	5		**PUBLIC DISCLOSURE COPY**				
	C	00	Return of Organization Exempt From	Income Tax	OMB No. 1545-0047		
For	" 330		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C		2012		
		t of the Treasury	benefit trust or private foundation)		Open to Public		
		venue Service	► The organization may have to use a copy of this return to satisfy sta		Inspection		
200		1 Sec. 2014		JUN 30, 2013			
в	Check i applica	ble:	organization	D Employer identifi	cation number		
L	Add char Nam	BRIG	HTON CENTER, INC.				
F	char	Doing Bi	usiness As		673886		
F	Term	n Number	and street (or P.O. box if mail is not delivered to street address) Room/si	Construction of the second sec			
F	lated	FU B	OX 325	859-	491-8303		
F	Iretur	n City, tow	n, or post office, state, and ZIP code	G Gross receipts \$	9,882,478.		
	Appl	lina	ORT, KY 41072-0325	H(a) Is this a group re			
		A DECORE AND	nd address of principal officer: TAMMY WEIDINGER	for affiliates?	Yes X No		
-			X 325, NEWPORT, KY 410720325	H(b) Are all affiliates inc			
		kempt status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or BRIGHTONCENTER • COM	A CONTRACT OF A	list. (see instructions)		
		of organization:		H(c) Group exemptio			
	art I		X Corporation Trust Association Other LY	ear of formation: 1967 N	State of legal domicile: KY		
	1	and shad have been a first of the state	a the ergenization's mission or most significant estivities. THE MTCC	TON OF DETOIN			
Activities & Governance			e the organization's mission or most significant activities: <u>THE MISS</u> TO CREATE OPPORTUNITIES FOR INDIVIDU.				
nar	2						
ver	3		Check this box if the organization discontinued its operations or disposed of more than 25% of its net asse Number of voting members of the governing body (Part VI, line 1a)				
Go	4		ing members of the governing body (Part VI, line 1a) ependent voting members of the governing body (Part VI, line 1b)		33		
oð cu	5	Total number of ind	of individuals employed in calendar year 2012 (Part V, line 2a)		33		
itie	6				218		
stiv	11/1/16/20	Total uprelater	of volunteers (estimate if necessary) I business revenue from Part VIII, column (C), line 12		1970		
A	h	Net unrelated	business taxable income from Form 990-T, line 34	7a 7b	0.		
9		norunolatou		Prior Year	0.		
	8	Contributions a	and grants (Part VIII, line 1h)	10,089,030.	Current Year 8,575,160.		
Revenue	9		ce revenue (Part VIII, line 2g)	79,602.	180,298.		
eve	10		ome (Part VIII, column (A), lines 3, 4, and 7d)	69,711.	140,118.		
ñ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-147,337.	-264,089.		
	12		add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,091,006.	8,631,487.		
Star 1	13		hilar amounts paid (Part IX, column (A), lines 1-3)	289,724.	198,157.		
	14	Benefits paid to	o or for members (Part IX, column (A), line 4)	0.	0.		
ŝ	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	5,368,821.	5,760,765.		
Expenses			ndraising fees (Part IX, column (A), line 11e)	0.	0.		
bei			ng expenses (Part IX, column (D), line 25) 199,661.	0.			
ш	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)	2,384,873.	2,597,438.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,043,418.	8,556,360.		
	19		expenses. Subtract line 18 from line 12	2,047,588.	75,127.		
OC				Beginning of Current Year	End of Year		
sets	20	Total assets (P	art X, line 16)	5,159,478.	5,436,870.		
Ass Ba	21	Total liabilities		253,558.	327,294.		
Net Assets or Fund Balances	22		und balances. Subtract line 21 from line 20	4,905,920.	5,109,576.		
	rt II	Signature		4,505,520.	5,105,510.		
<u> </u>			declare that I have examined this return, including accompanying schedules and stat	ements and to the best of m	knowledge and ballief it is		
			Declaration of preparer (other than officer) is based on all information of which prepa		nitowiedge and beller, it is		
				and has any knowledge.			
01		Signature	of officer	Date			

Sign Here	Signature of officer TAMMY WEIDINGER, PRES Type or print name and title	IDENT & CEO	Date	
Paid Preparer	Print/Type preparer's name ANDREW J. BER'TKE, CPA Firm's name BARNES, DENNIG	Preparer's signature CO., ATD		x PTIN mployed ₽00083423 31-1119890
Use Only	Firm's address 2617 LEGENDS WA CRESTVIEW HILLS	, KY 41017		859-344-6400
May the I	RS discuss this return with the preparer shown at 10-12 LHA For Paperwork Reduction Act Not			X Yes No Form 990 (2012)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2012) BRIGHTON CENTER, INC.	61-0673886	Pag
Pai	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		[
1	Briefly describe the organization's mission:		
•	THE MISSION OF BRIGHTON CENTER, INC. IS TO CREATE OP:	PORTINITTES FOR	2
	INDIVIDUALS AND FAMILIES TO REACH SELF-SUFFICIENCY T		
	SERVICES, EDUCATION, AND LEADERSHIP. TO BRIGHTON CE		
	SELF-SUFFICIENCY IS TAKING RESPONSIBILITY TO PROVIDE	FOR YOURSELF A	AND
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	s X
	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 serv	vices?	x
5			
_	If "Yes," describe these changes on Schedule O.		
1	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses.	, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 2,011,725. including grants of \$ 3,446.)	(Revenue \$ 47	,966
	EARLY CHILDHOOD EDUCATION: MANY HARD WORKING FAMILI	ES STRUGGLE TO	
	AFFORD QUALITY CHILDCARE AND EARLY CHILDHOOD EDUCATION		PTE
	ON TOP OF EVERY DAY NECESSITIES. THIS CREATES A BAR		
	ABILITY TO PURSUE A CAREER AND FURTHER EDUCATION WHICH		
	OF SELF-SUFFICIENCY. ACCORDING TO THE NORTHERN KENT		
	COUNCIL, ONLY 32% OF CHILDREN ARE READY TO BEGIN LEAD		
	DAY OF KINDERGARTEN. OUR EARLY EDUCATION SERVICES F	OCUS ON WORKING	G
	WITH PARENTS AND THEIR CHILDREN TO REACH ALL DEVELOP	MENTAL MILESTON	NES
	FROM BIRTH THROUGH THE START OF KINDERGARTEN TO CREAM	TE A SOLID	
	FOUNDATION FOR THE FUTURE WHILE TACKLING ANY BARRIER		
	DURING THE FISCAL YEAR OF 2013, THERE WERE 1,170 IND		
		FTER 12 MONTHS	
ŀb	(Code:) (Expenses \$1,553,278. including grants of \$)		,11
	WORKFORCE DEVELOPMENT: ONE OF THE BIGGEST BARRIERS	FOR FAMILIES TH	RYI
	TO ACHIEVE SELF-SUFFICIENCY IS NOT HAVING A JOB OR H	AVING A JOB THA	AT
	DOES NOT PAY A LIVABLE WAGE. LIKE SO MANY OTHERS AR	JUND THE COUNTY	Y,
	OUR REGION HAS EXPERIENCED TOUGH ECONOMIC TIMES, REC	ORD UNEMPLOYMEN	NT.
	AND THE REALITY THAT CERTAIN CAREER PATHS ARE NO LONG		
	FOR EMPLOYMENT. IN ORDER TO THRIVE, WE MUST CONTINU		- 0-11
	CREATING A STRONG WORKFORCE THAT HAS THE EDUCATION A		<u> </u>
	OUR REGION FORWARD. TO ACCOMPLISH THIS, BRIGHTON CE		LET
	OF WORKFORCE DEVELOPMENT PROGRAMS THAT HELP ACHIEVE '		
	DURING THE FISCAL YEAR OF 2013, THERE WERE 21,930 SE	RVED THROUGH	
	WORKFORCE DEVELOPMENT. OF THOSE SERVED, 21,499 WORK	ED WITH OUR CAP	REE
	CONNECTIONS PROGRAM, 76 INDIVIDUALS RECEIVED THEIR G		
łc			-
	YOUTH SERVICES: ON A TYPICAL NIGHT IN NORTHERN KENT		
	OVER 3,000 YOUTH AND YOUNG ADULTS HOMELESS AND LEFT		
	WAY. THEY ARE THE SILENT, UNSEEN POPULATION AND SO		
	HARSH CONSEQUENCES OF COMING FROM A BROKEN HOME. FO		
	EDUCATION IS INTERRUPTED OR CUT OFF COMPLETELY ALONG	WITH ACCESS TO	C
	HEALTH CARE, MENTAL HEALTH SERVICES, LEGAL AID AND T	HEY OFTEN CAN'	ГG
	A JOB WITHOUT IDENTIFICATION OR A VALID ADDRESS. GE		
	IS ALSO OUT OF THE QUESTION DUE TO THEIR AGE AND LAC		THE
	COME TO BRIGHTON CENTER'S HOMEWARD BOUND SHELTER SCAN		AND
	TIRED OF THE CONSTANT BARRIERS IN THEIR WAY, BUT THE		
	HOPE, SUPPORT, AND THE ROAD MAP TO A BETTER LIFE. D		
	YEAR 2013, HOMEWARD BOUND SERVED 552 HOMELESS AND RU	NAWAY YOUTH ANI	D 7
1d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 2,784,492. including grants of \$ 143,934.) (Revenue \$	130,222.)	
1.6			
1e	Total program service expenses ► 7,268,286.		000
2002		Form S	330 (2
2-10-	12 SEE SCHEDULE O FOR CONTINUATION	(G) MC	
<u> </u>		TNG 504	<u></u>
80	218 758989 58123.0 2012.05050 BRIGHTON CENTER,	INC. 581	43_

