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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A I</u>	or the	2013 calendar year, or tax year beginning OCT 1, 2013 and c	enaing 2	BP 30, 2014	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
X	Addre	CENTER SERVICES, INC.			-46554
	Name chang	Doing Business As		63-0	716554
	Initial return Termii	,	Room/suite	E Telephone number)670-3892
<u> </u>	ated - Amen	lod		 	
LX.	return	City or town, state or province, country, and ZIP or loreign postal code		G Gross receipts \$	92,087.
<u> </u>	tion pendir	TROI, AL _ 30002		H(a) Is this a group re	
	·	F Name and address of principal officer DR. UAMES BOOKOUT		for subordinates	
_		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1 '	list (see instructions)
<u>J '</u>	Websi	te: N/A	I. v	H(c) Group exemption	
	orm of art* i :	organization: X Corporation	L Year	of formation: 1961[N	1 State of legal domicile: AL
	1	Briefly describe the organization's mission or most significant activities TO PF	ROMOTE	, SPONSOR AN	ID CARRY
Governance		OUT BROADER EDUCATIONAL OPPORTUNITIES AN	D SERV	VICES FOR TH	E BENEFIT
E	2	Check this box If the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	<u> </u>
		Number of independent voting members of the governing body (Part VI, line 1b)		4	6
95	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
jŧ	6	Total number of volunteers (estimate if necessary)		6	6
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	ь	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
đ)	8	Contributions and grants (Part VIII, line 1h)		0.	0.
Ž	9	Program service revenue (Part VIII, line 2g)	L	83,985.	91,690.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		289.	397.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		84,274.	92,087.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX-opturantal)		0.	0.
Ŋ	15	Salaries, other compensation, employee benefits (Fait & column (4), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part X, column (A), line 11e)	_	0.	0.
ě	ь	Total fundraising expenses (Part X column (D), Jirrië 25) 16 O	0.	un 1 a. 4 . Ym s	ike ike sa
ú	1 "	Other expenses (Part IX, columnilla), lines 11a-11d, 11f-24e)		22,807.	94,768.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A) Time 25)		22,807.	94,768.
	19	Revenue less expenses Subtract line 18 from fine 12		61,467.	<2,681.>
ts or	4		Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		774,271.	827,783.
let Asset	21	Total liabilities (Part X, line 26)		3,100.	3,121.
نڪ	7 22	Net assets or fund balances Subtract line 21 from line 20		771,171.	824,662.
	art,	Signature Block			
		ilties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, corre	t, and complete. Declaration of preparer (wher than officer) is based on all information of wh	ich preparer		
		Santa 1 200 July		<u> 0 6 2</u> Date	.016
Sig	ın	Signature of officer		Date	
He	re	DR. JAMES BOOKOUT, PRESIDENT			
		Type or print name and title		Data la . F	DTIN
		Print/Type preparer's name Preparer's signature	I	Date Check	PTIN
Pai		TATIA W. KNIGHT, CPA	V A	08/08/16 self-employ	
	parer	Firm's name WARREN AVERETT, LLC		Fırm's EIN ▶	45-4084437
Use	Only	Firm's address 3815 INTERSTATE CT.			4 004 0000
		MONTGOMERY, AL 36109		Phone no.33	4-271-2200
<u>Ma</u>	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	990 (2013) CENTER SERVICES, INC.	63-071655 <u>4</u>	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
_`			
1	Briefly describe the organization's mission	TOD CIMIL WITHI	
	PROVIDE STUDENTS, FACULTY, STAFF, AND ALUMNI OF TROY UNI		
	ACCESS TO EQUIPMENT AND SERVICES TO BROADEN EDUCATIONAL	<u>OPPORTUNITIE</u>	<u>s</u>
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	X 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?	Ves	X 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 other	s, the total expenses, a	nd
	revenue, if any, for each program service reported		
4-	04.540	. 91	690.)
4a			<u>050.</u>)
	PROVIDE LIBRARY AND OTHER EQUIPMENT AND SERVICES TO STUD	FINIS AND	
	FACULTY.		
			
			_
4b	(Code) (Expenses \$) (Reven	ue \$	١
40	(Code /) (Expenses 5 / (Expenses 5 /) (Texpenses 5 /)	ue 3	
			
4c	(Code) (Expenses \$ including grants of \$) (Reven	t	
70	(Code) (Exhauses) (Texhauses) (Texhauses) (Texhauses)		
		 	
		· - · · - · ·	
4d	Other program services (Describe in Schedule O)		
~u		•	
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 84,649.		
		Form ⁹	990 (2013)

Form 990 (2013) CENTER SERVICES, INC.

Part IV Checklist of Required Schedules

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	<u> </u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u> X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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	9		X
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	10		_X_
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	* 5	200- 1	*
	as applicable	*****		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			3 2
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			77
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		ļ	37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7,
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	990	

Form 990 (2013) CENTER SERVICES, INC.

