,382			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		16,045		16,045	
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties . . . . .					
	6a	Gross Rents	(i) Real	(ii) Personal			
		b	Less rental expenses				
		c	Rental income or (loss)				
		d	Net rental income or (loss) . . . . .				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b	Less cost or other basis and sales expenses				
		c	Gain or (loss)				
		d	Net gain or (loss) . . . . .		29,973		29,973
	8a	Gross income from fundraising events (not including \$ 79,389 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
		a		13,924			
		b	Less direct expenses . . . . .	b	45,872		
	c	Net income or (loss) from fundraising events . . .		-31,948		-31,948	
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
		b	Less direct expenses . . . . .	b			
		c	Net income or (loss) from gaming activities . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .	a	78,511			
		b	Less cost of goods sold . . . . .	b	289,835		
c		Net income or (loss) from sales of inventory . . .		-211,324		-211,324	
Miscellaneous Revenue		Business Code					
11a	ADMINISTRATIVE SERVICE	541610	60,814			60,814	
	b	OTHER INCOME	900099	27,505	27,505		
	c						
	d	All other revenue . . . . .					
	e	Total. Add lines 11a-11d . . . . .		88,319			
12	Total revenue. See Instructions . . . . .		8,163,538	95,887	0	-136,440	

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	19,800	19,800		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	363,363	363,363		
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 . . . . .	431,838		431,838	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	3,860,705	3,563,032	203,195	94,478
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	764,810	629,191	124,546	11,073
10	Payroll taxes . . . . .	393,883	328,046	57,126	8,711
a	Fees for services (non-employees)				
	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	20,648		20,648	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	397,070	357,923	32,884	6,263
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .				
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	803,660	691,334	92,873	19,453
17	Travel . . . . .	119,133	114,765	3,790	578
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	29,470	26,636	2,524	310
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	85,308	72,753	10,645	1,910
23	Insurance . . . . .	61,513	51,167	9,376	970
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	SUPPLIES	474,846	445,090	18,712	11,044
b	TELEPHONE	95,455	87,396	7,682	377
c	EQUIPMENT EXPENSE	81,944	78,297	3,314	333
d	PRINTING	61,517	27,066	4,090	30,361
e	POSTAGE	33,022	15,652	2,629	14,741
f	All other expenses	35,776	30,265	3,963	1,548
25	Total functional expenses. Add lines 1 through 24f	8,133,761	6,901,776	1,029,835	202,150
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			440,611	1	
	2	Savings and temporary cash investments . . . . .				2	399,689
	3	Pledges and grants receivable, net . . . . .			546,998	3	631,731
	4	Accounts receivable, net . . . . .			754,446	4	718,207
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .			9,805	8	7,504
	9	Prepaid expenses and deferred charges . . . . .			47,981	9	45,389
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	1,469,550	302,181	10c	260,516
	b	Less: accumulated depreciation . . . . .	10b	1,209,034			
	11	Investments—publicly traded securities . . . . .			997,028	11	1,085,186
	12	Investments—other securities. See Part IV, line 11 . . . . .				12	
	13	Investments—program-related. See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets. See Part IV, line 11 . . . . .				15	
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			3,099,050	16	3,148,222	
Liabilities	17	Accounts payable and accrued expenses . . . . .			149,290	17	154,406
	18	Grants payable . . . . .				18	
	19	Deferred revenue . . . . .			60,349	19	58,430
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			39,766	21	39,825
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities. Complete Part X of Schedule D . . . . .			140,082	25	9,892
	26	Total liabilities. Add lines 17 through 25 . . . . .			389,487	26	262,553
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			2,096,790	27	2,211,950
	28	Temporarily restricted net assets . . . . .			612,773	28	673,719
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			2,709,563	33	2,885,669
34	Total liabilities and net assets/fund balances . . . . .			3,099,050	34	3,148,222	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,163,538
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,133,761
3	Revenue less expenses Subtract line 2 from line 1	3	29,777
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,709,563
5	Other changes in net assets or fund balances (explain in Schedule O)	5	146,329
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,885,669

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization BRIGHTON CENTER INC	Employer identification number  61-0673886
---	--

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
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,098,315	4,543,465	5,430,089	8,842,204	8,204,091	31,118,164
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	4,098,315	4,543,465	5,430,089	8,842,204	8,204,091	31,118,164
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						31,118,164

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,098,315	4,543,465	5,430,089	8,842,204	8,204,091	31,118,164
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	20,030	105,098	55,540	93,391	46,018	320,077
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	3,932	31,349	10,885	7,098	27,505	80,769
11 Total support (Add lines 7 through 10)						31,519,010
12 Gross receipts from related activities, etc (See instructions )					12	5,473,287
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		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	98 730 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98 700 %
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 IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
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).

