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Form **990****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)

OMB No 1545-0047

2012Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20																									
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization PRESBYTERIAN COMMUNITY CENTER</td> <td>D Employer identification number 54-1610899</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td>E Telephone number 540-982-2911</td> </tr> <tr> <td colspan="2">Number and street (or P O box if mail is not delivered to street address) Room/Suite 1228 JAMISON AVENUE SE</td> <td>G Gross receipts \$ 675949.</td> </tr> <tr> <td colspan="2">City, town or post office, state and ZIP code ROANOKE VA 24013-1909</td> <td>H(a) Is this a group return for affiliates? ☐ Yes ☒ No</td> </tr> <tr> <td colspan="2">F Name and address of principal officer KAREN MCNALLY 2531 STANLEY A ROANOKE VA 24014</td> <td>H(b) Are all affiliates included? If "No", attach a list (see instructions) ☐ Yes ☐ No</td> </tr> <tr> <td colspan="2">I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527</td> <td>H(c) Group exemption number ▶</td> </tr> <tr> <td colspan="2">J Website: ▶ N/A</td> <td></td> </tr> <tr> <td colspan="2">K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶</td> <td>L Year of formation M State of legal domicile VA</td> </tr> </table>	C Name of organization PRESBYTERIAN COMMUNITY CENTER		D Employer identification number 54-1610899	Doing Business As		E Telephone number 540-982-2911	Number and street (or P O box if mail is not delivered to street address) Room/Suite 1228 JAMISON AVENUE SE		G Gross receipts \$ 675949.	City, town or post office, state and ZIP code ROANOKE VA 24013-1909		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	F Name and address of principal officer KAREN MCNALLY 2531 STANLEY A ROANOKE VA 24014		H(b) Are all affiliates included? If "No", attach a list (see instructions) ☐ Yes ☐ No	I Tax-exempt status ☒ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(c) Group exemption number ▶	J Website: ▶ N/A			K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation M State of legal domicile VA
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE OPERATION IS AN INNER CITY MINISTRY PROVIDING ASSISTANCE TO FAMILIES AND INDIVIDUALS IN MEETING THEIR FOOD SHELTER AND HEALTH NEEDS			
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	12	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	12	
	6 Total number of volunteers (estimate if necessary)	6	200	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	21014.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	1811.	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	775374.	579804.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3369.	2630.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8726.	21014.	
12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)		787469.	603448.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		193574.	190763.	
14 Benefits paid to or for members (Part IX, column (A), line 4)				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		251603.	266837.	
16a Professional fundraising fees (Part IX, column (A), line 11e)			1727.	
b Total fundraising expenses, (Part IX, column (A), line 25)				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		112329.	134168.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		557506.	593495.	
19 Revenue less expenses Subtract line 18 from line 12	229963.	9953.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21 Total liabilities (Part X, line 26)	1047875.	1033351.	
	22 Net assets or fund balances Subtract line 21 from line 20	180335.	155858.	
		867540.	877493.	

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			8/12/13
	Signature of officer KAREN MCNALLY		Date
	Type or print name and title PRESIDENT/EXEC DIRECTOR		
Paid Preparer Use Only	Print /Type preparer's name TIMOTHY M MURPHY	Preparer's signature 	Date 8-5-13
	Firm's name ▶ KENNETT & KENNETT PC CPAS	Check ☐ if self-employed	PTIN P00043208
	Firm's address ▶ 6244 PETERS CREEK RD ROANOKE VA 24019-4026	Firm's EIN ▶ 54-1174777	Phone no 540-362-2727

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)68
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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

FOOD, SHELTER AND HEALTH ASSISTANCE TO NEEDY FAMILIES

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 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 \$ 503767. including grants of \$ 121262.) (Revenue \$ _____)

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

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4c** (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)**4d** Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____)(Revenue \$ _____)

4e Total program service expenses ► 503767.