Part IV Checklist of Required Schedules (continued)

21 Dut the organization report more than \$5,000 of grants or other assistance to any domestic organization or part IX, counting No. In et al. (**Total, continue No. In et al. (**Total), continue No. (**Total), continue No. In et al. (**Total),				Yes	No_
22 Death erroganization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 27 if 1"yes," complete Schedule I, Parts I and III 22 Death to reganization answer "Ves" to Part VIII, Section A, line 34, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Ves," complete Schedule Schedule II" and the segmentation and the sat day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule IV ITWO", go to line 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year? death of the segmentation maintain an escrow account other than a refunding escrow at any time during the year? death of the organization and 501(k)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part II ID bid the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, leve employees, highest compensated employees, or disqualified persons? If so, complete Schedule I, Part IV IV and Part IV and IV and 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 55% controlled entity or family member of any of these persons? If "Yes," complete Schedule II. Part IV IV and Part IV lime II IV and Part IV	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2 Did the organization assert "vis-" to Part VI (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 I. 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 III 1 me 25s b Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization inwest and ne scrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d			21		X
23 Did the organization answer "Yes" to Part VII, Section A, Ine 3.4, or 6 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? "If "Yes," complete Schedule I, I"No", go to line 25a	22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 240 through 24d and complete Schedule K "I" "No", go to time 25a 24b 24b 24b 25a 25chedule K "I" "No", go to time 25a 24c 24b 25a 25chedule K "I" "No", go to paramaton in west any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 25a 25chedule K "I" "No", go to granization in an escrive account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 25chedule K "I" "Yes," "complete Schedule L, Part II 25chedule L, Pa			22		X
Schedule J 24 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 25s	23				
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 240 through 24d and complete Schedule It. "No." of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule It." No." of the last of the year of the organization in west any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 27b 10d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? 25a Section 501(x)(3) and 501(x)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year." If "Yes," complete Schedule I, Part I 1 25b 1s the organization are 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-E22 If "Yes," complete Schedule It. Part II 1 25c 10d the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, 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 It. Part IV 27b A family member of a part part being thresholds, conditions, and exceptions) 25a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule It. Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule It. Part IV 27b A family member of acurent or former officer, director, trustee, or key employee? If "Yes," complete Schedule It. Part IV 27b A family member of acurent or former officer, di		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			٠,
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 25b Schedu		· · · · · · · · · · · · · · · · · · ·	23		 ^
Schedule K If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? C Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? 24b D Did the organization invest any proceeds of tax-exempt bonds beyond a temporary penod exception? 24c D Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d D Did the organization area as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d D Did the organization area that it engaged in an excess benefit transaction with a disqualified person of the organization area 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 is prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I is the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, or disqualified persons? If so, complete Schedule L, Part II is 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 IV 25b Was 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 aurity to a business transaction with one of the following parties (see Schedule L, Part IV B A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV B A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I	24a	· · · · · · · · · · · · · · · · · · ·			
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization averance and the pear? 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? #"Yes," complete Schedule L, Part ! 25b 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-E2? #"Yes," complete Schedule L, Part ! 25b X 2	_	···			 ^
any tax-exempt bonds? do 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 be the transaction has not been reported on any of the organization ow that a disqualified person in a prior year, and that the transaction has not been reported on any of the organization by the organization provide and that the transaction has not been reported on any of the organization by the organization provide and that the transaction has not been reported on any of the organization on that the transaction has not been reported on any of the organization on that the transaction has not been reported on any of the organization on that the transaction has not been reported on any of the organization on that the transaction has not been reported on any of the organization on that the transaction has not been reported on any of the organization on the organization provide a grant or other assistance to an officer, director, trustee, key employees, or disqualified persons? If so, complete Schedule L, Part III 25b			240		
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disqualified person during the year? If "Yes," complete Schedule L, Part I 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 is prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b		· · · · · · · · · · · · · · · · · · ·		_	
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that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? ff "Yes," complete Schedule L, Part I 25b	ь				
Schedule L, Part I 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II 26 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 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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1 35 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ine 1 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? 36 If "Yes," complete Schedule R, Part V, Ine 2 37 Did the organization c					
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					(2013)

Form	990 (2013) CENTER SERVICES, INC. 63-0716	554	F	age 5
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	*		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	1 ,	1	3
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		·	¥4,
·	(gambling) winnings to prize winners?	1c		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		. 4	* , **
Lu	filed for the calendar year ending with or within the year covered by this return 2a 0			'
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		. S 2860
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		T
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	3	* *	. 18
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts]
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		*	13
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		لأهب	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>	ļ.—	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	20 100	. 2000/1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		1 . 4
9	Sponsoring organizations maintaining donor advised funds.			
а	· · · · · · · · · · · · · · · · · · ·	9a		-
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		ا ش	, ,
a	Initiation fees and capital contributions included on Part VIII, line 12	-	35. E.	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter	43	-	
a	Gross income from members or shareholders 11a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		_ 1	
40-	amounts due or received from them.) Section 4047(=V4) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10412	12a		·
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	128	†	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		110
d	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	many state of the	*	. ~	1
D	organization is licensed to issue qualified health plans	*		
c	Enter the amount of reserves on hand	1 🗥 🤻	1 4	