14280218 758989 58123.0

more? If "Yes," complete Schedule F, Parts I and IV
d the organization report on Part IX, column (A), line 3, more than \$5,000 of grants
entity located outside the United States? If "Yes," complete Schedule F, Parts II a
d the organization report on Part IX, column (A), line 3, more than \$5,000 of aggre
ated outside the United States? If "Yes," complete Schedule F, Parts III and IV
d the organization report a total of more than \$15,000 of expenses for profession
lumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
d the organization report more than \$15,000 total of fundraising event gross inco
and 8a? If "Yes," complete Schedule G, Part II
d the organization report more than \$15,000 of gross income from gaming activiti
mplete Schedule G, Part III
d the organization operate one or more hospital facilities? If "Yes," complete Sche
Yes" to line 20a, did the organization attach a copy of its audited financial staten

BRIGHTON CENTER, INC. Form 990 (2012) BRIGHTON CEN
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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		х
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		Х
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		Х
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		Х
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		Х
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?		v	
40	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	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
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			
2	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a	x	
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		х
с	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		х
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
е	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

3

2012.05050 BRIGHTON CENTER, INC.

Form 990 (2012)

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BRIGHTON CENTER, INC.
 Form 990 (2012)
 BRIGHTON
 CENTER,
 I

 Part IV
 Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	200	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2012)

232004 12-10-12

	<u>990 (2012)</u> BRIGHTON CENTER, INC. 61-0673	886	P	age 5
Pa				
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 124			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 218			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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	X	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts		v	
_	were not tax deductible?	6b	X	
7	Organizations that may receive deductible contributions under section 170(c).	-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
C		7c		x
Ь	to file Form 8282?	70		
e u	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?	76 7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <u>N/A</u>	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

BRIGHTON CENTER, INC.

Form **990** (2012)

232005 12-10-12

14280218 758989 58123.0

BRIGHTON CENTER, INC.

61-0673886 Page 6

VI	Governance, Manage	ement, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" resp	oonse
	to line 8a, 8b, or 10b below	, describe the circumstances, processes, or changes in Schedule O. See instructions.	

Check if Schedule O contains a response to any question in this Part VI	
check in ochecule o contains a response to any question in this r art vi	

г		п.
L	Y	н
L	Δ	н

					Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	33	3		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	he dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye					
	The governing body?	-	-	8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F			J		
		levenu			Yes	N
10-2	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such of			IUa		
D		-		10b		
	and branches to ensure their operations are consistent with the organization's exempt purposes?			-	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay berc	ore ming the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				v	
			4i'-+-0	12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe			
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approv	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	vith a			
	taxable entity during the year?			16a	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its p	participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizatio	n's			
	exempt status with respect to such arrangements?			16b		X
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright KY$					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s onlv)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	`				
	X Own website Another's website X Upon request Other (explain	n in Scl	nedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or			nd final	ncial	
	statements available to the public during the tax year.	5		.a ma		
20	State the name, physical address, and telephone number of the person who possesses the books a	and roo	ords of the organize	ation •		
-0	JUNE MILLER - 859-491-8303		orus or the organiza	ation. •		
	741 CENTRAL AVE, NEWPORT, KY 41071					
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week			luau		Ji/irus		from	from related	other
	(list any	recto						the	organizations	compensation
	hours for related	ordi	ee			sated		organization	(W-2/1099-MISC)	from the
	organizations	rustee	Itrust		ee	npens		(W-2/1099-MISC)		organization and related
	below	dual t	tiona		nploy	st cor	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BAILEY	2.00									
DIRECTOR		X						0.	0.	0.
(2) DANIEL BRUMMETT	2.00									
DIRECTOR		X						0.	0.	0.
(3) JEREMY HAYDEN	2.00									
DIRECTOR		Х						0.	0.	0.
(4) ALANDES EURE-POWELL	2.00									
DIRECTOR		Х						0.	0.	0.
(5) ALICIA JANISCH	2.00									
DIRECTOR		Х						0.	0.	0.
(6) KEVIN KING	2.00									
DIRECTOR		Х						0.	0.	0.
(7) MARK EXTERKAMP	2.00									_
DIRECTOR		Х						0.	0.	0.
(8) DANIEL GRONECK	2.00									_
DIRECTOR		х						0.	0.	0.
(9) RICHARD MILLER	2.00									
DIRECTOR		X						0.	0.	0.
(10) JUDGE KAREN THOMAS	2.00									
DIRECTOR	0.00	X						0.	0.	0.
(11) DAVID HEHMAN	2.00									0
DIRECTOR		X						0.	0.	0.
(12) MARY PETERMAN	2.00	37						0		0
DIRECTOR	2.00	X						0.	0.	0.
(13) JACOB BUGEJA	2.00	x						0.	0.	0.
DIRECTOR (14) MICHAEL NAPIER	2.00	^						0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(15) JEFF RENSING	2.00							0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(16) TONY BONOMINI	2.00									
DIRECTOR	2.00	x						0.	0.	0.
(17) SANDY SCHWEITZER	2.00		-						0.	
DIRECTOR	2.00	x						0.	0.	0.
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2012.05050 BRIGHTON CENTER, INC.