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	☒	☐
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	☒	☐
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	☐	☒
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	☐	☒
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	☐	☐
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	☐	☒
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	☐	☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	☐	☒
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; 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	☐	☒
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	☐	☒
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	☒	☐
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	☐	☒
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	☐	☒
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	☐	☒
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	☐	☒
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	☐	☒
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, and XII	☒	☐
b Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	☒	☐
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	☐	☒
14a Did the organization maintain an office, employees, or agents outside of the United States?	☐	☒
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, Parts I and IV	☐	☒
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II and IV	☐	☒
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III and IV	☐	☒
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	☐	☒
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	☒	☐
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	☐	☒
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	☐	☒
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	☐	☐

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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	12		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	12		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
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?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b 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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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?	16a	X
b 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?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: ☐ _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ORGANIZATION 1228 JAMIS ROANOKE VA 24013 540-982-2911**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) KAREN MCNALLY PRES/EXEC DIR	40			X				45992.	0	0
(2) CHARLES WARSAW PROG COMMITTEE		X						0	0	0
(3) MARY DALTON SECRETARY				X				0	0	0
(4) LYNN KIRBY TREASURER				X				0	0	0
(5) REV T HESTER PROG COMMITTEE		X						0	0	0
(6) A WAYNE LEWIS PROG COMMITTEE		X						0	0	0
(7) KITTY MORTARA CHAIRMAN		X						0	0	0
(8) MARY MACGIBBON DEV COMMITTEE		X						0	0	0
(9) JULIE DREWRY DEV COMMITTEE		X						0	0	0
(10) DR R RHEA DEV COMMITTEE		X						0	0	0
(11) A STANFILL FAC COMMITTEE		X						0	0	0
(12) LEAH HATCHER FAC COMMITTEE		X						0	0	0
(13) JIM HALL DEV COMMITTEE		X						0	0	0
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								45992.	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								45992.	0	0

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

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(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 5790.				
	b Membership dues	1b				
	c Fundraising events	1c 14605.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 30000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 529409.				
	g Noncash contributions included in lines 1a-1f	\$ 117444.				
	h Total. Add lines 1a-1f					
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2630.		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real 66754. (ii) Personal				
b Less rental expenses		45740.				
c Rental income or (loss)		21014.				
d Net rental income or (loss)			21014.		21014.	
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other				
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 14605. of contributions reported on line 1c) See Part IV, line 18		a 26761.				
b Less direct expenses		b 26761.				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a				
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue See instructions		603448.		21014.	2630.	

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).

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 US. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	190763.	190763.		
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	45992.	4599.	9199.	32194.
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	164615.	152753.	11862.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12817.	9612.	1282.	1923.
9 Other employee benefits	26608.	20489.	6119.	
10 Payroll taxes	16805.	12603.	1681.	2521.
11 Fees for services (non-employees)				
a Management	20209.	20209.		
b Legal				
c Accounting	3250.	2502.	748.	
d Lobbying				
e Prof. fundraising services. See Part IV, line 17	1727.			1727.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, col (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2978.			2978.
13 Office expenses	4066.	3302.	764.	
14 Information technology				
15 Royalties				
16 Occupancy	89908.	75742.	14166.	
17 Travel	1222.	1125.	97.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1811.	1811.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7915.	6095.	1820.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a COPIER LEASE	1660.	1278.	382.	
b DUES & MEMBERSHIPS	455.	350.	105.	
c MISCELLANEOUS	694.	534.	160.	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	593495.	503767.	48385.	41343.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	121021.	1	60773.
	2 Savings and temporary cash investments	395668.	2	457536.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	100.	4	530.
	5 Loans & other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	8605.	8	6138.
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment. Cost or other basis. Complete Part VI of Schedule D	10a 783633.		
	b Less accumulated depreciation	10b 275259.	10c 522481.	508374.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1047875.	16	1033351.	
Liabilities	17 Accounts payable and accrued expenses	5596.	17	6092.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	174739.	24	149766.
	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		25	
	26 Total liabilities. Add lines 17 through 25	180335.	26	155858.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	794905.	27	797425.
	28 Temporarily restricted net assets	72635.	28	80068.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	867540.	33	877493.
34 Total liabilities and net assets/fund balances	1047875.	34	1033351.	