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

14a

14b

X

Form 990 (2013) CENTER SERVICES, INC. 63-0716554 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

3	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	110 16	эропс	
`	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
000	tion A. dovorning Body and Managoment		Yes	No
19	Enter the number of voting members of the governing body at the end of the tax year [1a] 6	NA	,	
	If there are material differences in voting rights among members of the governing body, or if the governing	1		1 4
	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 1b 6	1 1		1
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			
Ū	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
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
	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		Х
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:		20000	الله المدر
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	· · · · · · · · · · · · · · · · · · ·	10a		<u> </u>
þ	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	v	
_	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			~~~**** V	> 1
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	$\frac{x}{x}$	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12c	Х	
12	In Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		x
14 15	Did the process for determining compensation of the following persons include a review and approval by independent		?* %	P -
13	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		- 15	,
a	The organization's CEO, Executive Director, or top management official	15a		X
	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)	*	7	\ \alpha_{\text{in}}
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			Ì
_	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	-44	%	- 4
	exempt status with respect to such arrangements?	16b	*****	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
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) as	vailable	•	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X 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	l financ	al	
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	on 🕨		
	PEGGY STEWART - (334) 670-3892			
	244 ADAMS ADMINISTRATION , TROY, AL 36082			

63-0	71	65	54	Page 7

Form 990 (2013) CENTER SERVICES, INC.

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

Check if Schedule O contains a response or note to any line in this Part VII	Γ
Official in Confidence of Containing a recipioned of ficial to any lines in the first the	

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

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	(do	not c	Pos	more	than o	one	Reportable	Reportable	Estimated	
	hours per week	box, unless person is both an officer and a director/trustee)						compensation from	compensation from related	amount of other	
	(list any	tor						the	organizations	compensation	
	hours for	r direc				eg G	ĺ	organization	(W-2/1099-MISC)	from the	
	related	stee o	ustee			ensat		(W-2/1099-MISC)		organization	
	organizations	altrus	onal to		ployee	CO B				and related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) SOHAIL AGBOATWALA	1.00	_=_	1	0	×	Ξæ	144				
VICE PRESIDENT		X		X				0.	0.	0.	
(2) LAURI DORRILL	1.00										
TREASURER		X		X				0.	_ 0.	0.	
(3) DERRICK BREWSTER	1.00										
MEMBER		Х					_	0.	0.	0.	
(4) DR. JAMES BOOKOUT	1.00										
PRESIDENT		X		X				0.	0.	0.	
(5) HERBERT REEVES	1.00										
SECRETARY		Х		Х	_			0.	0.	0.	
(6) DR. JEAN LALIBERTE	1.00							_		_	
MEMBER		X			_	_	_	0.	0.	0.	
		-	-	_							
		_				_					
				L.			L.				
		├	├-	├┈	╁	\vdash	 				

Form 990 (2013) CENTER S	ERVICES,	<u> </u>	NC	<u>.</u> .					63-0'	7165!	5 4 Pa	ıge 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)			
Name and title	(B) Average hours per week	box offi	, unle	Pos heck i ss per id a d	more rson ı	than s both	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	on i	(F) Estimate amount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS	SC)	compensate from the organizate and relate organization	e on ed
			_									
											_	
											-	
1b Sub-total c Total from continuation sheets to Part V	I Section A				•			0.		0.		0.
d Total (add lines 1b and 1c)		_						0.		0.		0.
Total number of individuals (including but recompensation from the organization	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100,	000 of reportable	•	Yes	0 No
3 Did the organization list any former officer		uste	e, ke	y en	nplo	ye e ,	or I	highest compensated er	nployee on		3	X
Inne 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportabl		-					•	he organization			X
and related organizations greater than \$150. 5 Did any person listed on line 1a receive or a	accrue comper	nsatı	on f	rom	any	unre			dual for services	<u>.</u>	4	~~~~~
rendered to the organization? If "Yes." con Section B. Independent Contractors									<u> </u>		5	X
Complete this table for your five highest co the organization. Report compensation for										ensatio	n from	
(A) Name and business	address	N	ONI	3				(B) Description of s	ervices	Cor	(C) npensation	l
										-		
Total number of independent contractors (i \$100,000 of compensation from the organics)	_	ot lir	nite	d to	thos	_	ted	above) who received me	ore than		, · · · · ·	ä
										<u>~</u>	990 (2	012

Form **990** (2013)

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections
512 - 514 N. JANS STATE (C) Unrelated (A) (B) Related or Total revenue exempt function business 4.1361 44 56 1 revenue revenue Federated campaigns Grants 1b Membership dues С Fundraising events 1c Giffs. Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 59,112. 59,112 2 a WASHER/DRYER REVENUES 611710 Program Service 26,291. 26,291. ID FEES 611710 OTHER FEES 611710 4,453. 4,453. VENDING REVENUES 611710 1,834. 1,834. f All other program service revenue 91,690. Total, Add lines 2a-2f Investment income (including dividends, interest, and 397. 397. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of (iı) Other (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV. line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue Total, Add lines 11a-11d 92,087. 91,690. 0. 397. Total revenue. See instructions.