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Name and title	(B) Average hours per		not c	(C Posi heck i	ition more	than		(D) Reportable	(E) Reportable		(F) Estimated
	week (list any hours for related organizations below line)	tee or director		Officer Deficer Deficer	irecto	compensated sn.1/1 se	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	coi or ai	amount of other mpensation from the ganization nd related ganizations
(18) JAMES PAGE DIRECTOR	2.00	x						0.	0	•	0
(19) LESLIE PIERCE DIRECTOR	2.00	x						0.	0		0
(20) ROBERT SAELINGER	2.00							0.	0	•	0
DIRECTOR		x						0.	0	•	0
21) MOLLY WESLEY-CHEVALIER	2.00							0	0		0
IRECTOR 22) EMILY SHEWMAKER	2.00	X						0.	0	•	0
DIRECTOR	2.00	x						ο.	0		0
23) KEITH SKIDDLE	2.00								-		
IRECTOR		x						0.	0	•	0
24) LISA BOEHNE	2.00	l.,							0		0
DIRECTOR 25) VAN NEEDHAM	2.00	X						0.	0	•	0
DIRECTOR	2.00	x						ο.	0		0
26) POLLY LUSK-PAGE	2.00										
IRECTOR		X						0.	0		0
1b Sub-total								0.	0		0
c Total from continuation sheets to Part V								191,998. 191,998.	0		37,713 37,713
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d Total (add lines 1b and 1c)							20 KG	-		-	
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 2 Total number of individuals (including but r compensation from the organization) 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com Section B. Independent Contractors 1 Complete this table for your five highest conthe organization. Report compensation for (A) Name and business 2 Total number of independent contractors (A) 	including but n	uster lle co " co nsat depe rear o NO	e, ke mple ion f or su ende endi DNI	ed at ey en ensa ate S from uch J ent c ng w	nplo attion Sche any ontr vith	yee, and edule acto or w	, or h	highest compensated enter compensation from for such individual de organization or individual hat received more than the organization's tax y (B) Description of s	,000 of reportable mployee on the organization dual for services \$100,000 of compe /ear. ervices	3 4 . 5 . sation	x x x x r rom
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 2 Total number of individuals (including but r compensation from the organization) 3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> 5 Section B. Independent Contractors 1 Complete this table for your five highest conthe organization. Report compensation for (A) Name and business 2 Total number of independent contractors (\$100,000 of compensation from the organization from the organization). 	including but n	uster le co msat deperer N	e, ke mple ion f ior su ende endi ONII	ed at ey en ensa ete S ert c ng w E	nplo attion Sche any ontr vith thos (yee, and adule adule acto or w	, or h	above) who received m	,000 of reportable mployee on the organization dual for services \$100,000 of compe /ear. ervices	. 4 . 5 nsation	Yes No X X X X X X C C ensation
 2 Total number of individuals (including but r compensation from the organization) 3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> 4 For any individual listed on line 1a, is the su and related organizations greater than \$15 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> 5 Section B. Independent Contractors 1 Complete this table for your five highest condition the organization. Report compensation for (A) Name and business 2 Total number of independent contractors (\$100,000 of compensation from the organization from the organization set PART VII, SECTIO 	including but r NA CONY	uster uster le co rear deper vear N	e, ke omported for su ende endi ONI	ed at ey en ensa ete S rom uch j ent c ng w E	nplo attion Sche any ontr vith thos (yee, and adule actor or w se lis 3 3 5 8	, or h	above) who received m	000 of reportable	- 3 - 4 - 5 	a from (C) ensation

Part VII Section A. Officers, Directors, T		mplo	byee			ligh	est			
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours	(c	hecł		ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations	Individual trustee or director	Institutional trustee		oloyee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	below line)	Individu	Instituti	Officer	Key employee	Highest	Former			
27) GAYLE HOFFMAN IRECTOR	2.00	x						0.	0.	C
28) KIRK KAVANAUGH IRECTOR	2.00	x						0.	0.	(
29) TIFFANY MAYSE IRECTOR	2.00	x						0.	0.	(
30) FRED HAAS III HAIR	2.00	x		x				0.	0.	(
(31) CONNIE J DAVIS SECRETARY	2.00	x		x				0.	0.	(
32) KEVIN GESSNER PREASURER	2.00	x		x				0.	0.	(
33) ANNE BUSSE VICE CHAIR	2.00	X		x				0.	0.	(
34) JUNE MILLER	37.50			x						
CHIEF FINANCIAL OFFICER	37.50							85,511.	0.	11,64
RESIDENT & CEO		-		X				106,487.	0.	26,068
otal to Part VII, Section A, line 1c								191,998.		37,713

232201 07-25-12

9 14280218 758989 58123.0 2012.05050 BRIGHTON CENTER, INC.

BRIGHTON CENTER, INC. Form 990 (2012) BRIGHTO

		Check if Schedule O conta	ains a response	to any question		(5)		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ស ស	1 -	Federated campaigns	1a	1,598,375.				010,01011
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
۵Ğ		Fundraising events		99,603.				
ifts ır A		Related organizations						
nila G		Government grants (contributi		5,677,977.				
Sir		All other contributions, gifts, grant	· ·	3,077,377.				
her		similar amounts not included abov		1,199,205.				
Oth	_			338,237.				
no' Ind	g	Noncash contributions included in lines			8,575,160.			
0.0	n	Total. Add lines 1a-1f			0,575,100.			
đ	0 -	ADMINISTRATIVE REVENUE		Business Code 541610	117,097.	117,097.		
vice	2 a		CARE PAREN	624410	47,966.	47,966.		
Ser	b		900099	11,839.	11,839.			
Program Service Revenue	C		TRATNITNG	561300	2,110.	2,110.		
gra Re	d			624200	1,286.	1,286.		
Pro	e			024200	1,200.	1,200.		
_	f	10			180,298.			
	3	Total. Add lines 2a-2f			100,290.			
	3				41,427.			41,427.
	4	other similar amounts)			,,			,,
	- 5	Royalties		•				
	5	noyaities	(i) Real	(ii) Personal				
	6 -	Gross rents						
		Gross rents						
		Rental income or (loss)						
		• • • • • • • • • • • • • • • • • • • •						
		Gross amount from sales of	(i) Securities	,				
	1 a	assets other than inventory	953,580.	(ii) Other 9,341.				
	h	Less: cost or other basis		5,511.				
		and sales expenses	864,230.	٥.				
		Gain or (loss)	·	9,341.				
		Net gain or (loss)			98,691.			98,691.
		Gross income from fundraising			,			
nue	0 0		,603. of					
Other Revenue		contributions reported on line						
Å		Part IV, line 18		16,130.				
thei	h	Less: direct expenses		48,524.				
ō		Net income or (loss) from fund		····· •	-32,394.			-32,394.
		Gross income from gaming ac	-		,			, .
	5 4	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances		106,542.				
	b	Less: cost of goods sold		338,237.				
		Net income or (loss) from sales			-231,695.			-231,695.
		Miscellaneous Revenue		Business Code				, .
	11 a							
	b							
	c							
	d							
		• Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			8,631,487.	180,298.	0.	-123,971.
23200 12-10						·		Form 990 (2012)

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95,248.

10,396. 8,808.

8,296.

14,459. 1,801.

2,766.

1,961. 1,431.

12,488.

1,287.

24,891.

15,281.

199,661.

548.

	BRIGHTON CE			61-06	73886 Page
	rt IX Statement of Functional Expens ion 501(c)(3) and 501(c)(4) organizations must com		or organizations must as	malata aaluma (A)	
Secti	Check if Schedule O contains a respor			implete column (A).	
Do	not include amounts reported on lines 6b,	(Å)	(B) Program service	(C)	_ (D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		' '	5	·
	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	198,157.	198,157.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	220 711		220 711	
	trustees, and key employees	229,711.		229,711.	
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	4,391,047.	3,832,838.	462,961.	95,24
' 8	Pension plan accruals and contributions (include	1,351,0170	5,052,050.	402,5010	55,2
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	707,352.	637,830.	59,126.	10,39
10	Payroll taxes	432,655.	365,722.	58,125.	8,80
11	Fees for services (non-employees):				
а	Management				
b	Legal				
с	Accounting	22,125.		22,125.	
d	, , , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g		204 420	226 740	20 204	0.00
	column (A) amount, list line 11g expenses on Sch 0.)	384,439.	336,749.	39,394.	8,29
	Advertising and promotion				
13	Office expenses				
14 15	Information technology				
15 16	Royalties	849,044.	721,547.	113,038.	14,45
17	Occupancy Travel	135,355.	130,238.	3,316.	1,80
18	Payments of travel or entertainment expenses				_,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	43,021.	35,409.	4,846.	2,76
20	Interest		-	-	-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	104,880.	91,147.	11,772.	1,96
23	Insurance	57,315.	50,862.	5,022.	1,43

30,443.

26,142.

9,900. 4,901.

7,591.

1,088,413.

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SUPPLIES

EQUIPMENT

TELEPHONE

All other expenses

PRINTING

Check here

232010 12-10-12

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.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

EXPENSE

24

а

b

С

d

е

25 26

578,655.

144,359.

114,811. 93,292.

70,142.

8,556,360.

2012.05050 BRIGHTON CENTER, INC.

535,724.

117,669.

103,624. 63,500.

47,270.

7,268,286.

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BRIGHTON CENTER, INC.