Facts And Circumstances Test

Additional Data

Software ID:

Software Version:

EIN: 61-0673886

Name: BRIGHTON CENTER INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
RACHEL VOTRUBA CHAIR	2 00	X		X				0	0	0	
ROBERT SAELINGER VICE CHAIR	2 00	X		X				0	0	0	
DAVID BAILEY DIRECTOR	2 00	X						0	0	0	
FRED HAAS III SECRETARY	2 00	X		X				0	0	0	
DANIEL BRUMMETT DIRECTOR	2 00	X						0	0	0	
JEREMY HAYDEN DIRECTOR	2 00	X						0	0	0	
TIMOTHY POWELL DIRECTOR	2 00	X						0	0	0	
ALICIA JANISCH DIRECTOR	2 00	X						0	0	0	
KEVIN KING DIRECTOR	2 00	X						0	0	0	
JAY KRUZ DIRECTOR	2 00	X						0	0	0	
DANIEL GRONECK DIRECTOR	2 00	X						0	0	0	
RICHARD MILLER DIRECTOR	2 00	X						0	0	0	
JUDGE KAREN THOMAS DIRECTOR	2 00	X						0	0	0	
MARY PETERMAN DIRECTOR	2 00	X						0	0	0	
GAYENELL GENTELIA DIRECTOR	2 00	X						0	0	0	
BETSY AWADALLA DIRECTOR	2 00	X						0	0	0	
JEFF RENSING DIRECTOR	2 00	X						0	0	0	
TONY BONOMINI DIRECTOR	2 00	X						0	0	0	
SANDY SCHWEITZER DIRECTOR	2 00	X						0	0	0	
DON DICKHAUS DIRECTOR	2 00	X						0	0	0	
BARBARA STONewater DIRECTOR	2 00	X						0	0	0	
SHARI THOMPSON DIRECTOR	2 00	X						0	0	0	
MOLLY WESLEY-CHEVALIER DIRECTOR	2 00	X						0	0	0	
EMILY SHEWMAKER DIRECTOR	2 00	X						0	0	0	
LISA BOEHNE DIRECTOR	2 00	X						0	0	0	

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CONNIE DAVIS DIRECTOR	2 00	X						0	0	0
KEVIN GESSNER TREASURER	2 00	X		X				0	0	0
POLLY LUSK-PAGE DIRECTOR	2 00	X						0	0	0
GAYLE HOFFMAN DIRECTOR	2 00	X						0	0	0
KIRK KAVANAUGH DIRECTOR	2 00	X						0	0	0
TIFFANY MAYSE DIRECTOR	2 00	X						0	0	0
VAN NEEDHAM DIRECTOR	2 00	X						0	0	0
ROBERT BREWSTER EXECUTIVE DIRECTOR	34 50	X		X				91,332	0	52,039
WONDA WINKLER ASSOCIATE OPERATING OFFICER	37 50	X		X				82,726	0	14,462
TAMMY WEIDINGER CHIEF OPERATING OFFICER	37 50			X				82,396	0	24,706
JUNE MILLER FINANCE DIRECTOR	36 00			X				73,729	0	10,448