Form 990 (2013) CENTER SERVICES, INC.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp		•	nplete column (A).	
	Check if Schedule O contains a respor	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				* **
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22			***	<u> </u>
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			t ti da a	* * * * 1
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)			;	
a	Management	-			
b	Legal	10,000.		10,000.	
C	Accounting Lobbying	10,000.		10,000.	
d	Professional fundraising services. See Part IV, line 17				
f	Investment management fees		790(3017 18: 140 188 W	~	
g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				-
16	Occupancy				
17	Travel		<u> </u>		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	57,267.	57,267.		
22	Depreciation, depletion, and amortization				
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 0.)	<u> </u>	20 011		,
а	WASHER/DRYER EXPENSES	20,011.	20,011.		
b	EQUIPMENT RENTAL AND MA ID SUPPLIES	4,526. 2,845.	4,526. 2,845.		
C	MISCELLANEOUS	119.	2,043.	119.	
d	All other expenses	113.	-	113.	
	Total functional expenses. Add lines 1 through 24e	94,768.	84,649.	10,119.	0.
<u>25</u> 26	Joint costs. Complete this line only if the organization	<u> </u>	0=,0=0.	10,110.	
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fif following SOP 98-2 (ASC 958-720)				

Form 990 (2013)
Part X Balance Sheet

Par	<u>t·X</u> _]	Balance Sheet							
		Check if Schedule O contains a response or not	e to an	line in this Part X					
	_				Beginn	(A) ing of	year _		(B) End of year
	1	Cash - non-interest-bearing						1	
	2	Savings and temporary cash investments				44	044.	2	142,222
	3	Pledges and grants receivable, net						3	
	4	Accounts receivable, net		10	552.	4	9,713		
	5	Loans and other receivables from current and fo	rmer o	ficers, directors,	1, 8			. 3	les de la
		trustees, key employees, and highest compensa	· .	3		i.d			
		Part II of Schedule L						5	
	6	Loans and other receivables from other disqualif	ĺ, á.		34	š.			
		section 4958(f)(1)), persons described in section	i i	*		l' .:			
		employers and sponsoring organizations of sect	<u></u>		<u> </u>				
ا پ		employees' beneficiary organizations (see instr).	ete Part II of Sch L				6_		
Assets	7	Notes and loans receivable, net						7	
◄	8	Inventories for sale or use						8	
	9	Prepaid expenses and deferred charges			8		SMALL.	9	
	10a	Land, buildings, and equipment cost or other		02 044	\$ T	b			
		basis Complete Part VI of Schedule D	10a	93,844.	³	*			
ŀ		Less accumulated depreciation	10b	93,844.		_	0.	10c	0
	11	Investments - publicly traded securities				1.0	675.	11	675 040
1	12	Investments - other securities See Part IV, line 1			├ ──	19	6/5.	12	675,848
- 1	13	Investments - program-related See Part IV, line	11					13	_
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11		4\		71	271.	15	827,783
\dashv	16_	Total assets. Add lines 1 through 15 (must equa	ai iine c	4)	<u>'</u>		100.	16 17	3,121
	17	Accounts payable and accrued expenses			-		1000	18	3,121
	18	Grants payable Deferred revenue						19	
	19 20	Tax-exempt bond liabilities						20	
	21	Escrow or custodial account liability Complete F	Part IV	of Schedule D				21	
	22	Loans and other payables to current and former							* \$ %
<u>e</u>		key employees, highest compensated employee			,				· ·
Liabilities		Complete Part II of Schedule L	o, and	aioquaiiioa poiooiio				22	
[판	23	Secured mortgages and notes payable to unrela	ted thi	d parties				23	
	24	Unsecured notes and loans payable to unrelated						24	
	25	Other liabilities (including federal income tax, pa							
		parties, and other liabilities not included on lines							ļ
		Schedule D	•	•				25	
	26	Total liabilities. Add lines 17 through 25		_		3	100.	26	3,121
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🔲 and	\$ T 1 1	T¥.	*	,	
S		complete lines 27 through 29, and lines 33 an							***
ဦ	27	Unrestricted net assets						27	
aa	28	Temporarily restricted net assets						28	
	29	Permanently restricted net assets						29	
<u> </u>		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗓					
<u>,</u>		and complete lines 30 through 34.							
şţ	30	Capital stock or trust principal, or current funds			7	71	171.	30	824,662
iss	31	Paid-in or capital surplus, or land, building, or eq	uıpme	nt fund	<u></u>		0.	31	0
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	come,	or other funds			0.	32	0
ž	33	Total net assets or fund balances					171.	33	824,662
	34	Total liabilities and net assets/fund balances			1 7	7/	271.	34	827,783