Form 990 (2012)

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	990 () t X	Balance Sheet		• -	0075000 Page II
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,374,636.	1	800,171.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	637,829.	3	688,470.
	4	Accounts receivable, net	661,363.	4	789,632.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ω		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	0 500
As	8	Inventories for sale or use	5,278.	8	8,589.
	9	Prepaid expenses and deferred charges	47,389.	9	53,677.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a1,544,026.Less: accumulated depreciation10b1,347,072.	222 007		106 054
	b		223,807. 2,209,176.	10c	196,954. 2,899,377.
	11	Investments - publicly traded securities	2,209,170.	11	2,099,377.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14 45	Intangible assets		14	
	15 16	Other assets. See Part IV, line 11	5,159,478.	15 16	5,436,870.
	<u>16</u> 17	Total assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses	132,738.	17	204,024.
	18	Grants payable and accided expenses		18	
	19	Deferred revenue	71,265.	19	72,476.
	20	Tax-exempt bond liabilities		20	, ,
s	21	Escrow or custodial account liability. Complete Part IV of Schedule D	39,885.	21	39,945.
	22	Loans and other payables to current and former officers, directors, trustees,	•		•
Liabilities		key employees, highest compensated employees, and disqualified persons.			
5		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	9,670.	25	10,849. 327,294.
	26	Total liabilities. Add lines 17 through 25	253,558.	26	327,294.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
Sec		complete lines 27 through 29, and lines 33 and 34.			4 204 205
and	27	Unrestricted net assets	4,257,285.	27	4,394,307. 715,269.
Bal	28	Temporarily restricted net assets	648,635.	28	/15,269.
	29	Permanently restricted net assets		29	
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here			
Ō		and complete lines 30 through 34.		00	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
ľ Ž	31 22	Paid-in or capital surplus, or land, building, or equipment fund		31 32	
Š	32 33	Retained earnings, endowment, accumulated income, or other funds	4,905,920.	32	5,109,576.
	33 34	Total liabilities and net assets/fund balances	5,159,478.	34	5,436,870.
	<u></u>		-,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Form 990 (2012)

Form **990** (2012)

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Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI

Form 990 (2012)

BRIGHTON CENTER, INC.

Pa	rt XII Financial Statements and Reporting		
	column (B))	10	5,109,576.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
8	Prior period adjustments	8	
7	Investment expenses	7	
6	Donated services and use of facilities	6	
5	Net unrealized gains (losses) on investments	5	128,529.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,905,920.
3	Revenue less expenses. Subtract line 2 from line 1	3	75,127.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,556,360.
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,631,487.

	Check if Schedule O contains a response to any question in this Part XII			X
			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 O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
	consolidated basis, or both:			
	Separate basis Consolidated basis X Both consolidated and separate basis			
с	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Х	

Form 990 (2012)

58123_01

(Form 990 or 990-EZ)

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11

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.

Open to Public Department of the Treasury Internal Revenue Service Inspection Attach to Form 990 or Form 990-EZ. See separate instructions. Name of the organization Employer identification number BRIGHTON CENTER, INC. 61-0673886 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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). 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. **d** Type III - Non-functionally integrated **c** Type III - Functionally integrated a∟ e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes No (i) the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). h

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	in col. (i) listed in your organization (v) Did in col. (i) listed in your organi governing document? (i) of y			 v) Did you notify the organization in col. (i) of your support? 		the on in col. ed in the .?	(vii) Amount of monetary support
		(see instructions))	Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

OMB No. 1545-0047

Schedule A (Form 990 or 990 EZ) 2012 BRIGHTON CENTER, INC.

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Part II	

61-0673886 Page 2

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.)

Calendar year (of fiscal year beginning in) ► (g) 2008 (g) 2010 (g) 2011 (g) 2012 (f) Total 1 offits, grants, onthututions, and membership fees received. (Do not include any "unusual grants.) 5430089. 8842204. 8174591. 8482430. 8575160. 39504474. 2 Tax revenues levide for the organization without charge 5430089. 8842204. 8174591. 8482430. 8575160. 39504474. 3 The value of services or facilities 5430089. 8842204. 8174591. 8482430. 8575160. 39504474. 5 the option of total contributions by each person (finer than a governmental unit to the organization (include or int that exceeds 2% of the amount shown on lie 11, column (f) (g) 2008 (g) 2001 (g) 2011 (g) 2012 (f) Total Calendar year (of fical yaar beginning in) ► 54,30089. 842204. 8174591. 8482430. 8575160. 39504474. Calendar year (of fical yaar beginning in) ► (g) 2008 (g) 2009 (g) 2011 (g) 2012 (f) Total Calendar year (of fical yaar beginning in) ► 55,540. 93,391. 46,018. 63,472. 41,427. 299,848. 9 Met mome from mine 4 10,885. 7,098. 27,505.	Sec	Section A. Public Support											
membership feer received. (Do not include any Pruscale) grants? 5430089.8842204.8174591.8482430.8575160.39504474. 2 Tax revenues levied for the organ- ization scheduler pradition is behalf 5430089.8842204.8174591.8482430.8575160.39504474. 3 The value of services or facilities translated by agovernmental unit to the organization without charge by each person (offer than a governmental unit or publicly supported organization) included on ine 1 that exceeds 2% of the amount shown on line 11, column (f) 5430089.8842204.8174591.8482430.8575160.39504474. 6 Public support. Subject the Storm (e. () 5430089.8842204.8174591.8482430.8575160.39504474. 7 Amount shown on line 11, column (f) (e) 2008 (e) 2009 (e) 2011 (e) 2012 (f) forail 38724874. 7 Amounts from line 4 55,540.93,391.46,018.63,472.41,427.299,848. 55,540.93,391.46,018.63,472.41,427.299,848. 39875003.123,987500	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total					
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15 2012.05050 BRIGHTON CENTER, 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.)

Calendar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513					_	_
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						
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) ►		(1) 0000	() 0010	(1) 0011	() 0010	(0.7.1
9 Amounts from line 6	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
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	-			•		
check this box and stop here						►
Section C. Computation of Publi						
15 Public support percentage for 2012 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	
16 Public support percentage from 2011	Schedule A, Par	t III, line 15			16	
Section D. Computation of Inves						
17 Investment income percentage for 20	12 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2						
19a 33 1/3% support tests - 2012. If the						e 17 is not
	-					
more than 33 1/3%, check this box an	organization did	not check a nov o			1010 G G G G G G G G G G G G G G G G G G	,
more than 33 1/3%, check this box an b 33 1/3% support tests - 2011. If the					norted organizati	nn 🕨
more than 33 1/3%, check this box an b 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, chec	ck this box and s	stop here. The org	anization qualifies	as a publicly sup		
 more than 33 1/3%, check this box an b 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, chec 20 Private foundation. If the organization 	ck this box and s	stop here. The org	anization qualifies	as a publicly sup his box and see i	nstructions	
more than 33 1/3%, check this box an b 33 1/3% support tests - 2011. If the line 18 is not more than 33 1/3%, chec	ck this box and s	stop here. The org	anization qualifies	as a publicly sup his box and see i		►

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

61-0673886

Namo	of the	oraan	ization
Name	or the	Ulyali	izatioi

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

BRIGHTON CENTER, INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

J For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

BRIGHTON CENTER, INC.

61-0673886

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,898,322.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$750,622.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$218,523.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$577,159.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$480,692.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$44,512.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
223452 12-21	I-12 1 0	Scheanie R (Form	990, 990-EZ, or 990-PF) (2012)

58123_01

14280218 758989 58123.0 2012.05050 BRIGHTON CENTER, INC.

Employer identification number

61-0673886

BRIGHTON CENTER, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		*	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	990, 990-EZ, or 990-PF) (

14280218 758989 58123.0

Name of orga	nization		Employer identification number
BRIGHT	ON CENTER, INC.		61-0673886
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	vidual contributions to section 501(c)(7 he following line entry. For organizations c., contributions of \$1,000 or less for th al space is needed.), (8), or (10) organizations that total more than \$1,000 for the completing Part III, enter e year. (Enter this information once.) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
. 		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_		(e) Transfer of gift	<u> </u>
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
; 	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
223454 12-21-	12	20	Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

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2012.05050 BRIGHTON CENTER, INC.