Part XI Reconciliation of Net AssetsCheck 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	603448.
2	Total expenses (must equal Part IX, column (A), line 25)	2	593495.
3	Revenue less expenses Subtract line 2 from line 1	3	9953.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	867540.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	877493.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selected process during the tax year, explain in Schedule O	X	
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?		X
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		

BCA

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) 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

2012

**Open to Public
Inspection**

Name of the organization
PRESBYTERIAN COMMUNITY CENTER INC

Employer identification number
54-1610899

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
- 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 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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	647336.	605928.	581220.	775374.	579804.	3189662.
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	647336.	605928.	581220.	775374.	579804.	3189662.
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						3189662.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	647336.	605928.	581220.	775374.	579804.	3189662.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	75458.	59109.	70641.	64794.	69384.	339386.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						3529048.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	90.38	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	90.53	%
16a 33 1/3% support test - 2012. 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 - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► ☐			
17a 10% facts-and-circumstances test - 2012. 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 - 2011. 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. ► ☐			

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012**Open to Public
Inspection**

Name of the organization

PRESBYTERIAN COMMUNITY CENTER INC

Employer identification number

54-1610899

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

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

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

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

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

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

2 Complete lines 2a through 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 Tax Yr.
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

1 a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, 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 Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule D (Form 990) 2012

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

(continued)

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

a ☐ Public exhibitionb ☐ Scholarly researchc ☐ Preservation for future generationsd ☐ Loan or exchange programse ☐ Other _____

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

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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

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 XIII. Check here if the explanation has been provided in part XIII

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment $\blacktriangleright$ 0.00 %

b Permanent endowment $\blacktriangleright$ 0.00 %

c Temporarily restricted endowment $\blacktriangleright$ 0.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations

(ii) related organizations

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

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

4 Describe in Part XIII 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		117,500.		117,500.
b Buildings		321,336.	84,735.	236,601.
c Leasehold improvements		248,378.	187,481.	60,897.
d Equipment		96,419.	3,043.	93,376.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				508,374.

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

1	Total revenue, gains, and other support per audited financial statements		1	760,003.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	177,569.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e	177,569.	
3	Subtract line 2e from line 1	3	582,434.	
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 XIII)	4b	21,014.	
c	Add lines 4a and 4b	4c	21,014.	
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)	5	603,448.	

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

1	Total expenses and losses per audited financial statements		1	816,804.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a	177,569.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	45,740.	
e	Add lines 2a through 2d	2e	223,309.	
3	Subtract line 2e from line 1	3	593,495.	
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 XIII)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	593,495.	

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B- NET RENTAL INCOME

PART XII, LINE 2D- BUILDING RENTAL EXPENSES

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

2012

Open to Public
Inspection

Name of the organization

PRESBYTERIAN COMMUNITY CENTER INC

Employer identification number

54-1610899

Part I

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

Form 990-EZ filers are not required to complete this part

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

a ☐ Mail solicitations

b ☐ Internet and email solicitations

c ☐ Phone solicitations

d ☐ In-person solicitations

e ☐ Solicitation of non-government grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events

2 a 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.

(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			
1 MARIA ANDERSON 5444 CAV ROA VA 24018	DRAGONBO		X	41,366.	1,727.	39,639.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶				41,366.	1,727.	39,639.

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

Part II

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DRAGONBOAT R (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	41,366.			41,366.
	2 Less Contributions	14,605.			14,605.
	3 Gross income (line 1 minus line 2)	26,761.			26,761.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	24,259.			24,259.
	7 Food and beverages	1,601.			1,601.
	8 Entertainment	606.			606.
	9 Other direct expenses	295.			295.
	10 Direct expense summary Add lines 4 through 9 in column (d)				26,761.
	11 Net income summary Combine line 3, column (d), and line 10				

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes <u>0.0%</u> No	Yes <u>0.0%</u> No	Yes <u>0.0%</u> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Combine line 1, column d, and line 7				

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

**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

2012

Open to Public¹
Inspection

Name of the organization

PRESBYTERIAN COMMUNITY CENTER INC

Employer identification number

54-1610899

Part I General Information on Grants and Assistance

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

☒ 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. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Schedule I (Form 990) (2012)