Form	990 (2013) CENTER SERVICES, INC.	<u>63-</u>	<u>0716554</u>	Pag	_{ie} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,08	
2	Total expenses (must equal Part IX, column (A), line 25)	2	94	1,76	<u> </u>
3	Revenue less expenses Subtract line 2 from line 1	3		681	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		L,17	
5	Net unrealized gains (losses) on investments	5	56	5,17	72 .
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			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	824	1,66	<u>52.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		`		. %
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	<u> </u>		<u></u> j
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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]	,	4
	Separate basis Consolidated basis Both consolidated and separate basis				l
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1 1		7a.]
	consolidated basis, or both				`. Z^\
	Separate basis Consolidated basis Both consolidated and separate basis		1 - (·- `	1
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?		2c	w. «1	m
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			9.1	767
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audr	t [4.3]	X 23	. 164
	Act and OMB Circular A-133?		3a	\dashv	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form 5	99U (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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.

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

OMB No 1545-0047
2013

Open to Public Inspection

Employer identification number

		CENTER	SERVICES, IN	C.				- 1	6	3-0716	554	
Part I	Reason		ty Status (All organiz		st complet	e this part) See inst	ructions		_		
The organi	zation is not a	private foundation l	because it is (For lines 1	through 1	1, check o	nly one bo	ox)					
1 🗀	1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🗔			tal service organization of	·		170(b)(1)(A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(iii). Enter	the hospital	's nam	e,
	city, and stat	•		•						•		
5 X	•		benefit of a college or un	niversity ov	vned or op	erated by	a governm	nental unit	describe	ed in		
	-	(b)(1)(A)(iv). (Comple		•		•	•					
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	•		eives a substantial part o					from the	general p	oublic descr	ıbed ın	
	•	b)(1)(A)(vi). (Comple	·	• •	•	-		·				
8			ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 🔲			eives (1) more than 33 1			om contrib	utions, me	embership	fees, an	d gross rece	epts fr	om
	=		nctions - subject to certa									
	income and u	inrelated business ta	axable income (less secti	ion 511 tax	x) from bus	inesses ac	quired by	the organ	ization a	fter June 30), 1975	
	See section	509(a)(2). (Complete	Part III)									
10	An organizati	on organized and op	perated exclusively to tes	st for publi	c safety. S	ee sectio	n 509(a)(4	l).				
11 🔲	An organizati	on organized and op	erated exclusively for th	e benefit d	of, to perfo	rm the fun	ctions of,	or to carry	out the	purposes of	one or	r
	more publicly	supported organiza	itions described in sectio	on 509(a)(1) or section	n 509(a)(2)	See sec	tion 509(a	a)(3). Ch	eck the box	that	
	describes the	type of supporting	organization and comple	ete lines 11	e through	11h.						
	a Type I	ь 🥅 Ту	ypell c T	ype III - Fu	nctionally i	ntegrated	c	I 🔲 Тур	e III - No	n-functional	y integ	rated
е 🔙	By checking	this box, I certify tha	t the organization is not	controlled	directly or	ındırectly	by one or	more disq	ualified p	persons othe	er than	
	foundation m	anagers and other the	han one or more publicly	supporte	d organizat	tions desc	ribed in se	ction 509((a)(1) or s	ection 509(a	a)(2)	
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	it it is a Typ	e I, Type I	I, or Type	111				
	supporting or	rganization, check th	iis box									
g	Since August	t 17, 2006, has the o	rganization accepted an	y gift or co	ontribution	from any o	of the follo	wing perso	ons?			
	(i) A person	n who directly or ind	rectly controls, either ale	one or tog	ether with	persons de	escribed in	ı (iı) and (iı	ı) below,		Yes	No
	the gove	erning body of the su	pported organization?							11g(i)		
		•	n described in (i) above?							11g(ii)		
			person described in (i) o							11g(iii)		
h	Provide the fo	ollowing information	about the supported org	ganızatıon(s)							
			T = :					,				
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization	, , ,	ı notify the	(vi) Is organizatio	the	(vii) Amouni	t of mor	netary
organization (described on lines 1-9 in col. (i) listed in your organization in col. above or IRC section governing document? (i) of your support?		(i) organiz	ed in the	sup	port							
			above or IRC section (see instructions))	, , , , , , , , , , , , , , , , , , ,								
			(Yes	No	Yes	No	Yes	No			
								ŀ				
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	· · · · · · · · · · · · · · · · · · ·											
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		, W.				· .		1				

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)