58123_01

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

Name of the organization BRIGHTON CENTER, INC.	Employer identification number 61-0673886
Part I Organizations Maintaining Donor Advised Funds or Of	
	the Similar Funds of Accounts. Complete if the
organization answered "Yes" to Form 990, Part IV, line 6.	advised funds (b) Europe and other accounts
	advised funds (b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
3 Aggregate grants from (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the as	
are the organization's property, subject to the organization's exclusive legal co	
6 Did the organization inform all grantees, donors, and donor advisors in writing t	
for charitable purposes and not for the benefit of the donor or donor advisor, o	
impermissible private benefit?	
Part II Conservation Easements. Complete if the organization answere	
1 Purpose(s) of conservation easements held by the organization (check all that	apply).
Preservation of land for public use (e.g., recreation or education)	Preservation of an historically important land area
Protection of natural habitat	Preservation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation of	contribution in the form of a conservation easement on the last
day of the tax year.	
	Held at the End of the Tax Y
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in	
d Number of conservation easements included in (c) acquired after 8/17/06, and	
listed in the National Register	
3 Number of conservation easements modified, transferred, released, extinguish	
year 🕨	, , , , , , , , , , , , , , , , , , , ,
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, i	
violations, and enforcement of the conservation easements it holds?	
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing cor	
 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 	
 B Does each conservation easement reported on line 2(d) above satisfy the requi 	
and section 170(h)(4)(B)(ii)?	
 9 In Part XIII, describe how the organization reports conservation easements in it 	
include, if applicable, the text of the footnote to the organization's financial stat	
conservation easements.	
Part III Organizations Maintaining Collections of Art, Historica	al Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" to Form 990, Part IV, line 8	-
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to rep	
historical treasures, or other similar assets held for public exhibition, education	
the text of the footnote to its financial statements that describes these items.	
 b If the organization elected, as permitted under SFAS 116 (ASC 958), to report i 	in its revenue statement and balance sheet works of art histor
treasures, or other similar assets held for public exhibition, education, or research	
relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► ¢
 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other si 	
-	
the following amounts required to be reported under SFAS 116 (ASC 958) relat	
a Revenues included in Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	► \$
1114 For Department Deduction Act Nation and the Instruction for F	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12	Schedule D (Form 990) 20
12-10-12 21	
21	

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2012.05050 BRIGHTON CENTER, INC.

OMB No. 1545-0047

Open to Public

Inspection

1

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Sche		N CENTER,							6 Page 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	storical Tr	easures, c	or Othe	er Similar As	sets(cont	inued)
3	Using the organization's acquisition, access	ion, and other record	ds, cheo	ck any of the	following that	t are a si	gnificant use of	its collection	on items
	(check all that apply):								
а	Public exhibition	0	a []		hange progra				
b	Scholarly research	e	• 🗆	Other					
С	Preservation for future generations								
4	Provide a description of the organization's c							Part XIII.	
5	During the year, did the organization solicit of								
	to be sold to raise funds rather than to be m							Ves	└── No
Pa	t IV Escrow and Custodial Arran		ete if th	e organizatio	n answered "	Yes" to	Form 990, Part	IV, line 9, o	r
	reported an amount on Form 990, Pa								
1 a	Is the organization an agent, trustee, custod							\Box	X No
	on Form 990, Part X?							Ves	LA No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:				•	
								Amour	nt
	Beginning balance								
	Additions during the year								
e	Distributions during the year								
20	Ending balance Did the organization include an amount on F							X Yes	
	If "Yes," explain the arrangement in Part XIII							142 162	
Pa							0		. [44]
		(a) Current year		Prior year			(d) Three years b	ack (e) Fou	ir vears back
1a	Beginning of year balance	(u) ourient your		nor your	(0)		(u)	(0) * *	
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		ce (line [·]	1g, column (a	a)) held as:			•	
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	_						
с	Temporarily restricted endowment	%							
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	zation th	nat are held a	nd administe	red for th	ne organization		. <u> </u>
	by:								Yes No
	(i) unrelated organizations							3a(i)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required of	on Sche	edule R?				3b	
4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipm			1					
	Description of property	(a) Cost or o basis (invest		1	or other (other)		ccumulated preciation	(d) Boo	ok value
1 a	Land								
	Buildings				7,900.		284.	1	7,616.
	Leasehold improvements			9	7,698.		62,921.	3	4,777.
	Equipment			1,42	8,428.	1,2	283,867.	14	4,561.
e	Other								
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	t X, colu	mn (B), line 1	0(c).)		►	19	6,954.
							Coho		m 000) 2012

Schedule D (Form 990) 2012

232052 12-10-12

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Schedule D	(Form 990)	2012

BRIGHTON CENTER, INC.

Part VI	I Investments - Other Securities. See	e Form 990, Part X, lir	ne 12.		
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1) Financ	cial derivatives				
	y-held equity interests				
(3) Other	E E E E E E E E E E E E E E E E E E E				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
(I)					
Total. (Col.	(b) must equal Form 990, Part X, col. (B) line 12.)				
Part VI	II Investments - Program Related. Se	e Form 990, Part X, I	ine 13.		
	(a) Description of investment type	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
	(h) manual farma 000 Dant V and (D) line 10)				
	(b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX	Other Assets. See Form 990, Part X, line				
	Other Assets. See Form 990, Part X, line	15. Description			(b) Book value
	Other Assets. See Form 990, Part X, line				(b) Book value
Part IX	Other Assets. See Form 990, Part X, line				(b) Book value
(1)	Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2)	Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4)	Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5)	Other Assets. See Form 990, Part X, line				(b) Book value
Part IX (1) (2) (3) (4) (5) (6)	Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets. See Form 990, Part X, line				(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. See Form 990, Part X, line				(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. See Form 990, Part X, line				(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other Assets. See Form 990, Part X, line (a) [Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co	Other Assets. See Form 990, Part X, line (a) [Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X	Other Assets. See Form 990, Part X, line (a) [////////////////////////////////////	Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1.	Other Assets. See Form 990, Part X, line (a) [////////////////////////////////////	Description	(b) Book value		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1)	Other Assets. See Form 990, Part X, line (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, line (a) Description of liability ederal income taxes	Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fe (2) P	Other Assets. See Form 990, Part X, line (a) [////////////////////////////////////	Description	(b) Book value 10,849.		(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fe (2) P (3)	Other Assets. See Form 990, Part X, line (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, line (a) Description of liability ederal income taxes	Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fe (2) P (3) (4)	Other Assets. See Form 990, Part X, line (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, line (a) Description of liability ederal income taxes	Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fe (2) P (3)	Other Assets. See Form 990, Part X, line (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, line (a) Description of liability ederal income taxes	Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fe (2) P (3) (4)	Other Assets. See Form 990, Part X, line (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, line (a) Description of liability ederal income taxes	Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fe (2) P (3) (4) (5)	Other Assets. See Form 990, Part X, line (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, line (a) Description of liability ederal income taxes	Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fe (2) P (3) (4) (5) (6) (6)	Other Assets. See Form 990, Part X, line (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, line (a) Description of liability ederal income taxes	Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fe (2) P (3) (4) (5) (6) (7) (6) (7)	Other Assets. See Form 990, Part X, line (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, line (a) Description of liability ederal income taxes	Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fe (2) P (3) (4) (5) (6) (7) (8) (6) (7) (8) (9) (8) (9) (9) (9) (1) (1) (2) (2) (3) (3) (4) (5) (6) (7) (6) (7) (7) (8) (7) (7) (8) (7) (7) (7) (8) (7) (7) (8) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. See Form 990, Part X, line (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, line (a) Description of liability ederal income taxes	Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fe (2) P (3) (4) (5) (6) (7) (8) (6) (7) (8) (9) (4) (5) (6) (7) (8) (9) (10) (6) (7) (8) (9) (10) (6) (7) (8) (9) (10) (7) (8) (9) (10) (7) (8) (9) (10) (7) (8) (9) (10) (7) (8) (9) (10) (7) (7) (8) (9) (10) (7) (7) (8) (9) (10) (7) (7) (8) (9) (10) (7) (7) (8) (9) (10) (7) (7) (7) (7) (8) (9) (10) (7) (7) (7) (7) (8) (9) (10) (7) (7) (7) (7) (8) (9) (10) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. See Form 990, Part X, line (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, line (a) Description of liability ederal income taxes	Description			(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Co Part X 1. (1) Fe (2) P (3) (4) (5) (6) (7) (8) (9) (4) (5) (6) (7) (8) (9) (10) (7) (8) (9) (10) (7) (8) (9) (10) (11) (11)	Other Assets. See Form 990, Part X, line (a) [(a) [(b) must equal Form 990, Part X, col. (B) line Other Liabilities. See Form 990, Part X, line (a) Description of liability ederal income taxes	Description			(b) Book value

