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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

☐ 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	1	Briefly describe the organization's mission or most significant activities 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 THE CENTER, SELF-SUFFICIENCY MEANS BEING ABLE TO TAKE RESPONSIBILITY FOR YOURSELF AND YOUR FAMILY USING AVAILABLE RESOURCES TO MAINTAIN THE BEST QUALITY OF LIFE POSSIBLE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	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 2011 (Part V, line 2a)	5	197
	6	Total number of volunteers (estimate if necessary)	6	1,849
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
Revenue	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	8,204,091	10,089,030
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,382	79,602
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,018	69,711
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-154,953	-147,337
			8,163,538	10,091,006
Net Assets or Fund Balances	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	383,163	289,724
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,451,236	5,368,821
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶186,608		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,299,362	2,384,873
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,133,761	8,043,418
	19	Revenue less expenses Subtract line 18 from line 12	29,777	2,047,588
			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	3,148,222	5,159,478
	21	Total liabilities (Part X, line 26)	262,553	253,558
	22	Net assets or fund balances Subtract line 21 from line 20	2,885,669	4,905,920

Part II

Signature Block

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

Sign Here

Signature of officer

2013-02-06

Date

TAMMY WEIDINGER PRESIDENT & CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ ANDREW J BERTKECPA

Date

Check if self-employed ▶ ☐

Preparer's taxpayer identification number (see instructions)
P00083423

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BERTKE SPARKS & KREMER CPAS INC
2617 LEGENDS WAY SUITE 100
CRESTVIEW HILLS, KY 41017

EIN ▶ 61-1274799
Phone no ▶ (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 (2011)

Part III

Statement of Program Service Accomplishments

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

☐

☒

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 1,908,268 including grants of \$) (Revenue \$ 44,881)

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 91% OF THE CHILDREN THAT GRADUATED FROM PRESCHOOL AT OUR BRIGHT DAYS CHILD DEVELOPMENT CENTER WERE DETERMINED "SCHOOL READY" ALSO, 85% OF THE CHILDREN ENROLLED IN THE HIPPIY PROGRAM IN NEWPORT AND BOONE COUNTY FOR THE FULL YEAR WERE ASSESSED AGE APPROPRIATE IN CONCEPTS AND LANGUAGE SKILLS INDICATING NO POTENTIAL DELAYS 96% OF THE CHILDREN SERVED THROUGH EVERY CHILD SUCCEEDS WERE DEVELOPING AGE APPROPRIATE IN ALL AREAS OF DEVELOPMENT (SOCIAL, EMOTIONAL,PHYSICAL AND COGNITIVE DEVELOPMENT), AND 96% OF THE CHILDREN HAD A MEDICAL HOME

4b

(Code) (Expenses \$ 1,588,230 including grants of \$) (Revenue \$ 34,382)

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 8% 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 86% OF ADULTS AND DISLOCATED WORKERS SERVED THROUGH CAREER CONNECTIONS ENTERED EMPLOYMENT 91% RETAINED THAT EMPLOYMENT SIX MONTHS AFTER PLACEMENT 133 INDIVIDUALS RECEIVED TRAINING THROUGH OUR CENTER FOR EMPLOYMENT TRAINING (CET) 70% THAT WERE PLACED INTO JOBS AFTER COMPLETING THE PROGRAM WERE WORKING AT 12 MONTHS FOLLOW-UP 33 INDIVIDUALS RECEIVED THEIR GED'S WHILE PARTICIPATING IN CET OR OUR STEP UP WORKFORCE DEVELOPMENT SERVED OVER 25,000 INDIVIDUALS LAST YEAR ALONE

4c

(Code) (Expenses \$ 844,828 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 360 HOMELESS AND RUNAWAY YOUTH AGES 12-17 RECEIVED CRISIS SERVICES BY OUR HOMEWARD BOUND SHELTER AND 115 WERE SERVED RESIDENTIALLY 84% OF HOMELESS YOUTH SERVED RESIDENTIALLY AT THE SHELTER WERE REUNITED WITH THEIR FAMILIES AND 93% OF ALL YOUTH ADMITTED REMAINED IN THEIR HOME SCHOOL WHILE IN OUR CARE 65 YOUTH AND YOUNG ADULTS RECEIVED TRANSITIONAL LIVING PROGRAM SERVICES WITH 21 YOUNG ADULTS ACCESSING SCATTERED SITE APARTMENTS 77% OF YOUTH WHO COMPLETED THE PROGRAM MAINTAINED SELF-SUFFICIENCY

(Code) (Expenses \$ 472,650 including grants of \$) (Revenue \$ 13,691)