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services				
(Code )	(Expenses \$ 446,763	including grants of \$	(Revenue \$ 27,505 )	
COMMUNITY INVESTMENT BRIGHTON CENTER IS TRULY A COMMUNITY BASED AGENCY OUR WORK IS NOT DRIVEN BY TRENDS OR FADS, BUT BY THE NEEDS OF THE COMMUNITY MANY TRADITIONAL AGENCIES ASSUME TO KNOW THE BARRIERS THEIR COMMUNITY FACES OR THE HOPES AND DREAMS OF THOSE THEY SERVE THE CENTER'S APPROACH TO WORK IS BASED ON THE FACT THAT INDIVIDUALS KNOW THEIR SITUATIONS BEST SO WE JOIN THEM IN WORKING TOWARD SOLUTIONS A SAFE, AFFORDABLE PLACE FOR YOU AND YOUR FAMILY TO LIVE BETTER EDUCATIONAL OPPORTUNITIES FOR YOUR CHILDREN AND A BETTER QUALITY OF LIFE EVERYDAY, BRIGHTON CENTER WORKS AT ENGAGING OUR COMMUNITIES' SENIORS, ADULTS AND YOUTH TO BRING ABOUT CHANGE AND HOPE YOUTH LEADERSHIP DEVELOPMENT SAW ALL 81 PARTICIPATING YOUTH PROMOTED TO THE NEXT GRADE LEVEL THE CLOTHING CLOSET ASSISTED 13,284 INDIVIDUALS WITH CLOTHING AND HOUSEHOLD ITEMS 2,192 INDIVIDUALS RECEIVED FOOD AND TOYS FOR CHRISTMAS THANKS TO OUR GENEROUS DONORS THROUGH OUR HOLIDAY DRIVE BRIGHTON CENTER HAS BEEN THE SPONSOR FOR THE NORTHERN KENTUCKY RSVP SINCE 1996 DURING 2010 - 2011, RSVP VOLUNTEERS CONTRIBUTED 37,759 SERVICE HOURS TO 40 DIFFERENT NON-PROFITS IN NORTHERN KENTUCKY THE VALUE OF THIS SERVICE WAS \$736,678* *BASED ON THE INDEPENDENT SECTOR'S ESTIMATED VALUE OF A VOLUNTEER HOUR				
(Code )	(Expenses \$ 765,810	including grants of \$	(Revenue \$ )	
BRIGHTON RECOVERY CENTER FOR WOMEN NOBODY WAKES UP ONE DAY AND DECIDES TO BECOME ADDICTED TO DRUGS IT USUALLY HAPPENS SLOWLY AND INSIDIOUSLY, TO THE POINT THAT PEOPLE DON'T REALIZE THEY ARE BECOMING ADDICTED WOMEN ARE THE FASTEST-GROWING SEGMENT OF SUBSTANCE ABUSERS IN THE UNITED STATES ABOUT 2.7 MILLION AMERICAN WOMEN ABUSE ALCOHOL OR DRUGS ACCORDING TO THE FEDERAL CENTER FOR SUBSTANCE ABUSE PREVENTION THE BRIGHTON RECOVERY CENTER FOR WOMEN IS A PART OF THE RECOVERY KENTUCKY NETWORK AND IS ONE OF TEN CENTERS IN THE STATE THAT WAS INSTITUTED TO HELP END CHRONIC HOMELESSNESS AND COMBAT SUBSTANCE ABUSE THE RECOVERY CENTER SERVED 257 WOMEN LAST YEAR ON THEIR JOURNEY OF FREEDOM WE SEE WONDERFUL RESULTS, AND 83% OF THE WOMEN EXPERIENCED NO RELAPSE SIX MONTHS AFTER PROGRAM COMPLETION				
(Code )	(Expenses \$ 693,988	including grants of \$	(Revenue \$ )	
FAMILY CENTER WHILE 17% OF KENTUCKIANS LIVE IN POVERTY, ROUGHLY 20% OF THE RESIDENTS IN NORTHERN KENTUCKY'S URBAN COMMUNITIES ARE IMPOVERISHED THE CHALLENGES OF THE WORKING POOR OFTEN LEAD TO SACRIFICES - FOR EXAMPLE, HEADS OF HOUSEHOLD IN OUR AREA ARE OFTEN LEFT WONDERING WHETHER TO PAY FOR UTILITIES, RENT, FOOD FOR THEIR CHILDREN, OR CLOTHING FOR THEIR FAMILY MEMBERS IN ADDITION TO THE STRUGGLES FAMILIES FACE, SENIORS LIVING ON FIXED INCOMES ALSO EXPERIENCE DIFFICULTIES RELATED TO THE RISING COSTS OF SIMPLE BUT ESSENTIAL ITEMS THROUGH THE FAMILY CENTER, OVER 3,052 FAMILIES RECEIVED HELP DURING A CRISIS, HAD A BASIC NEED MET, AND RECEIVED CONNECTION TO OTHER SERVICES IN THE COMMUNITY THROUGH EMERGENCY ASSISTANCE WE PROVIDED FOOD FOR 310 INDIVIDUALS THROUGH OUR CHOICE FOOD PANTRY PER WEEK 5,477 INDIVIDUALS RECEIVED CLOTHING VOUCHERS FOR OUR CLOTHING CLOSET 3,669 INDIVIDUALS RECEIVED HELP WITH FOOD THROUGH USDA COMMODITIES				
(Code )	(Expenses \$ 408,017	including grants of \$	(Revenue \$ )	
FINANCIAL SERVICES WE ALL WANT A PLACE TO CALL HOME A PLACE TO BELONG AND BE HAPPY WHERE OUR FAMILIES CAN GROW, PLAY, AND DREAM STRONG COMMUNITIES BEGIN WITH STRONG FAMILIES ONE OF THE KEYS THAT TOUCH ALL OF THESE IS HOMEOWNERSHIP PEOPLE FEEL TIED AND PROUD OF THEIR NEIGHBORHOOD WHEN THEY HAVE OWNERSHIP IN IT BRIGHTON CENTER HELPS FAMILIES GIVE WINGS TO THEIR HOPES THROUGH OUR FINANCIAL SERVICES PROGRAMS WE WORK EVERYDAY TEACHING INDIVIDUALS AND FAMILIES TO LIVE BETTER WITHIN THEIR MEANS THROUGH BASIC PERSONAL FINANCE PRINCIPLES WE OFFER CLASSES THAT ASSIST JOURNEY OF OWNING THEIR OWN HOME, BUDGETING, SAVING, BUILDING CREDIT AND CREDIT REPAIR, AND PROPER CASH MANAGEMENT 47 INDIVIDUALS SERVED THROUGH OUR FINANCIAL EDUCATION DECREASED THEIR DEBT BY 10% AND 48% INCREASED THEIR CREDIT RATING WE HELPED 108 FAMILIES SAVE THEIR HOMES FROM FORECLOSURE WHILE 14 FAMILIES HAD A FAVORABLE OUTCOME (SHORT SALE OR DEED IN LIEU) OUR VITA SITES SERVED 1,064 FAMILIES AND BROUGHT BACK \$1,735,131 TO HARD WORKING FAMILIES IN OUR COMMUNITY				
(Code )	(Expenses \$ 158,962	including grants of \$	(Revenue \$ )	