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

232053 12-10-12

Sche	dule D (Form 990) 2012 BRIGHTON CENTER, INC.			61-0	0673886	Page 4				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return										
1	Total revenue, gains, and other support per audited financial statements			1	9,101	,534.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:									
а	Net unrealized gains on investments	2a	128,529.							
b	Donated services and use of facilities		3,281.							
с	Recoveries of prior year grants									
d	Other (Describe in Part XIII.)									
	Add lines 2a through 2d			2e		,810.				
3	Subtract line 2e from line 1			3	8,969	,724.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a								
b	Other (Describe in Part XIII.)	4b	-338,237.							
	Add lines 4a and 4b			4c		,237.				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,631	,487.						
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	Retu								
1	Total expenses and losses per audited financial statements			1	8,897	<u>,878.</u>				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:									
а	Donated services and use of facilities	2a	3,281.							
b	Prior year adjustments	2b								
с	Other losses	2c								
d	Other (Describe in Part XIII.)	2d	338,237.							
е	Add lines 2a through 2d			2e		<u>,518.</u>				
3	Subtract line 2e from line 1			3	8,556	<u>,360.</u>				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:									
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a								
b	Other (Describe in Part XIII.)	4b								
с	Add lines 4a and 4b			4c		0.				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	8,556	,360.						
Pa	t XIII Supplemental Information									
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	II, lines 1a	and 4; Part IV, lines 1	b and 2	2b; Part V, line	4; Part				
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to									
PAF	RT IV, LINE 2B: THIS ACCOUNT REPRESENTS AM	HAL	FOFA							

RELATED PARTY.

PART X, LINE 2: THE ORGANIZATION ADOPTED THE PROVISIONS OF ACCOUNTING	
FOR UNCERTAINTY IN INCOME TAXES ON JULY 1, 2009. THOSE PROVISIONS CLARI	FY
THE ACCOUNTING AND RECOGNITION FOR INCOME TAX POSITIONS TAKEN OR EXPECTE	D
TO BE TAKEN IN THE ORGANIZATION'S INCOME TAX RETURNS. THE ORGANIZATION'	s
INCOME TAX FILINGS ARE SUBJECT TO AUDIT BY VARIOUS TAXING AUTHORITIES.	

Schedule D (Form 990) 2012

232054 12-10-12

Schedule D (Form 990) 2012 BRIGHTON CENTER, INC. 61-0673886 Page 5 Part XIII Supplemental Information (continued)
THE ORGANIZATION'S OPEN AUDIT PERIODS ARE FISCAL 2010 - 2012. THE
ORGANIZATION'S POLICY WITH REGARD TO INTEREST AND PENALTY IS TO RECOGNIZE
INTEREST THROUGH INTEREST EXPENSE AND PENALTIES THROUGH OTHER EXPENSE. IN
EVALUATING THE ORGANIZATION'S TAX PROVISIONS AND ACCRUALS, FUTURE TAXABLE
INCOME, AND THE REVERSAL OF TEMPORARY DIFFERENCES, INTERPRETATIONS AND TAX
PLANNING STRATEGIES ARE CONSIDERED. THE ORGANIZATION BELIEVES THEIR
ESTIMATE THAT NO INCOME TAX IS DUE IS APPROPRIATE BASED ON CURRENT FACTS
AND CIRCUMSTANCES.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
<u>COST OF GOODS SOLD</u> -338,237
PART XII, LINE 2D - OTHER ADJUSTMENTS:
COST OF GOODS SOLD 338,237
Schedule D (Form 990) 201
232055 12-10-12 25

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, :4 11-7 11. CAE 000 -

Open To Public

OMB No. 1545-0047

Internal Revenue Service			990 or Form 990-E			eparate instructions	6.	1	nspection
Name of the organization								Employer ide	ntification number
	BRIGHTO	N CENTER	, INC.					61-0673	886
Part I Fundrais required to		Complete if the		ered "Y	'es" to) Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the	e organization rais	ed funds throug	n any of the followi	ng acti	vities.	Check all that apply			
a 📃 Mail solicitat	ions		e 🔛 Solicita	tion of	non-g	overnment grants			
b Internet and	email solicitations	i	f 🔄 Solicita	tion of	gover	nment grants			
c Phone solicit d In-person so			g 🛄 Specia	l fundra	aising	events			
2 a Did the organizatio	n have a written c	r oral agreement	with any individua	l (inclu	ding o	fficers, directors, tru	stees	or	
• • •			-			undraising services?		Yes	
b If "Yes," list the ter compensated at le			s (fundraisers) purs	suant to	o agre	ements under which	the f	undraiser is to	be
(*) Name and address	finalisiaks - I			_(iii)	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and address or entity (fund		(ii) <i>A</i>	Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	tò (or retained by) fundraiser listed in col. (i)		to (or retained by) organization
				Yes	No				
Total									
3 List all states in whi or licensing.	ch the organizatio	n is registered o	licensed to solicit	contrik	oution	I s or has been notified	d it is	exempt from r	egistration

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012 BRIGHTON CENTER, INC.

Pa	irt I	Fundraising Events. Complete if the of fundraising event contributions and groups of fundraising event contribu				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ð			GOLF OUTING (event type)	GALA (event type)	(total number)	col. (c))
nue				(event type)	(total number)	
Revenue	1	Gross receipts	21,305.	93,826.		115,131.
	2	Less: Contributions	15,341.	83,660.		99,001.
	3	Gross income (line 1 minus line 2)	5,964.	10,166.		16,130.
	4	Cash prizes				
s	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
-	8	Entertainment				
	9	Other direct expenses	9,220.	-		48,524.
		Direct expense summary. Add lines 4 through				(<u>48,524</u>) -32,394.
Pa	rt I	Net income summary. Combine line 3, colum	n (d), and line 10 answered "Yes" to Form	990 Part IV line 19 or	reported more than	-32,394.
		\$15,000 on Form 990-EZ, line 6a.			oportou moro triari	
0		. , , ,	(a) Diana	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ш	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	□ No	□ No	□ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			()
	8	Net gaming income summary. Combine line 1	I. column d. and line 7		•	
	-					1
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac	ctivities in each of these	states?		Yes No
b	11 "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:		-		Yes No
	_					
0000		4.07.40			Cohodula O/F	
2320	82 0.	1-07-13			Schedule G (Fo	rm 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 BRIGHTON CENTER, INC.	<u>61-0</u>) <u>673</u>	<u>886</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed				
	to administer charitable gaming?			Yes	
13	Indicate the percentage of gaming activity operated in:				
а	The organization's facility		13a		
b	An outside facility		13b		0
	Enter the name and address of the person who prepares the organization's gaming/special events books and record				
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amou				
b	of gaming revenue retained by the third party \triangleright \$	i it			
~	If "Yes," enter name and address of the third party:				
C	in res, entername and address of the third party.				
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
-	retain the state gaming license?			Yes	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in				
	organization's own exempt activities during the tax year > \$				
Ра	rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colur	nns (iii)	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info	matior	n (see i	nstruc	tions).
23208	33 01-07-13 Schedule (à (Forn	n 990 c	or 990	- EZ) 20 1
	28	•			-
:80	2012.05050 BRIGHTON CENTER, INC.		5	812	23_01

SCHEDULE I									OMB No. 1	545-0047
(Form 990) Grants and Other Assistance to Organizations, Governments, and Individuals in the United States							F	2012		
									20	
Department of the Treasury Internal Revenue Service										
	ion			Attach to Por	in 550.			Employer	Inspe	
Name of the organizat		CENTER, I	NC.					Employer	61-06	
Part I General I	nformation on Grants a									
1 Does the organi	zation maintain records	to substantiate the	amount of the grants	or assistance, the	e grantees' eligibilit	y for the grants or ass	sistance, and the sele	ction		
criteria used to a	award the grants or assi	stance?							X Yes	🗌 No
	IV the organization's pr	ocedures for monit	oring the use of grant	funds in the Unite	d States.					
	nd Other Assistance to					anization answered "	res" to Form 990, Par	t IV, line 21,	for any	
	hat received more than					(f) Method of	1	1		
	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		Purpose of or assistanc	
	per of section 501(c)(3) a	-	-	e line 1 table				🕨		
	per of other organization							>		
LHA For Paperwork	Reduction Act Notice	, see the Instruct	ions for Form 990.					Sched	ule I (Form	990) (2012)

Schedule I (Form 990) (2012)

BRIGHTON CENTER, INC.