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 EVERYONE WANTS A SAFE, AFFORDABLE PLACE FOR THEMSELVES AND THEIR FAMILIES 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 98% OF PARTICIPATING YOUTH PROMOTED TO THE NEXT GRADE LEVEL THE CLOTHING CLOSET ASSISTED 10,590 INDIVIDUALS WITH CLOTHING AND HOUSEHOLD ITEMS 2,379 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 2011 - 2012, RSVP VOLUNTEERS CONTRIBUTED 55,476 SERVICE HOURS TO 33 DIFFERENT NON-PROFITS IN NORTHERN KENTUCKY THE VALUE OF THIS SERVICE WAS \$1,184,967* *BASED ON THE INDEPENDENT SECTOR'S ESTIMATED VALUE OF A VOLUNTEER HOUR

(Code) (Expenses \$ 792,481 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 240 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 \$ 693,449 including grants of \$) (Revenue \$)

FAMILY CENTER THE CHALLENGES OF THE WORKING POOR OFTEN LEAD TO SACRIFICES - FOR EXAMPLE, HEADS OF HOUSEHOLD IN OUR AREA 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 5,000 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 77 FAMILIES THROUGH OUR CHOICE FOOD PANTRY PER WEEK 4,807 INDIVIDUALS RECEIVED CLOTHING VOUCHERS FOR OUR CLOTHING CLOSET 3,822 INDIVIDUALS RECEIVED HELP WITH FOOD THROUGH USDA COMMODITIES

(Code) (Expenses \$ 416,372 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 PEOPLE IN PREPARING FOR HOMEOWNERSHIP, BUDGETING, SAVING, BUILDING CREDIT AND CREDIT REPAIR, AND PROPER CASH MANAGEMENT 75% INCREASED THEIR KNOWLEDGE OF FINANCIAL CONCEPTS (BUDGET, SAVINGS, AND CREDIT REPAIR) WE HELPED 228 FAMILIES SAVES THEIR HOMES FROM FORECLOSURE WHILE 10 FAMILIES HAD A FAVORABLE OUTCOME (SHORT SALE OR DEED IN LIEU) OUR VITA SITES SERVED 1,127 FAMILIES AND BROUGHT BACK \$1,579,137 TO HARD WORKING FAMILIES IN OUR COMMUNITY

(Code) (Expenses \$ 122,195 including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ 2,497,147 including grants of \$) (Revenue \$ 13,691)

4e

Total program service expenses➤\$ 6,838,473

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		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.		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.		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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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.	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		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.	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.		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.		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.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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.	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.	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.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.		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, Part II and IV.		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, Part III and IV.		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.		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.	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.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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 questions 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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	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 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	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>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? Note. 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	159		Yes	
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, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	197		Yes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b				
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 or securities 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	Yes			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes			
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	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				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
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				
10	Section 501(c)(7) organizations. 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				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate 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 aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	►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 made 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 made 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. ► 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 organizations compensated any current or former officer, director, or trustee

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	260,577	0	47,037

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

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

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

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

Part VIII

Statement of Revenue

				(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	1,528,484				
	b	Membership dues	1b					
	c	Fundraising events	1c	90,483				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	5,889,422				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,580,641				
	g	Noncash contributions included in lines 1a-1f \$ 10,065						
	h	Total. Add lines 1a-1f						10,089,030
Program Service Revenue			Business Code					
	2a	CHILD DEVELOPMENT DAY	624410	44,881	44,881			
	b	CENTER FOR EMPLOYMENT	561300	34,382	34,382			
	c	OTHER PROGRAMS	624200	339	339			
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			79,602			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		25,007			25,007	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities		(ii) Other				
		1,341,782		15,149				
		1,303,317		8,910				
		38,465		6,239				
	b	Less cost or other basis and sales expenses				44,704		44,704
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8a	Gross income from fundraising events (not including \$ 90,483 of contributions reported on line 1c) See Part IV, line 18				-32,945		-32,945
a	15,814							
b	Less direct expenses		48,759					
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19							
a								
b	Less direct expenses							
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances				-199,473		-199,473	
a	132,578							
b	Less cost of goods sold		332,051					
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue			Business Code					
11a	ADMINISTRATIVE SERVICE		541610	71,729			71,729	
b	OTHER INCOME		900099	13,352	13,352			
c								
d	All other revenue							
e	Total. Add lines 11a-11d			85,081				
12	Total revenue. See Instructions			10,091,006	92,954	0	-90,978	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	15,944	15,944		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	273,780	273,780		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	314,212		314,212	
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	3,924,018	3,525,986	310,219	87,813
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	734,676	627,684	97,093	9,899
10	Payroll taxes	395,915	323,153	64,758	8,004
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	21,165		21,165	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	409,352	374,007	29,785	5,560
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	835,685	723,327	97,899	14,459
17	Travel	114,340	111,301	2,633	406
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	60,471	56,127	4,280	64
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	91,764	77,580	12,341	1,843
23	Insurance	57,888	50,321	6,602	965
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	459,469	422,830	26,518	10,121
b	EQUIPMENT EXPENSE	108,502	97,643	10,859	0
c	TELEPHONE	102,133	93,289	8,087	757
d	PRINTING	67,157	30,348	4,733	32,076
e					
f	All other expenses	56,947	35,153	7,153	14,641
25	Total functional expenses. Add lines 1 through 24f	8,043,418	6,838,473	1,018,337	186,608
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			399,689	1	1,374,636
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			631,731	3	637,829
	4	Accounts receivable, net			718,207	4	661,363
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			7,504	8	5,278
	9	Prepaid expenses and deferred charges			45,389	9	47,389
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,516,992			
	b	Less: accumulated depreciation	10b	1,293,185	260,516	10c	223,807
	11	Investments—publicly traded securities			1,085,186	11	2,209,176
	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)			3,148,222	16	5,159,478
Liabilities	17	Accounts payable and accrued expenses			154,406	17	132,738
	18	Grants payable				18	
	19	Deferred revenue			58,430	19	71,265
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			39,825	21	39,885
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			9,892	25	9,670
	26	Total liabilities. Add lines 17 through 25			262,553	26	253,558
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			2,211,950	27	4,257,285
	28	Temporarily restricted net assets			673,719	28	648,635
	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			2,885,669	33	4,905,920
	34	Total liabilities and net assets/fund balances			3,148,222	34	5,159,478