Se	ction A. Public Support						
Cale	ndar 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						
	ınclude any "unusual grants ")						
2	Tax revenues levied for the organ-						-
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	,					-
	furnished by a governmental unit to				Ì		
	the organization without charge	1,778.	1,778.	1,778.	1,778.	1,778.	8,890.
4	Total. Add lines 1 through 3	1,778.	1,778.	1,778.	1,778.	1,778.	8,890. 8,890.
5	The portion of total contributions	i a like.	*	\$ \$ \frac{1}{2} \cdot \frac{1}	19- "10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
_	by each person (other than a	,		*			
	governmental unit or publicly		\$4. · •	gs 2000 %	i		
	supported organization) included					. 1	
	on line 1 that exceeds 2% of the		,				
	amount shown on line 11,	3 34 -	* , *	30 × 18,	1 🖟	~ ~	
	column (f)				Šą pila	de , se d	
6	Public support. Subtract line 5 from line 4	Šw. w.i			3. 3	* *	8,890.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	1,778.	1,778.	1,778.	1,778.	1,778.	8,890.
8	Gross income from interest,	•		-	1		<u> </u>
•	dividends, payments received on				l,		
	securities loans, rents, royalties		•		1		
	and income from similar sources	3,658.	3,649.	3,941.	289.	397.	11,934.
9	Net income from unrelated business	•		·			
Ī	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	* / ")	· * * * * * * * * * * * * * * * * * * *	- 48 9	* ; X	20,824.
	Gross receipts from related activities,	etc (see instruction				12	417,573.
	First five years. If the Form 990 is for			d. fourth, or fifth ta	x vear as a section	501(c)(3)	
	organization, check this box and stor	-		.,	,	(-)(-)	▶□
Sec	ction C. Computation of Publi		centage				
14	Public support percentage for 2013 (li	ne 6, column (f) di	vided by line 11, co	olumn (f))		14	42.69 %
	Public support percentage from 2012					15	85.06 %
16a	33 1/3% support test - 2013. If the c	organization did no	t check the box on	line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	•				1	$\triangleright X$
b	33 1/3% support test - 2012. If the c		=	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	
	and stop here. The organization qual						▶□
17a	10% -facts-and-circumstances test		• • •		e 13, 16a, or 16b. a	ınd line 14 is 10% d	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	9	▶□
Ŀ	10% -facts-and-circumstances test	•	,	• • •	•	7a, and line 15 is 1	10% or
_	more, and if the organization meets th	•					
	organization meets the "facts-and-circ				· · · · · · · · · · · · · · · · · · ·		
18	Private foundation. If the organization				-		
				<u>,, 112</u>		edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2013 CENTER SERVICES, INC. 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)

Se	ction A. Public Support						
Cale	ndar 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				<u></u>		
4	Tax revenues levied for the organ- ization'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						
7 8	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	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						
•	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)	2 10 10 10 10 10 10 10 10 10 10 10 10 10	. 8 7	má , vá.	2.	* Å\$	
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	1					
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or northe business is						
12	regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)	<u> </u>	1				
14	First five years. If the Form 990 is fo	r the organization's	s first, second, third	d, fourth, or fifth tax	x year as a sectio	n 501(c)(3) organiza	ition,
_	check this box and stop here						<u> </u>
	ction C. Computation of Publ		-			 	
15	Public support percentage for 2013 (olumn (f))		15	
16						16	. %
<u>Se</u>	ction D. Computation of Inves					1	
17				e 13, column (f))		17	%
18	,					18	%
19:	a 33 1/3% support tests - 2013. If the	organization did r	not check the box o	on line 14, and line	15 is more than 3	33 1/3%, and line 17	' is not
	more than 33 1/3%, check this box at	•	-				▶□
ŀ	33 1/3% support tests - 2012. If the						nd . —
	line 18 is not more than 33 1/3%, che		•				
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a. or 19b. check the	is box and see in:	structions	

Schedule A	(Form 990 or 990-EZ) 2013 CENTE	R SERVICES,	INC.	63-0716554 Page 4
Part IV	Supplemental Information. P	rovide the explanation	ns required by Part II, line 10,	Part II, line 17a or 17b, and Part III, line 12.
•	Also complete this part for any addition	nal information (See	nstructions)	
			·	
		_		
-		-		
				-
		·		
				