Page 2

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SHELTER ALLOWANCES	139	4,386.	0.		
GROUP ACTIVITIES	1393	10,631.	0.		
RENT ASSISTANCE	267	86,220.	0.		
UTILITIES ASSISTANCE	463	46,981.	0.		
FOOD ASSISTANCE	8	834.	٥.		

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION REVIEWS THAT GRANT FUNDS ARE

USED FOR THEIR INTENDED PURPOSES REGULARLY.

Schedule I (Form 990) BRIGHTON CENTER, INC.								
o Individuals in the Unit	ed States (Schedul	e I (Form 990), Part III	.)	1				
(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistan				
244.	17,173.	0.						
98.	3 726.	0.						
51.	2,795.	0.						
121.	11,357.	0.						
1,876.	8,099.	0.						
2.	2,000.	0.						
34.	3,955.	0.						
	<u></u>							
	Individuals in the Unit (b) Number of recipients 244. 98. 51. 1,876. 2.	Individuals in the United States (Schedule (b) Number of recipients (c) Amount of cash grant 244. 17,173. 98. 3,726. 51. 2,795. 121. 11,357. 1,876. 8,099. 2. 2,000.	Individuals in the United States (Schedule I (Form 990), Part III (b) Number of recipients (c) Amount of cash grant (d) Amount of non- cash assistance 244. 17,173. 0. 98. 3,726. 0. 51. 2,795. 0. 121. 11,357. 0. 1,876. 8,099. 0. 2. 2,000. 0.	Individuals in the United States (Schedule I (Form 990), Part III.) (b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) 244. 17,173. 0. 98. 3,726. 0. 51. 2,795. 0. 121. 11,357. 0. 1,876. 8,099. 0. 2. 2,000. 0.				

Schedule I (Form 990)

SCHEDULE M	
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

L

Department of the Treasury Internal Revenue Service

Part I

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

Attach to Form 990.

Open to Public

7

Inspection ntification number

Employer identification nu
61-0673886

Name of the organization

organization		
	BRIGHTON	CENTER,

Types of Property

NTER, INC.

		(a)	(b)								
		Check if					Method of determining noncash contribution amounts				
		applicable	contributions or items contributed	Form 990, Part VIII		no	ncash conti	ributior	n amount	S	
1	Art - Works of art				, into 19						
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications	X		1,3	355.	EST	VALUE	OF	DONA	TIO	
5	Clothing and household goods	Х		253,4	102.	EST	VALUE	OF	DONA	TIO	
6	Cars and other vehicles			-							
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded										
10	Securities - Closely held stock										
11	Securities - Partnership, LLC, or										
	trust interests										
12	Securities - Miscellaneous										
13	Qualified conservation contribution -										
	Historic structures										
14	Qualified conservation contribution - Other										
15	Real estate - Residential										
16	Real estate - Commercial										
17	Real estate - Other										
18	Collectibles										
19	Food inventory										
20	Drugs and medical supplies										
21	Taxidermy										
22	Historical artifacts										
23	Scientific specimens										
24	Archeological artifacts										
25	Other (OTHER DONATIO)	Х	541	83,4	180.	EST	VALUE	OF	DONA	TIO	
26	Other ► ()										
27	Other ► ()										
28	Other ► ()										
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for c	ontributions							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				0		
									Yes	No	
30a	During the year, did the organization receive b										
	at least three years from the date of the initial	contribution	, and which is not	required to be used	for exen	npt purp	ooses for				
								30)a	X	
b	If "Yes," describe the arrangement in Part II.										
31	Does the organization have a gift acceptance	policy that r	equires the review	of any non-standar	d contrib	utions?		. 3	1 X		
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell	noncash						
	contributions?							32	2a	X	
b	If "Yes," describe in Part II.										
33	If the organization did not report an amount in	column (c) t	for a type of prope	rty for which colum	n (a) is ch	necked,					
	describe in Part II.										
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.			Schedule	M (Fo	rm 990)	(2012)	

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32 2012.05050 BRIGHTON CENTER, INC.

UPON	THE	VAL	UE (OF '	THE	GI	FT I	DEJ	ERM	INE	DI	BY 1	ГНЕ	DO	NOR	AND	O/OR	LIS	TED	ON	THE
LEGAL	DOC	CUMEI	NTS	RE	CEIV	VED	WHI	EN	THE	GI	FT	WAS	5 M	ADE	•						
232142 12-2	0-12																	Sc	hedule	M (Fo	rm 990) (
	,	8989	. FO	1 1 1				~ ~	12.(_ 33			~					_	8123_

the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both.

THE DONATION IS RECORDED IN THE BOOKS BASED

SCHEDULE M, LINE 32B: WHEN BRIGHTON CENTER RECEIVES NON-STANDARD

CONTRIBUTIONS SUCH AS PROPERTY OR STOCK, THE PRESIDENT & CEO INFORMS

THE BOARD OF THE DONATION.

Also complete this part for any additional information.

61-0673886 Page 2 Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether

SCHEDULE O (Form 990 or 990-EZ)

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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. CUIC Open to Public Inspection

61-0673886

OMB No. 1545-0047

Name of the organization BRIGHTON CENTER, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

REACH SELF-SUFFICIENCY THROUGH FAMILY SUPPORT SERVICES, EDUCATION,

EMPLOYMENT AND LEADERSHIP. WE WILL ACHIEVE THIS MISSION BY CREATING AN

ENVIRONMENT THAT REWARDS EXCELLENCE AND INNOVATION, ENCOURAGES MUTUAL

RESPECT, AND MAXIMIZES RESOURCES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

YOUR FAMILY USING AVAILABLE RESOURCES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ENROLLMENT, 98% OF BRIGHT DAYS CHILDREN AND 81% OF HIPPY CHILDREN WERE

ASSESS TO BE AGE APPROPRIATE IN COGNITIVE AND LANGUAGE SKILLS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RECEIVED TRAINING THROUGH THE CENTER FOR EMPLOYMENT TRAINING (CET), AND

75% OF THE TRAINEES MAINTAINED THEIR EMPLOYMENT FOR 6 MONTHS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

OF THEM WERE RE-UNITED WITH THEIR FAMILIES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY INVESTMENT: BRIGHTON CENTER AT ITS VERY CORE IS A COMMUNITY

BASED AGENCY. THE PEOPLE IN OUR COMMUNITY AND THEIR NEEDS ARE THE

DRIVING FORCE BEHIND THE WORK WE DO. TRENDS AND FADS WILL COME AND GO

BUT BRIGHTON CENTER WILL ALWAYS PROVIDE SERVICES THE COMMUNITY NEEDS

AND WANTS. EVERY DAY, BRIGHTON CENTER WORKS TO ENGAGE ALL MEMBERS OF
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
Schedule O (Form 990 or 990-EZ) (2012)
232211
01-04-13

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2012.05050 BRIGHTON CENTER, INC. 58123_01

