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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: PARTNERSHIP FOR COMMUNITY DEVELOPMENT LTD
Number and street (or P O box, if mail is not delivered to street address): PO BOX 37
City or town, state or province, country, and ZIP or foreign postal code: HAMILTON, NY 13346

D Employer identification number: 16-1572206
E Telephone number: (315) 825-3537
F Group Exemption Number

G Accounting Method: Cash [] Accrual [x] Other (specify)

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

I Website: WWW.HAMILTONPCD.ORG

J Tax-exempt status (check only one): 501(c)(3) [x] 501(c) () (insert no) [] 4947(a)(1) or 527 []

K Form of organization: Corporation [] Trust [] Association [] Other []

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$110,736

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

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

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 103,785, 390, 6,561, 110,736, 47,492, 157,567, 104,030, 57,199.

Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	144,408	22	59,811
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	6,228	24	9,524
25 Total assets	150,636	25	69,335
26 Total liabilities (describe in Schedule O)	46,606	26	12,136
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	104,030	27	57,199

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

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

What is the organization's primary exempt purpose?
TO ENHANCE THE ECONOMIC AND COMMUNITY VITALITY OF THE AREA OF THE TOWN/VILLGE OF HAMILTON, NY DURING 2013, PARTNERSHIP FOR COMMUNITY DEVELOPMENT FOCUSED ITS EFFORTS IN THE FOLLOWING AREAS (1) MARKETING AND DEVELOPMENT, (2) HAMILTON HIGHLIGHTS, (3) MICRO-ASSISTANCE GRANT PROGRAM, (4) SMALL BUSINESS RESOURCE CENTER (5) BIKE PROJECT AND (6) THE GREAT CHOCOLATE TRAIN FESTIVAL

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	124,686

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

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

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of JENNIFER DEANGELIS BUSINESS MANAGER Telephone no (315) 824-1063 Located at 11 PAYNE STREET HAMILTON, NY ZIP + 4 13346
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041? Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

	Yes	No
47		No
48		No
49a		No
49b		

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

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

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

Sign Here *****
 Signature of officer _____ Date 2014-04-07
 CARL ALBRECHT PRESIDENT
 Type or print name and title _____

Paid Preparer Use Only
 Print/Type preparer's name LEONARD P CARISSIMO CPA Preparer's signature _____ Date 2014-04-07 Check if self-employed PTIN P00164281
 Firm's name D'ARCANGELO & CO LLP Firm's EIN 13-2550103
 Firm's address 200 E GARDEN ST PO BOX 4300 ROME, NY 13442 Phone no (315) 735-5216

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Additional Data

Software ID:
Software Version:
EIN: 16-1572206
Name: PARTNERSHIP FOR COMMUNITY DEVELOPMENT LTD