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	10,091,006
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,043,418
3	Revenue less expenses Subtract line 2 from line 1	3	2,047,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,885,669
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-27,337
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	4,905,920

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

2011

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 **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 Se**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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	4,543,465	5,430,089	8,842,204	8,174,591	8,482,430	35,472,779
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	4,543,465	5,430,089	8,842,204	8,174,591	8,482,430	35,472,779
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						35,472,779

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,543,465	5,430,089	8,842,204	8,174,591	8,482,430	35,472,779
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,098	55,540	93,391	46,018	63,472	363,519
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	31,349	10,885	7,098	27,505	13,352	90,189
11 Total support (Add lines 7 through 10)						35,926,487

12 Gross receipts from related activities, etc (See instructions)

123,755,151

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 2011 (line 6 column (f) divided by line 11 column (f))	14	98.740 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98.730 %
16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, LIST OF UNUSUAL GRANTS LEGACY OF HOPE CONTRIBUTION DATE 11/30/11 AMOUNT 1000000
GENERAL OPERATIONS DATE 11/30/11 AMOUNT 577100

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

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

► \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2011

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

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 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

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	
- 4

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

Part VI

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

Description of property	(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		96,308	57,949	38,359
d Equipment		1,402,784	1,234,952	167,832
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				223,807

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	10,091,006
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,043,418
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,047,588
4	Net unrealized gains (losses) on investments	4	-27,337
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	-27,337
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,020,251

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	10,396,782
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-27,337
b	Donated services and use of facilities	2b	1,062
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-26,275
3	Subtract line 2e from line 1	3	10,423,057
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	-332,051
c	Add lines 4a and 4b	4c	-332,051
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,091,006

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	8,376,531
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	1,062
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	332,051
e	Add lines 2a through 2d	2e	333,113
3	Subtract line 2e from line 1	3	8,043,418
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	8,043,418

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 2009 - 2011. 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 -332,051
PART XIII, LINE 2D - OTHER ADJUSTMENTS		COST OF GOODS SOLD 332,051

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

2011

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

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

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.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2011

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>	<u>2</u>	(Add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
	1	Gross receipts	18,480	81,975	5,842	106,297	
	2	Less Charitable contributions	12,991	71,650	5,842	90,483	
3	Gross income (line 1 minus line 2)	5,489	10,325		15,814		
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	8,957	36,886	2,916	48,759	
	10	Direct expense summary Add lines 4 through 9 in column (d). ▶					(48,759)
	11	Net income summary Combine lines 3 and 10 in column (d). ▶					-32,945

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
BRIGHTON CENTER INC

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☒

(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 listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

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	192	5,669			
GROUP ACTIVITIES	470	11,747			
RENT ASSISTANCE	426	157,839			
UTILITIES ASSISTANCE	492	44,152			
FOOD ASSISTANCE	5	265			
FINANCIAL ASSISTANCE	458	25,941			
CLOTHING AND PERSONAL NEEDS	97	3,997			
EDUCATIONAL ASSISTANCE	16	3,910			
MEDICAL ASSISTANCE	205	9,897			
TRANSPORTATION ASSISTANCE	449	6,063			
INDIVIDUAL SCHOLARSHIPS	9	3,300			
CREDIT REPORTS	20	1,000			

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.

OMB No 1545-0047

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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		243,954	EST VALUE OF DONATIONS
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	813	88,097	EST VALUE OF DONATIONS
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) 2011

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 PRESIDENT & CEO 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.