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.
Part III can be duplicated 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
1 UTILITY BILLS	288	44,412.			ELECTRIC, GAS, OIL
2 WATER BILLS	49	4,966.			WATER
3 FOOD ORDERS	864		85,748.	FMV	FOOD, DRINKS, ETC
4 NON-FOOD	73		40,433.	FMV	SUPPLIES, EQUIP, ETC
5 PRESCRIPTION DRUGS	28	2,127.			PRESCRIPTION DRUGS
6 SCHOOLS SUPPLIES	24		3,088.	FMV	SCHOOL, CRAFT SUPPL
7 INCENTIVES, TRIPS, SUMMER CAMP	99	9,989.			FIELD TRIPS, CAMPS

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

THE ORGANIZATION PREPARES PERIODIC REPORTS TO MONITOR THE FUNDS TO ENSURE THEY

ARE USED FOR PROPER PURPOSES.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2012

**Open To Public
Inspection**

Name of the organization
PRESBYTERIAN COMMUNITY CENTER INC

Employer identification number
54-1610899

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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		40,433.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution- Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory	X	69	77,111.	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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 Acknowledgment

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

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

	Yes	No
30a	☐	☒
31	☐	☒
32a	☐	☒
33	☐	☐

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

Schedule M (Form 990) 2012

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M: PART I, COLUMN B, LINE 19- THE ORGANIZATION IS REPORTING THE
NUMBER OF CONTRIBUTIONS.

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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

PRESBYTERIAN COMMUNITY CENTER INC

Employer identification number

54-1610899

FORM 990, PART VI, SECTION B, LINE 11- THE ORGANIZATION'S EXECUTIVE

DIRECTOR REVIEWS THE FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION C, LINE 19- THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

UPON REQUEST.

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► **File a separate application for each return.**

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

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

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **ORGANIZATION**

Telephone No ► **540-982-2911** FAX No ► _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUG 15**, 20 **13**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► ☒ calendar year **2012** or
► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

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

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

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2013)

Tax Group Summary 1/01/12 - 12/31/12

FYE: 12/31/2012

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
BUILDING	319,051.68	2,284.00	0.00	321,335.68	74,850.56	9,884.62	0.00	84,735.18
FURNITURE & FIXTL	3,557.00	0.00	0.00	3,557.00	2,849.87	192.86	0.00	3,042.73
LAND	117,500.00	0.00	0.00	117,500.00	0.00	0.00	0.00	0.00
LEASEHOLD IMPROV	248,377.68	0.00	0.00	248,377.68	93,200.92	5,513.05	0.00	98,713.97
OFFICE EQUIPMENT	91,261.89	1,600.08	0.00	92,861.97	86,365.97	2,401.49	0.00	88,767.46
Grand Total	779,748.25	3,884.08	0.00	783,632.33	257,267.32	17,992.02	0.00	275,259.34