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p>28 MARKETING AND DEVELOPMENT THE PCD SPEARHEADED THE DEVELOPMENT OF A NEW BRAND IDENTITY WHICH WAS INTRODUCED TO THE COMMUNITY IN 2013 A STRATEGIC MARKETING PLAN FOR THE BRAND HAS BEEN PUT INTO PLACE WHICH WILL INCLUDE THE DEVELOPMENT OF A COMPREHENSIVE WEBSITE THAT WILL SERVE AS A SINGLE POINT OF CONTACT FOR TOURISM, ECONOMIC DEVELOPMENT AND GENERAL INFORMATION FOR NEW AND CURRENT RESIDENTS WE COORDINATED THE INAGURAL "CELEBRATING BUSINESS IN HAMILTON" AWARDS NOMINATIONS WERE SOUGHT FOR BUSINESS OF THE YEAR, ENTREPRENEUR OF THE YEAR AND ECONOMIC DEVELOPMENT ADVOCATE OF THE YEAR NOMINATIONS WERE CONSIDERED BY A PANEL OF JUDGES, AND THE AWARDS CEREMONY WAS HELD DURING A JOINT PCD/HAMILTON BUSINESS ALLIANCE (HBA) ANNUAL MEETING WHICH WAS OPENED TO THE COMMUNITY IN ADDITION, WE SUBMITTED, FOR THE FIRST TIME, A HAMILTON BUSINESS FOR THE U S SMALL BUSINESS ADMINISTRATION'S 15TH ANNUAL SMALL BUSINESS EXCELLENCE AWARDS SWANK WAS NOMINATED AND RECEIVED THIS PRESTIGIOUS AWARD SMALL BUSINESSES ARE SELECTED FOR THE EXCELLENCE AWARDS BASED ON THEIR COMPANY'S LONGEVITY, INNOVATION, SALES GROWTH, AND INCREASED EMPLOYMENT, ABILITY TO OVERCOME ADVERSITY OR COMMUNITY CONTRIBUTIONS WE PARTNERED WITH THE VILLAGE OF HAMILTON AND THE HBA TO DESIGN AND INSTALL NEW STREETSCAPE BANNERS IN THE VILLAGE CORE THESE BANNERS ENHANCE THE WELCOMING FEEL OF THE VILLAGE AND FEATURE HAMILTON'S NEW LOGO AND TAGLINE AND WILL BE CHANGED OUT SEASONALLY IN ADDITION, IN AN EFFORT TO ENCOURAGE LOCAL SHOPPING AND CONTRIBUTE TO THE SUCCESS OF HAMILTON, THE PCD AND THE HBA PARTNERED WITH HAMILTON BUSINESSES WHO AGREED TO STAY OPEN LATE EVERY FRIDAY DURING NOVEMBER AND DECEMBER SHOPPERS COULD PICK UP A PUNCH CARD FROM ANY ONE OF THE PARTICIPATING BUSINESSES IF THEY SPENT \$10 OR MORE WITH A MINIMUM OF FIVE OF THE PARTICIPATING MERCHANTS, THEY WERE ENTERED INTO A DRAWING FOR A \$375 GRAND PRIZE OF VARIOUS GIFT CARDS FROM LOCAL BUSINESSES FINALLY, THE PCD ALSO EXAMINED HAMILTON'S CURRENT RESIDENTIAL HOUSING SITUATION AND PROVIDED A FORUM FOR PUBLIC INPUT ON THIS IMPORTANT ISSUE AS A RESULT, WE FORMED A SUBCOMMITTEE TO FOCUS BROADLY ON EXISTING AND POTENTIAL HOUSING STOCK IN HAMILTON WITH AN EYE ON INCREASING OPPORTUNITIES FOR RESIDENTIAL DEVELOPMENT (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	70,117
<p>29 MICRO-ASSISTANCE GRANT PROGRAM IN 2013 PCD CONTINUED TO OVERSEE ITS MICRO-ASSISTANCE GRANT PROGRAM, WHICH WAS MADE POSSIBLE THROUGH FUNDS AWARDED TO THE PCD IN 2010 AND 2012 BY THE MADISON COUNTY CAPITAL RESOURCE CORPORATION THE CONCEPT BEHIND THE PROGRAM WAS TO FINANCIALLY ASSIST BUSINESSES LOCATED WITHIN THE TOWN OF HAMILTON WITH A SPECIFIC PROJECT OF THE BUSINESS CHOICE, OR PURCHASE NEW SIGNAGE EACH BUSINESS SUBMITTED AN APPLICATION DETAILING THE PROJECT, THE EXPECTED COST AND THE INTENDED BENEFIT TO THE BUSINESS AND THE COMMUNITY THE BUSINESSES WERE AWARDED GRANTS RANGING FROM \$750 TO \$4,500, WITH THE BUSINESS FUNDING 25% OF THE PROJECT (OR SIGNAGE) TOTAL PCD WAS SOLELY RESPONSIBLE FOR THE IMPLEMENTATION, DEVELOPMENT AND ADMINISTRATION OF THE PROGRAM (Grants \$ 24,461) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	29a	24,461
<p>30 HAMILTON HIGHLIGHTS PCD PUBLISHES HAMILTON HIGHLIGHTS, A MONTHLY CALENDAR OF HAMILTON- AREA EVENTS PCD RESEARCHES, COMPILES AND ORGANIZES INFORMATION TO BE INCLUDED IN EVERY ISSUE OF HAMILTON HIGHLIGHTS WHICH INCLUDES A MONTHLY BUSINESS PROFILE AND RESTAURANT/SHOPPING GUIDE IN 2013, PCD REDESIGNED IT AND EXPANDED ITS FEATURES TO INCLUDE AN ARTIST'S SPOTLIGHT, A LOCAL RESIDENT PROFILE AND A CENTERFOLD MAP TO GUIDE VISITORS AROUND THE VILLAGE WE PRINT AND DISTRIBUTE 1,250 COPIES EACH MONTH THE PCD ALSO FACILITATED THE REDESIGN OF OUR VISITOR'S GUIDE TO REFLECT A MORE VIBRANT HAMILTON (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	30a	22,277
<p>THE GREAT CHOCOLATE TRAIN FESTIVAL THROUGH CORPORATE SPONSORS AND A SUBSTANTIAL GRANT FROM THE CNY COMMUNITY ARTS COUNCIL, THE FESTIVAL WAS HELD ON THE GROUNDS OF THE VILLAGE OFFICES AND ATTENDED BY NEARLY 2,000 PEOPLE TENTS WERE PROVIDED FOR 20 VENDORS AND EXHIBITORS - MORE THAN WE'VE EVER HAD- AS WELL AS FOR THE CHILDREN'S EVENTS THE CHOCOLATE TICKET WAS UTILIZED TO ENCOURAGE FESTIVAL ATTENDEES TO VISIT AND SHOP WITH OUR DOWNTOWN MERCHANTS TWO LIVE LOCAL MUSIC ACTS PERFORMED, AND GIANT HAND-MADE PUPPETS INTERACTED WITH ATTENDEES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	30a	7,091
<p>BIKE PROJECT THIS IS A NEW ACTIVITY IN 2013, WHERE PCD RECEIVED DONATIONS BY COMMUNITY SPONSORS FOR THE PURPOSE OF INSTALLING BIKE RACKS IN HAMILTON, NEW YORK (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	30a	740