				-

SCHEDULE D (Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

140	CENTER SERVICES, I	NC.		63-0716554
Par		d Funds or Other Similar Funds or A	ccour	its. Complete if the
	organization answered "Yes" to Form 990, Part IV, line			·
		(a) Donor advised funds	(b) Fun	ds 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 ful	nds	
•	are the organization's property, subject to the organization's			Yes No
6	Did the organization inform all grantees, donors, and donor a	•	only	
•	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		3	Yes No
Par		ganization answered "Yes" to Form 990, Part IV	/, line 7.	
1	Purpose(s) of conservation easements held by the organization			
•	Preservation of land for public use (e.g., recreation or e		ally impo	ortant land area
	Protection of natural habitat	Preservation of a certified	•	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a c	onserva	tion easement on the last
_	day of the tax year			
	, ,		^	Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure		
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	nization	during the tax
	year >			
4	Number of states where property subject to conservation eas	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements in	t 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 y	ear ►	\$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(l	3)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	ment, ar	nd balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes the or	rganızatı	on's accounting for
	conservation easements	(A.1.11) - 1. T	0::1-	
Pai	t III Organizations Maintaining Collections o		Simila	r Assets.
	Complete if the organization answered "Yes" to Form	· · · · · · · · · · · · · · · · · · ·		
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ex		f public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS	**		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public se	ervice, p	rovide 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 tre	_	, provide	•
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		_
а	Revenues included in Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	Sche	dule D (Form 990) 2013 CENTER	SERVICES,	INC.		-		ı	<u>63-07</u>	16554	Page 2
Check all that apply a	Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	asures, o	r Other	Simila	Assets	(continu	ed)
a Public schibition d Loan or exchange programs b Scholarly research e Other c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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? 7 Part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part N, 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? Line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table 6 Beginning blance 6 Beginning blance 7 Ending blance 8 Ending blance 9 If Yes Arnount 1 Ending blance 2 Provide the organization include an amount on Form 990, Part X, line 21? 1 Beginning of year balance 2 Provide the strangement in Part XIII Check here if the explanation has been provided in Part XIII 1 Beginning of year balance 2 Provide the strangement in Part XIII Check here if the explanation has been provided in Part XIII 1 Beginning of year balance 2 Provide the estimated percentage of the current year and balance (line 1g, column (ai) held as a Board despination explance 2 Provide the estimated percentage of the current year and balance (line 1g, column (ai) held as a Board despinated or quasi-endowment 3 Are there endowment Innes 2a, 2b, and 2c should equal 100% 3 Are there endowment Innes 2a, 2b, and 2c should equal 100% 5 A respective or part XIII the internation is endowment thinds 6 Part YI Land, Buildings, and Equipment. 5 Complete if the organizations is endowment thinds 6 Description of propert	3.	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	ollowing that	t are a sıgı	nıficant u	se of its c	ollection it	ems
b Scholarly research c Preservation for future generations d Prevale 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, hatorical treasures, or other similar assets to be sold to raise funds after than to be mantaned as part of the organization of art, hatorical treasures, or other similar assets to be sold to raise funds after than to be mantaned as part of 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year f Ending balance 2b Did the organization include an amount on Form 990, Part X, line 21? b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V: Endowrment Funds. Complete if the organization inswered "Yes" to Form 990, Part X, line 10. Beginning of year balance Gall Current year (b) Prior year (c) Two years back (e) Trires years back (e) Four years bac		(check all that apply)									
c Preservation for future generations 4 Provide a description of the organization 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 father than to be maintained as part of the organization's collection? Part IV Excrow 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.	а	Public exhibition	c			hange progra	ams				
A 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 solotiot or receive donations of art, historical treasures, or other similar assets to be sold to raise funds stater than to be maintained asplant of the organization's collection? Part V 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 2.1 Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 2.1 Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 2.1 Is it she organization and agent trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 2.1 Is grant Y = Is Amount Is Is Is Is Is Is Is I	b	Scholarly research	•	• 🔲	Other						
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 collection? 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. Is the organization an agent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table If "Yes," explain the arrangement in Part XIII and complete the following table Amount	c	Preservation for future generations									
to be sold to rase funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, Ime 9, or reported an amount on Form 990. Part X, Ime 21. Is it is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Ime 21.	4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ie organizatio	on's exem	pt purpo:	se in Part	XIII	
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, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table Carrangement Description Descrip	5	During the year, did the organization solicit o	r receive donations	of art, his	storical treas	sures, or othe	er sımılar a	assets	_	_	
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? b If "Yes," explain the arrangement in Part XIII and complete the following table C Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? b If the organization include an amount on Form 990, Part X, line 21? b If the organization include an amount on Form 990, Part X, line 21? b If the organization include an amount on Form 990, Part X, line 21? b If the organization include an amount on Form 990, Part X, line 21? b If the organization include an amount on Form 990, Part X, line 21? a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Contributions c Net investment earnings, gains, and losses d Grants or scholarships c 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											No_
Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ If "Yes," explain the arrangement in Part XIII and complete the following table □ Beginning balance □ Amount □ 1c □ 1d □ 1d	Par			ete if the	organizatio	n answered '	"Yes" to F	orm 990	, Part IV, I	ne 9, or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table c Beginning balance d Additions during the year e Distributions during the year 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·									
b if "Yes," explain the arrangement in Part XIII and complete the following table Amount	1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contributions	s or other as:	sets not in	cluded	_	_	
c Beginning balance d Additions during the year e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Ending balance 5 Diff "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. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c 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 >		·								_ Yes	No
c Beginning balance d Additions during the year Distributions during the year Ending balance 1e	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
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? 2b Did the organization include an amount on Form 990, Part X, line 21? 2c Did the organization include an amount on Form 990, Part X, line 21? 2c Did the organization include an amount on Form 990, Part X, line 21? 2c Did the organization include an amount on Form 990, Part X, line 21? 2c Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2e Describe in Part XIII 2e Describe in Part XIII 2e Describe in Part XIII 2e Describe of Part VII the intended uses of the organization is sed as required on Schedule R? 2e Describe in Part XIII the intended uses of the organization's endowment tunds 2e Describe in Part XIII the intended uses of the organization's endowment tunds 2e Describe in Part XIII the intended uses of the organization's endowment tunds 2e Describe in Part XIII the intended uses of the organization's endowment tunds 2e Describe in Part XIII the intended uses of the organization's endowment tunds 2e Describe in Part XIII the intended uses of the organization's endowment tunds 2e Describe in Part XIII the intended uses of the organization's endowment tunds 2e Describe in Part XIII the intended uses of the organization's endowment funds 2e Describe in Part XIII the intended uses of the organization's endowment funds 2e Describe in Part XIII the intended uses of the organization's endowment funds 2e Describe in Part XIII the intended uses of the organization's endowment funds 2e Describe in Part XIII the intended uses of the organization's endowment funds 2e Describe in Part XIII the intended uses of the organization's endowment funds 2e Describe in Part XIII the intended uses of the organization's endowment funds 2e Describe in Part XIII the intended uses of the organization's endowment funds 2e Describe in Part XIII the intended in Part XIII th										Amount	
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a Board designated or quasi-endowment	g	End of year balance									
b Permanent endowment \	2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1ç	g, column (a)) held as					
Temporarily restricted endowment ▶	а	Board designated or quasi-endowment		%							
The percentages in lines 2a, 2b, and 2c should equal 100% Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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 Land b Buildings (d) Book value b Buildings (d) Book value (d) Book value c Leasehold improvements (d) Buildings (d) Book value (d) Book value c Leasehold improvements (d) Buildings (d) Book value b	Permanent endowment >	%									
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e Other	q	'			9	3,844.		93.8	44.		0.
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			gual Form 990. Part	X. colun	nn (B), line 1	O(c).)					0.