Asset	d	t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: BUILDING													
1			ENVIRONMENTAL SCREENING BUILDING	2/05/03	1,700.00	0.00	0.00	388.68	43.59	432.27	1,267.73	S/L	39.0
2			NEW ROOF	2/05/03	237,029.03	0.00	0.00	54,192.56	6,077.67	60,270.23	176,758.80	S/L	39.0
73			FACADE RENOVATIONS	10/12/04	19,500.00	0.00	0.00	9,425.00	1,300.00	10,725.00	8,775.00	S/L	15.0
74			CAMERA SECURITY SYSTEM	7/31/05	36,159.13	0.00	0.00	5,949.28	927.16	6,876.44	29,282.69	S/L	39.0
83			INSTALL LIGHTS	11/19/07	3,317.00	0.00	0.00	1,934.93	473.86	2,408.79	908.21	S/L	7.0
84			BUILDING SIGNS	7/01/07	877.22	0.00	0.00	563.94	125.32	689.26	187.96	S/L	7.0
85			CAMERA SECURITY SYSTEM	5/30/07	1,000.00	0.00	0.00	305.57	66.67	372.24	627.76	S/L	15.0
86			RENOVATIONS	1/16/08	1,563.00	0.00	0.00	874.55	223.29	1,097.84	465.16	S/L	7.0
102			CARPET	10/01/09	11,006.00	0.00	0.00	623.21	282.21	905.42	10,100.58	S/L	39.0
103			RENOVATIONS-HAIR SALON	10/23/09	2,095.00	0.00	0.00	118.63	53.72	172.35	1,922.65	S/L	39.0
104			BUILDING SIGNS	12/10/09	329.17	0.00	0.00	17.23	8.44	25.67	303.50	S/L	39.0
109			RENOVATIONS	3/29/10	3,510.00	0.00	0.00	409.50	234.00	643.50	2,866.50	S/L	15.0
110			ROOF REPAIRS	1/26/10	966.13	0.00	0.00	47.48	24.77	72.25	893.88	S/L	39.0
116				3/20/12	2,284.00	0.00c	0.00	0.00	43.92	43.92	2,240.08	S/L	39.0
			BUILDING		321,335.68	0.00c	0.00	74,850.56	9,884.62	84,735.18	236,600.50		
Group: FURNITURE & FIXTURES-PLC													
3			TOILET	4/09/03	382.00	0.00	0.00	382.00	0.00	382.00	0.00	S/L	7.0
4			AIR CONDITIONER	7/29/03	1,375.00	0.00	0.00	1,375.00	0.00	1,375.00	0.00	S/L	7.0
5			LIGHT FIXTURES	10/20/03	450.00	0.00	0.00	450.00	0.00	450.00	0.00	S/L	7.0
87			UNDER SINK WATER PUMP	8/27/08	1,350.00	0.00	0.00	642.87	192.86	835.73	514.27	S/L	7.0
			FURNITURE & FIXTURES-PLC		3,557.00	0.00c	0.00	2,849.87	192.86	3,042.73	514.27		
Group: LAND													
6			LAND	2/05/03	117,500.00	0.00	0.00	0.00	0.00	0.00	117,500.00	Land	39.0
			LAND		117,500.00	0.00c	0.00	0.00	0.00	0.00	117,500.00		
Group: LEASEHOLD IMPROVEMENTS													
7			LEASEHOLD IMPROVEMENTS	12/01/96	18,454.16	0.00	0.00	18,454.16	0.00	18,454.16	0.00	S/L	5.0
8			RENOVATION&EXPANSION	5/01/00	191,669.62	0.00	0.00	57,337.11	4,914.61	62,251.72	129,417.90	S/L	39.0
9			SECURITY SYSTEM	3/17/00	4,656.25	0.00	0.00	4,656.25	0.00	4,656.25	0.00	S/L	7.0
10			CARPET	5/09/00	8,294.00	0.00	0.00	8,294.00	0.00	8,294.00	0.00	S/L	7.0
11			AUDIO SYSTEM	6/19/01	1,964.45	0.00	0.00	1,964.45	0.00	1,964.45	0.00	S/L	5.0
82			PATHFINDERS RENOVATIONS	9/13/07	21,678.59	0.00	0.00	2,408.73	555.86	2,964.59	18,714.00	S/L	39.0
92			PATHWAYS RENOVATIONS-FIT	12/10/09	511.06	0.00	0.00	26.75	13.10	39.85	471.21	S/L	39.0
93			PATHWAYS RENOVATIONS-FIT	11/12/09	554.97	0.00	0.00	30.24	14.23	44.47	510.50	S/L	39.0
105			CARPET-EXERCISE AREA/PW	1/21/10	594.58	0.00	0.00	29.23	15.25	44.48	550.10	S/L	39.0
			LEASEHOLD IMPROVEMENTS		248,377.68	0.00c	0.00	93,200.92	5,513.05	98,713.97	149,663.71		
Group: OFFICE EQUIPMENT													
24			MOVABLE PARTITIONS	10/24/96	7,401.51	0.00	0.00	7,401.51	0.00	7,401.51	0.00	S/L	7.0
32			COMPUTER	10/23/98	1,115.95	0.00	0.00	1,115.95	0.00	1,115.95	0.00	S/L	5.0