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
CARL ALBRECHT PRESIDENT	2 00	0	0	0
BRUCE MOSELEY DIRECTOR	0 00	0	0	0
LESLIE YACAVONE DIRECTOR	0 00	0	0	0
MATTHEW NORRIS SECRETARY	0 00	0	0	0
RAY MEEKS DIRECTOR	0 00	0	0	0
PETER DARBY DIRECTOR	0 00	0	0	0
VICTORIA MIGONIS DIRECTOR	0 00	0	0	0
RUSSELL LURA DIRECTOR	0 00	0	0	0
JAMES LEACH DIRECTOR	0 00	0	0	0
STEPHANIE FADALE DIRECTOR	0 00	0	0	0

SCHEDULE A
(Form 990 or 990EZ)

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.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PARTNERSHIP FOR COMMUNITY DEVELOPMENT LTD

Employer identification number

16-1572206

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

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

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

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s)

(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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	108,163	80,750	124,368	97,544	103,785	514,610
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	108,163	80,750	124,368	97,544	103,785	514,610
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						514,610

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	108,163	80,750	124,368	97,544	103,785	514,610
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	625	1,052	742	404	6,951	9,774
9 Net income from unrelated business activities, whether or not the business is regularly carried on		92	1,093	-2,082	-15,764	-16,661
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	33,043					33,043
11 Total support (Add lines 7 through 10)						540,766
12 Gross receipts from related activities, etc (see instructions)					12	5,425
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	95.160 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	94.030 %
16a 33 1/3% support test—2013. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Name of the organization
PARTNERSHIP FOR COMMUNITY DEVELOPMENT LTD

Employer identification number

16-1572206

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 390
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION OTHER INCOME AMOUNT 47 DESCRIPTION HAMILTON ADVERTISING SUBSCRIPTION FEES AMOUNT 6,514 TOTAL TO FORM 990-EZ, LINE 8 6,561
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PAYROLL TAXES AMOUNT 5,726 DESCRIPTION ADVERTISING AMOUNT 29,196 DESCRIPTION MISCELLANEOUS AMOUNT 1,221 DESCRIPTION TRAVEL AMOUNT 4,245 DESCRIPTION TELEPHONE AND INTERNET AMOUNT 224 DESCRIPTION OFFICE EXPENSES AMOUNT 4,460 DESCRIPTION DEPRECIATION AMOUNT 675 DESCRIPTION INSURANCE AMOUNT 2,344 DESCRIPTION PLANNING AND DEVELOPMENT AMOUNT 18,265 DESCRIPTION FILING FEES AMOUNT 361 DESCRIPTION MICRO-ASSISTANCE PROJECT AMOUNT 24,461 DESCRIPTION BIKE PROJECT AMOUNT 740 DESCRIPTION FESTIVAL EXPENSE AMOUNT 7,087 TOTAL TO FORM 990-EZ, LINE 16 99,005
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION REVOLVING LOANS RECEIVABLE BEG OF YEAR AMOUNT 3,789 END OF YEAR AMOUNT 0 DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 240 END OF YEAR AMOUNT 8,000 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 2,199 END OF YEAR AMOUNT 1,524
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION OTHER CURRENT LIABILITIES BEG OF YEAR AMOUNT 2,068 END OF YEAR AMOUNT 2,068 DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 13,690 END OF YEAR AMOUNT 4,095 DESCRIPTION DEFERRED REVENUE- GRANTS BEG OF YEAR AMOUNT 30,848 END OF YEAR AMOUNT 5,973

TY 2013 Transfers Personal Benefits Contracts Declaration

Name: PARTNERSHIP FOR COMMUNITY DEVELOPMENT LTD

EIN: 16-1572206

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