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization BRIGHTON CENTER INC	Employer identification number 61-0673886
---	--

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or pleasure)  
☐ Protection of natural habitat  
☐ Preservation of open space  
☐ Preservation of an historically importantly land area  
☐ Preservation of a certified historic structure

2

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

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

3

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

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

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

6

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

7

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

8

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

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii)

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☒ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .		17,900	284	17,616
c Leasehold improvements . . . . .		83,568	53,127	30,441
d Equipment . . . . .		1,368,082	1,155,623	212,459
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				260,516



Part XI

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,163,538
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,133,761
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	29,777
4	Net unrealized gains (losses) on investments	4	146,329
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	146,329
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	176,106

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	8,603,927
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	146,329
b	Donated services and use of facilities . . . . .	2b	4,225
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	150,554
3	Subtract line 2e from line 1 . . . . .	3	8,453,373
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	-289,835
c	Add lines 4a and 4b . . . . .	4c	-289,835
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	8,163,538

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	8,427,821
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	4,225
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	289,835
e	Add lines 2a through 2d . . . . .	2e	294,060
3	Subtract line 2e from line 1 . . . . .	3	8,133,761
4	Amounts included on Form 990, Part IX, line 25, 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	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	8,133,761

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	THIS ACCOUNT REPRESENTS AMOUNTS HELD ON BEHALF OF A RELATED PARTY
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION ADOPTED THE PROVISIONS OF ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ON JULY 1, 2009. THOSE PROVISIONS CLARIFY THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN THE ORGANIZATION'S INCOME TAX RETURNS. THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES. THE ORGANIZATION'S OPEN AUDIT PERIODS ARE FISCAL 2008 - 2010. THE ORGANIZATION'S POLICY WITH REGARD TO INTEREST AND PENALTY IS TO RECOGNIZE INTEREST THROUGH INTEREST EXPENSE AND PENALTIES THROUGH OTHER EXPENSE. IN EVALUATING THE ORGANIZATION'S TAX PROVISIONS AND ACCRUALS, FUTURE TAXABLE INCOME, AND THE REVERSAL OF TEMPORARY DIFFERENCES, INTERPRETATIONS AND TAX PLANNING STRATEGIES ARE CONSIDERED. THE ORGANIZATION BELIEVES THEIR ESTIMATE THAT NO INCOME TAX IS DUE IS APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES.
PART XII, LINE 4B - OTHER ADJUSTMENTS		COST OF GOODS SOLD -289,835
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 289,835



SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public  
Inspection

Name of the organization  
BRIGHTON CENTER INC

Employer identification number  
61-0673886

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total . . . . . ▶						

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			<u>GOLF OUTING</u>	<u>GALA</u>		(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts . . . . .	15,700	77,613		93,313	
	2	Less Charitable contributions . . . . .	11,156	68,233		79,389	
3	Gross income (line 1 minus line 2) . . . . .	4,544	9,380		13,924		
Direct Expenses	4	Cash prizes . . . . .					
	5	Non-cash prizes . . . . .					
	6	Rent/facility costs . . . . .					
	7	Food and beverages . . . . .					
	8	Entertainment . . . . .					
	9	Other direct expenses . . . . .	38,518	7,354		45,872	
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					45,872
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶					-31,948

Part III Gaming.

Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	<div><div><input type="checkbox"/> Yes</div><div><input type="checkbox"/> No</div></div> %	
7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .					
8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .					

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

Yes

No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes

No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

Yes

No

b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

Director/officer

Employee

Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

Yes

No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BRIGHTON CENTER INC

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990

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Inspection

Employer identification number  
61-0673886

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2

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

▶

3

Enter total number of other organizations . . . . .

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
See Additional Data Table					

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE ORGANIZATION REVIEWS THAT GRANT FUNDS ARE USED FOR THEIR INTENDED PURPOSES REGULARLY

Software ID:  
Software Version:  
EIN: 61-0673886  
Name: BRIGHTON CENTER INC

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
SHELTER ALLOWANCES		6,066			
GROUP ACTIVITIES		12,942			
RENT ASSISTANCE		194,827			
UTILITIES ASSISTANCE		61,154			
FOOD ASSISTANCE		805			
FINANCIAL ASSISTANCE		22,228			
CLOTHING AND PERSONAL NEEDS		2,606			
EDUCATIONAL ASSISTANCE		51,668			
MEDICAL ASSISTANCE		379			
TRANSPORTATION ASSISTANCE		6,438			
INDIVIDUAL SCHOLARSHIPS	6	4,250			

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

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Open to Public Inspection

Name of the organization  
BRIGHTON CENTER INC

Employer identification number  
61-0673886

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods . . . . .	X		116,608	SELLING PRICE OF PROPERT
6 Cars and other vehicles .				
7 Boats and planes . . . .				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies				
21 Taxidermy . . . . .				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
OTHER				
25 Other ► ( DONATIONS )	X	499	173,227	COST OF PROPERTY
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . .

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2010

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	WHEN BRIGHTON CENTER RECEIVES NON-STANDARD CONTRIBUTIONS SUCH AS PROPERTY OR STOCK, THE EXECUTIVE DIRECTOR INFORMS THE BOARD OF THE DONATION THE DONATION IS RECORDED IN THE BOOKS BASED UPON THE VALUE OF THE GIFT DETERMINED BY THE DONOR AND/OR LISTED ON THE LEGAL DOCUMENTS RECEIVED WHEN THE GIFT WAS MADE



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.

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2010

Open to Public  
Inspection

Name of the organization BRIGHTON CENTER INC	Employer identification number 61-0673886
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		BRIGHTON CENTER'S BOARD OF DIRECTORS ARE CONSIDERED MEMBERS FOR PURPOSES OF FORM 990 DUE TO THEIR RIGHT TO PARTICIPATE IN THE ORGANIZATION'S GOVERNANCE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		BRIGHTON CENTER'S BOARD OF DIRECTORS ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		BEFORE FILING THE 990, THE FINANCE DIRECTOR SENDS THE 990 TO THE BOARD MEMBERS FOR THEIR REVIEW ANY CONCERNS THAT THE BOARD MEMBERS HAVE REGARDING THE FORM 990 ARE THEN ADDRESSED AND ADJUSTMENTS ARE MADE AS SEEN NECESSARY