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

Asset	d	t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: OFFICE EQUIPMENT (continued)													
33			LP LASERJET 4000SE	4/07/98	1,149.99	0.00	0.00	1,149.99	0.00	1,149.99	0.00	S/L	5.0
34			NEC 15 INCH MONITOR	4/27/99	179.99	0.00	0.00	179.99	0.00	179.99	0.00	S/L	5.0
35			TELEPHONE SYSTEM	5/11/00	8,504.05	0.00	0.00	8,504.05	0.00	8,504.05	0.00	S/L	7.0
36			FURNITURE-FAMILY LEARN CT	4/21/00	2,115.55	0.00	0.00	2,115.55	0.00	2,115.55	0.00	S/L	7.0
37			DIGITAL PIANO	5/03/00	8,590.00	0.00	0.00	8,590.00	0.00	8,590.00	0.00	S/L	7.0
38			CHAIRS	6/07/00	5,440.39	0.00	0.00	5,440.39	0.00	5,440.39	0.00	S/L	7.0
39			TABLES	8/09/00	8,185.15	0.00	0.00	8,185.15	0.00	8,185.15	0.00	S/L	7.0
40			COMPUTER EQUIPMENT	8/09/00	13,616.91	0.00	0.00	13,616.91	0.00	13,616.91	0.00	S/L	5.0
41			BULLETIN BOARD	5/24/00	160.45	0.00	0.00	160.45	0.00	160.45	0.00	S/L	7.0
42			CARPTS	7/07/00	1,247.57	0.00	0.00	1,247.57	0.00	1,247.57	0.00	S/L	7.0
43			SHELVES	7/27/00	106.09	0.00	0.00	106.09	0.00	106.09	0.00	S/L	7.0
44			TELEVISION	8/04/00	539.00	0.00	0.00	539.00	0.00	539.00	0.00	S/L	7.0
45			COPIER	9/06/00	805.00	0.00	0.00	805.00	0.00	805.00	0.00	S/L	7.0
46			VCR	9/28/00	89.96	0.00	0.00	89.96	0.00	89.96	0.00	S/L	7.0
47			BOOK SHELVES	7/19/00	391.53	0.00	0.00	391.53	0.00	391.53	0.00	S/L	7.0
51			TOSHIBA PROJECTOR	3/08/01	3,429.00	0.00	0.00	3,429.00	0.00	3,429.00	0.00	S/L	5.0
52			PRINTER	3/08/01	148.95	0.00	0.00	148.95	0.00	148.95	0.00	S/L	5.0
57			8 PORT SWITCH	9/17/01	370.51	0.00	0.00	370.51	0.00	370.51	0.00	S/L	5.0
58			FURNITURE	9/24/01	750.00	0.00	0.00	750.00	0.00	750.00	0.00	S/L	7.0
59			8 PORT SWITCH	9/28/01	366.72	0.00	0.00	366.72	0.00	366.72	0.00	S/L	5.0
60			FURNITURE	10/11/01	281.78	0.00	0.00	281.78	0.00	281.78	0.00	S/L	7.0
61			TRUCK CARTS	8/02/02	162.40	0.00	0.00	162.40	0.00	162.40	0.00	S/L	7.0
63			PIANO DOLLY	1/23/02	195.00	0.00	0.00	195.00	0.00	195.00	0.00	S/L	7.0
64			PROJECTOR SCREEN	3/04/02	149.99	0.00	0.00	149.99	0.00	149.99	0.00	S/L	5.0
65			FILE CABINET & DESK	2/01/02	289.00	0.00	0.00	289.00	0.00	289.00	0.00	S/L	7.0
66			MONITORS	10/30/03	456.00	0.00	0.00	456.00	0.00	456.00	0.00	S/L	5.0
67			DELL COMPUTER	11/21/03	775.00	0.00	0.00	775.00	0.00	775.00	0.00	S/L	5.0
68			DELL COMPUTER	11/21/03	596.00	0.00	0.00	596.00	0.00	596.00	0.00	S/L	5.0
70			SYSTEM UPGRADE	11/19/04	3,500.00	0.00	0.00	3,500.00	0.00	3,500.00	0.00	S/L	5.0
71			(1) COMPUTER&(3) 17" MONITC	10/21/04	847.00	0.00	0.00	847.00	0.00	847.00	0.00	S/L	5.0
72			(3) COMPUTERS	7/28/04	1,061.40	0.00	0.00	1,061.40	0.00	1,061.40	0.00	S/L	5.0
75			COMPUTERS	12/08/05	1,069.99	0.00	0.00	1,069.99	0.00	1,069.99	0.00	S/L	5.0
76			OFFICE FURNITURE	12/23/05	880.00	0.00	0.00	880.00	125.74	1,583.55	0.00	S/L	7.0
77			(2) COMPUTERS	5/09/06	1,321.80	0.00	0.00	1,321.80	0.00	1,321.80	0.00	S/L	5.0
78			HP LAPTOP	5/07/07	832.98	0.00	0.00	832.98	55.52	888.50	0.00	S/L	5.0
79			POWERMAC APPLLE COMPUTI	7/10/07	228.00	0.00	0.00	228.00	22.80	250.80	0.00	S/L	5.0
80			37" LCD TV-WESTINGHOUSE	9/05/07	598.67	0.00	0.00	598.67	79.84	678.51	0.00	S/L	5.0
81			OFFICE FURNITURE	8/23/07	225.00	0.00	0.00	225.00	32.14	257.14	53.59	S/L	7.0
88			COMPUTER SERVER	10/09/08	1,863.00	0.00	0.00	1,863.00	372.60	2,235.60	279.45	S/L	5.0
89			SPIRIT XE195 ELLIPTICAL	12/07/09	999.99	0.00	0.00	999.99	140.57	1,140.56	351.41	200DB	7.0
90			SPIRIT ET488 TREADMILL	12/07/09	999.99	0.00	0.00	999.99	140.57	1,140.56	351.41	200DB	7.0
91			HP DESKTOP PC-	1/23/09	596.23	0.00	0.00	596.23	65.66	661.89	73.86	200DB	5.0
94			COMPUTER EQUIPMENT	7/01/09	1,597.67	0.00	0.00	1,597.67	195.56	1,793.23	293.33	200DB	5.0
95			2 MONITORS	6/11/09	200.00	0.00	0.00	200.00	22.74	222.74	31.26	200DB	5.0
96			MONITOR/EXT HARD DRIVE	4/17/09	235.00	0.00	0.00	235.00	26.72	261.72	36.73	200DB	5.0
97			BODY SOLID FID BENCH	12/07/09	200.00	0.00	0.00	200.00	28.11	228.11	70.29	200DB	7.0
98			BLOOD PRESSURE/PULSE	12/11/09	110.00	0.00	0.00	110.00	15.46	125.46	38.65	200DB	7.0
99			LCD TV FOR WII	12/14/09	666.00	0.00	0.00	666.00	91.11	757.11	136.66	200DB	5.0
100			FITSTEPP II STAIR STEPPER	12/01/09	750.00	0.00	0.00	750.00	105.43	855.43	263.56	200DB	7.0

Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
Group: OFFICE EQUIPMENT (continued)												
101		COMPUTER HP XW6200	4/01/09	500.00	0.00	0.00	365.00	56.84	421.84	78.16	200DB	5.0
106		COMPUTER	1/08/10	1,640.97	0.00	0.00	853.30	315.07	1,168.37	472.60	200DB	5.0
107		HP/COMPAQ/MEMORY	2/22/10	388.92	0.00	0.00	202.24	74.67	276.91	112.01	200DB	5.0
108		HP COMPUTER	12/07/10	595.43	0.00	0.00	309.63	114.32	423.95	171.48	200DB	5.0
111		COMPUTER	2/09/11	423.51	423.51	0.00	423.51	0.00	423.51	0.00	200DB	5.0
112		KEYBOARD & MOUSE	3/10/11	61.95	61.95	0.00	61.95	0.00	61.95	0.00	200DB	5.0
113		COMPUTER	11/09/11	1,258.95	1,258.95	0.00	1,258.95	0.00	1,258.95	0.00	200DB	5.0
114		COMPUTER-BACK AREA	2/03/12	531.08	0.00c	0.00	0.00	106.22	106.22	424.86	200DB	5.0
115		SERVER	6/22/12	1,069.00	0.00c	0.00	0.00	213.80	213.80	855.20	200DB	5.0
OFFICE EQUIPMENT				92,861.97	0.00c	0.00	86,365.97	2,401.49	88,767.46	4,094.51		
Grand Total				783,632.33	0.00c	0.00	257,267.32	17,992.02	275,259.34	508,372.99		