Schedule D (Form 990) 2013

		1b. See Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost	or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests	 -		
3) Other		<u></u>	
(A) INVESTMENT IN TROY			
(B) UNIVERSITY FOUNDATION	675 040	TIME OF WEAR MARK	7 DO 173 T TTD
(C) ENDOWMENT POOL	675,848.	END-OF-YEAR MAR	KET. AUTOR
(D)			
<u>(E)</u>			
(F)			
(G)			
(H)	675,848.		
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	0/3,040.	** *** *** * * * * * * * * * * * * * *	· '%****
Complete if the organization answered "Yes" t	o Form 900 Part IV line 1	1c See Form 990 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost	or end-of-vear market value
	(=)	(0)	
(1)			
(3)	<u></u>		
(4)			
(5)			
(6)	_		
(7)			
(8)			
(9)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1 Description	1d See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" t		1d See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" t		1d See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" t (a) [1d See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" t (a) [(1) (2)		1d See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) [(1) (2) (3) (4) (5)		1d See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) [(1) (2) (3) (4) (5) (6)		1d See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) [(1) (2) (3) (4) (5) (6) (7)		1d See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) [(1) (2) (3) (4) (5) (6) (7) (8)		1d See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" to (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	1d See Form 990, Part X, line 15.	(b) Book value
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Complete if the organization answered "Yes" to (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" to (a) Description of liability	Description 15.) o Form 990, Part IV, line 1		>
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Schedule D (Form 990) 2013 CENTER SERVICES, INC		63-0716554 Page 4
Part XI / Reconciliation of Revenue per Audited Financia		
Complete if the organization answered "Yes" to Form 990, Pai	rt IV, line 12a.	
1 Total revenue, gains, and other support per audited financial stateme	nts	1
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	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	∤**
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	7000770 4
c Add lines 4a and 4b		4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I.	line 12.)	5
Part XII Reconciliation of Expenses per Audited Financ	•	ses per Heturn.
Complete if the organization answered "Yes" to Form 990, Pa	rt IV, line 12a	
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	* *
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	الما	
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 Part XIII Supplemental Information.	I. line 18.)	

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.

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

OMB No 1545-0047 Open to Public Inspection 🦗

Name of the organization

CENTER SERVICES

Employer identification number

CENTER SERVICES, INC. 03-0/10334
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OF THE STUDENTS, FACULTY, STAFF AND ALUMNI OF TROY UNIVERSITY.
FORM 990, PAGE 1, ITEM B AND SCHEDULE A, PAGE 2, PART II, LINE 8
EXPLANATION: AMOUNT PREVIOUSLY REPORTED WAS REVISED TO REFLECT THE
CORRECT AMOUNT OF GROSS INCOME FROM INTEREST AND DIVIDENDS.
FORM 990, PART VI, SECTION A, LINE 2:
EXPLANATION: SOHAIL AGBOATWALA, LAURI DORRILL, DERRICK BREWSTER, DR. JAMES
BOOKOUT, HERBERT REEVES, AND DR. JEAN LALIBERTE - BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: DRAFT FORM OF 990 SENT TO MEMBERS OF THE BOARD FOR REVIEW AND
APPROVAL PRIOR TO FILING
FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THIS IS DONE BY AN ORIGINAL SIGNATURE UPON HIRING, AND IT IS
DISCUSSED IN MEETINGS WHEN NECESSARY.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: AVAILABLE UPON REQUEST