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY , MEMBERS OF THE BOARD OF DIRECTORS COMPLETE AN INFORMATION SHEET THAT INCLUDES LISTING THEIR PLACE OF BUSINESS AND OTHER BOARD/ORGANIZATION AFFILIATIONS NEW BOARD MEMBERS ATTEND A BOARD ORIENTATION MEETING WHERE ALL POLICIES ARE REVIEWED BOARD MEMBERS ARE ASKED TO ABSTAIN ON ANY VOTE WHERE A POSSIBLE CONFLICT OF INTEREST EXISTS SHORTLY AFTER THE FISCAL YEAR END, AN EMAIL IS SENT TO ALL BOARD MEMBERS ASKING THEM TO IDENTIFY ANY POTENTIAL CONFLICTS OF INTEREST FOR THE UPCOMING YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	EMPLOYEE EVALUATIONS ARE COMPLETED ANNUALLY. EACH EMPLOYEE IS GIVEN A MERIT SCORE BASED UPON HIS/HER PERFORMANCE. THE HUMAN RESOURCES DIRECTOR COMPILES A CONFIDENTIAL REPORT OF ALL EMPLOYEE EVALUATIONS WHICH IS THEN GIVEN TO THE FINANCE DIRECTOR. THE FINANCE DIRECTOR WILL CALCULATE PERCENTAGE INCREASES FOR EMPLOYEES USING INFORMATION FROM THE EVALUATION REPORT, THE AGENCY BUDGET, AND THE EMPLOYEE'S EARNINGS DURING THE FISCAL YEAR. THE FINANCE DIRECTOR REVIEWS THE PERCENTAGE INCREASES WITH THE CHIEF OPERATING OFFICER AND EXECUTIVE DIRECTOR. THE EXECUTIVE DIRECTOR AND CHIEF OPERATING OFFICER APPROVE THE AGENCY WIDE PERCENTAGE INCREASE AND EMPLOYEES TYPICALLY RECEIVE THEIR SALARY INCREASES ON JULY 1 OF EACH YEAR. THE HUMAN RESOURCES DIRECTOR ANNUALLY CONDUCTS AN EXECUTIVE COMPENSATION COMPARISON BY REVIEWING WAGE AND BENEFIT SURVEY REPORTS FROM THE LEADERSHIP COUNCIL, UNITED WAY, AND THE EMPLOYER'S RESOURCE ASSOCIATION. THE HUMAN RESOURCES DIRECTOR CREATES A CONFIDENTIAL EXECUTIVE COMPENSATION COMPARISON REPORT FOR REVIEW BY THE PERSONNEL COMMITTEE. THE PERSONNEL COMMITTEE CHAIR REPORTS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THE COMPENSATION COMPARISON REVIEW.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE IRS 990 IS PUBLICIZED ON THE GUIDESTAR WEBSITE AND FILED WITH THE KENTUCKY ATTORNEY GENERAL A LINK TO THE GUIDESTAR WEBSITE IS AVAILABLE ON BRIGHTON CENTER'S WEBSITE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	ALL STAFF AND BOARD MEMBERS HAVE ACCESS TO GOVERNING DOCUMENTS, CONFLICT OF INTERESTS POLICY , AND FINANCIAL STATEMENTS AT ALL TIMES BRIGHTON CENTER PUBLICIZES AN ANNUAL REPORT THAT INCLUDES THE YEAR END PROGRAM AND FINANCIAL RESULTS THIS ANNUAL REPORT IS DISTRIBUTED TO THE GENERAL PUBLIC THE AUDITED FINANCIAL STATEMENTS ARE SENT TO FUNDERS AND THE BETTER BUSINESS BUREAU THE GOVERNING DOCUMENTS, CONFLICT OF INTERESTS POLICY , AND FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 146,329



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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Open to Public Inspection

Name of the organization  
BRIGHTON CENTER INC

Employer identification number  
61-0673886

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BRIGHTON PROPERTIES INC  PO BOX 325  NEWPORT, KY 410720325 31-1535241	LOW INCOME HOUSING	KY	501(C)(3)	170(B)(1)(A) (VI)	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BRIGHTON PROPERTIES INC	K	56,532	
(2) BRIGHTON PROPERTIES INC	J	611,808	
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**   **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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