OMB No 1545-0047

2011

**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 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	Typically, the Human Resources Director conducts an executive compensation comparison by reviewing wage and benefit survey reports from the Leadership Council of United Way, and the Employers 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. For the current fiscal year, a new President & CEO was hired on 7/1/2011. Prior to this hire date, a search committee was formed and this committee approved the hiring of the President & CEO and the compensation. The search committee process included deliberations and discussions regarding the hiring and compensation of the President and CEO. This decision to hire the President and the CEO is documented in the Board of Directors' minutes.

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 LOSSES ON INVESTMENTS -27,337

Identifier	Return Reference	Explanation
		IN FISCAL YEAR 2012, MANY IN OUR COMMUNITY EMBRACED OUR MISSION THROUGH THEIR SUPPORT OF THE LEGACY OF HOPE ENDOWMENT CAMPAIGN. THE INCREASE OF \$2,885,669 IN NET ASSETS REFLECTS THESE GENEROUS CONTRIBUTIONS. THE ENDOWMENT FUND WILL INCREASE BRIGHTON CENTER'S ABILITY TO QUICKLY RESPOND TO THE CHANGING NEEDS OF OUR COMMUNITY, PILOT AND PROVE THE EFFECTIVENESS OF NEW AND INNOVATIVE STRATEGIES TO HELP FAMILIES TO BECOME SELF-SUFFICIENT AND ASSURE THAT SERVICES KEY TO OUR MISSION WILL BE SUSTAINED FOR THE FUTURE.

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.

OMB No 1545-0047

2011

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) Disproportionate 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 related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

No

No

No

Yes

No

No

No

No

Yes

Yes

No

No

No

No

No

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	71,729	ACTUAL CASH RECEIVED
(2) BRIGHTON PROPERTIES INC	J	625,195	ACTUAL CASH PAID
(3) BRIGHTON PROPERTIES INC	D	2,144,577	ACTUAL BALANCE
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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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Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services
(Code) (Expenses \$ 472,650 including grants of \$) (Revenue \$ 13,691) 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 EVERYONE WANTS A SAFE, AFFORDABLE PLACE FOR THEMSELVES AND THEIR FAMILIES 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 98% OF PARTICIPATING YOUTH PROMOTED TO THE NEXT GRADE LEVEL THE CLOTHING CLOSET ASSISTED 10,590 INDIVIDUALS WITH CLOTHING AND HOUSEHOLD ITEMS 2,379 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 2011 - 2012, RSVP VOLUNTEERS CONTRIBUTED 55,476 SERVICE HOURS TO 33 DIFFERENT NON-PROFITS IN NORTHERN KENTUCKY THE VALUE OF THIS SERVICE WAS \$1,184,967* *BASED ON THE INDEPENDENT SECTOR'S ESTIMATED VALUE OF A VOLUNTEER HOUR
(Code) (Expenses \$ 792,481 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 240 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

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

4d. Other program services				
(Code	) (Expenses \$	693,449	including grants of \$	) (Revenue \$
FAMILY CENTER THE CHALLENGES OF THE WORKING POOR OFTEN LEAD TO SACRIFICES - FOR EXAMPLE, HEADS OF HOUSEHOLD IN OUR AREA 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 5,000 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 77 FAMILIES THROUGH OUR CHOICE FOOD PANTRY PER WEEK 4,807 INDIVIDUALS RECEIVED CLOTHING VOUCHERS FOR OUR CLOTHING CLOSET 3,822 INDIVIDUALS RECEIVED HELP WITH FOOD THROUGH USDA COMMODITIES				
(Code	) (Expenses \$	416,372	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 PEOPLE IN PREPARING FOR HOMEOWNERSHIP, BUDGETING, SAVING, BUILDING CREDIT AND CREDIT REPAIR, AND PROPER CASH MANAGEMENT 75% INCREASED THEIR KNOWLEDGE OF FINANCIAL CONCEPTS (BUDGET, SAVINGS, AND CREDIT REPAIR) WE HELPED 228 FAMILIES SAVED THEIR HOMES FROM FORECLOSURE WHILE 10 FAMILIES HAD A FAVORABLE OUTCOME (SHORT SALE OR DEED IN LIEU) OUR VITA SITES SERVED 1,127 FAMILIES AND BROUGHT BACK \$1,579,137 TO HARD WORKING FAMILIES IN OUR COMMUNITY				

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

4d. Other program services				
(Code	) (Expenses \$	122,195	including grants of \$	) (Revenue \$

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 BUGEJA 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	
TAMMY WEIDINGER PRESIDENT & CEO	37 50			X				93,652	0	23,426	
JUNE MILLER CFO	37 50			X				78,511	0	9,699	
WONDA WINKLER VICE PRESIDENT	37 50			X				88,414	0	13,912	