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization BRIGHTON CENTER, INC.	Pag Employer identification num 61-0673886
THE COMMUNITY FROM YOUNG CHILDREN TO SENIORS SO THAT REAL	
BECOME REALITY. DURING THE FISCAL YEAR OF 2013, OUR COMM	UNITY
INVESTMENT PROGRAM SERVED 32,314 INDIVIDUALS, OF WHICH 11	,147 RECEIVED
ASSISTANCE THROUGH OUR CLOTHING CLOSET AND 7,283 INDIVIDU	ALS WERE MADE
AWARE OF OUR IMPACT THROUGH THE EFFORTS OF OUR COMMUNITY	ORGANIZING.
THIS PROGRAM IS FOCUSED ON BRINGING INDIVIDUALS TALENTS,	RESOURCE, AND
SKILLS TOGETHER, IN ORDER TO TRANSFORM THEIR OWN LIVES AN	D THEIR
COMMUNITY. WE ALSO WERE FORTUNATE ENOUGH TO HAVE 2,109 V	OLUNTEERS
ACROSS THE AGENCY.	
EXPENSES \$ 537,407. INCLUDING GRANTS OF \$ 6,853. REVE	NUE \$ 130,222.
BRIGHTON RECOVERY CENTER FOR WOMEN: THE BRIGHTON RECOVER	Y CENTER FOR
WOMEN IS PART OF THE RECOVERY KENTUCKY NETWORK THAT WAS I	NSTITUTED TO
HELP CHRONICALLY HOMELESSNESS WOMEN COMBAT SUBSTANCE ABUS	E. THE 100
BED FACILITY USES THE INTENSIVE RECOVERY DYNAMICS CURRICU	LUM AND A PEER
DRIVEN COMMUNITY THAT HELPS INSTILL ACCOUNTABILITY, RESPO	NSIBILITY AND
STRUCTURE IN THE LIVES OF WOMEN AS THEY CHANGE THEIR BEHA	VIOR,
ATTITUDES AND LIFESTYLE TO OVERCOME ADDICTION AND ANY OTH	ER BARRIERS
TOWARD REACHING SELF-SUFFICIENCY. DURING THE FISCAL YEAR	2013, THE
BRIGHTON RECOVERY CENTER SERVED 303 WOMEN AND AFTER 6 MON	THS, 81%
REPORTED NO RELAPSE AFTER COMPLETION OF PHASE ONE OF THE	PROGRAM.
EXPENSES \$ 814,817. INCLUDING GRANTS OF \$ 9,696. REVE	NUE \$ 0.
FAMILY CENTER: FOR A FAMILY STRUGGLING TO MAKE ENDS MEET	', SURVIVAL
BECOMES A DAILY OR EVEN HOURLY BATTLE OF HARD DECISIONS.	WITH A
LIMITED INCOME, FAMILIES OFTEN MAKE SACRIFICES BETWEEN EA	TING, STAYING
WARM AND PAYING FOR THE ROOF OVER THEIR HEADS. THE RISIN	G COST OF
EVERYDAY AND ESSENTIAL ITEMS MAKE IT EVEN HARDER AS INCOM 232212 01-04-13 Sched	
	dule O (Form 990 or 990-EZ) (20

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Page 2 Employer identification number
BRIGHTON CENTER, INC.	61-0673886
ABLE TO KEEP UP. OUR FAMILY CENTER PROVIDES A VITAL POIN	T OF ENTRY TO
SO MANY FAMILIES WHO NEED IMMEDIATE HELP, BUT WE TAKE IT	A STEP FURTHER
BY PROVIDING RESOURCES FOR THE LONG-TERM TO HELP FAMILIES	OVERCOME THE
MANY BARRIERS THAT HAVE BROUGHT THEM TO THE BRINK. IN GR	EATER
CINCINNATI, ABOUT 30% OF RESIDENTS LIVE BELOW THE STANDAR	D FOR BEING
SELF-SUFFICIENT BASED ON THEIR INCOME. THE FAMILY CENTER	BRINGS
TOGETHER MANY VITAL SERVICES THAT HELP TO PUT FAMILIES ON	THE RIGHT
PATH SO THAT THEIR FUTURE IS NOT ONLY BRIGHTER BUT THEIR	DREAMS ARE
ALSO ACHIEVABLE. DURING THE FISCAL YEAR 2013, 9,993 INDI	VIDUALS WERE
SERVED THROUGH THE FAMILY CENTER. OF THOSE NUMBERS, 7,36	4 WERE
PROVIDED EMERGENCY ASSISTANCE.	
EXPENSES \$ 693,634. INCLUDING GRANTS OF \$ 112,451. RE	VENUE \$ 0.
FINANCIAL SERVICES: BRIGHTON CENTER HELPS FAMILIES REACH	FINANCIAL
STABILITY THROUGH A VARIETY OF SERVICES THAT AIM TO EDUCA	TE, ENCOURAGE
AND EMPOWER FAMILIES TO TAKE CHARGE OF THEIR MONEY BY MAK	ING SMART,
INFORMED DECISIONS. WHEN UNEXPECTED LIFE EVENTS LIKE UNE	MPLOYMENT,
EXPENSIVE MEDICAL BILLS OR HOUSING EXPENSES CREATE A BARR	IER TO
ACHIEVING OR MAINTAINING A HEALTHY FINANCIAL PICTURE, FAM	ILIES CAN TURN
TO BRIGHTON CENTER FOR RENEWED HOPE AND GUIDANCE TO NAVIG	ATE TOUGH
SITUATIONS. DURING THE FISCAL YEAR OF 2013, 2,998 WERE S	ERVED THROUGH
OUR FINANCIAL SERVICES PROGRAM. OF THOSE, 90% OF INDIVID	UALS INCREASED
THEIR KNOWLEDGE OF AND SKILLS WITH BUDGETING, CREDIT AND	BANKING, AND
1,333 INDIVIDUALS WERE PROVIDED WITH FORECLOSURE PREVENTI	ON COUNSELING.
ALSO OUR VOLUNTEER INCOME TAX ASSISTANCE PROGRAM COMPLETE	D 1,065
RETURNS FOR A TOTAL OF \$1,632,041 IN TAX REFUNDS.	
EXPENSES \$ 537,383. INCLUDING GRANTS OF \$ 10,324. REV	

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization	Employer identification number
BRIGHTON CENTER, INC.	61-0673886

EXPENSES \$ 201,251. INCLUDING GRANTS OF \$ 4,610. REVENUE \$ 0.

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

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

FORM 990, PART VI, SECTION B, LINE 15: TYPICALLY, THE HUMAN RESOURCES DIRECTOR CONDUCTS AN EXECUTIVE COMPENSATION COMPARISON BY REVIEWING WAGE AND BENEFIT SURVEY REPORTS FROM THE LEADERSHIP COUNCIL OF UNITED WAY, AND THE EMPLOYERS RESOURCE ASSOCIATION. THE HUMAN RESOURCES DIRECTOR CREATES A CONFIDENTIAL EXECUTIVE COMPENSATION COMPARISON REPORT FOR REVIEW BY THE PERSONNEL COMMITTEE. THE PERSONNEL COMMITTEE CHAIR REPORTS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THE COMPENSATION COMPARISON REVIEW. FOR THE CURRENT FISCAL YEAR, A NEW PRESIDENT & CEO WAS HIRED ON 7/1/2011. PRIOR TO THIS HIRE DATE, A SEARCH COMMITTEE WAS FORMED AND THIS COMMITTEE APPROVED THE HIRING OF THE PRESIDENT & CEO AND THE COMPENSATION.

THE SI	EARCH C	COMMITTEE	PROCESS	INCLUDED	DELIBERAT	IONS AND	DISCUSS	IONS
232212 01-04-13						Sc	hedule O (Form	990 or 990-EZ) (2012)
					37			
14280218	75898	9 58123.0	2	012.05050	BRIGHTON	CENTER,	INC.	58123_01

Schedule O (Form 990 or 990-EZ) (2012) Page										
Name of the organization BRIGHTON CENTER, INC.	Employer identification number 61-0673886									
REGARDING THE HIRING AND COMPENSATION OF THE PRESIDENT AN	D CEO. THIS									
DECISION TO HIRE THE PRESIDENT AND THE CEO IS DOCUMENTED	IN THE BOARD OF									
DIRECTORS' MINUTES.										

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

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

PART XII, LINE 2C

NO CHANGES TO THE PROCESS THIS YEAR.

232212 01-04-13

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(Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012 Open to Public Inspection

Name of the organization

BRIGHTON CENTER, INC.

Employer identification number 61 - 0673886

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
BRIGHTON PROPERTIES, INC 31-1535241							
PO BOX 325				170(B)(1)(A)			
NEWPORT, KY 41072-0325	LOW INCOME HOUSING	KENTUCKY	501(C)(3)	(VI)	N/A		x
	_						
	-						

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

Schedule R (Form 990) 2012

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

(a)	(b)	(c)	(d)	(e)	((f)	(9	g)	(h)		(i)		(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related,	ninant income ed, unrelated, I from tax under Share of total income income income assets Disproportion- ate allocations?		ear ate allocatio		amount in box 20 of Schedule		s? amount in box 20 of Schedule		nanaging partner?		
		country)			512-514)					Yes No		K-1 (Form 10	065) Yes No		L
	_														
	_														
	_														
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V Identification of Related organizations treated as a	I Drganizations Taxable corporation or trust dur	as a Corpo	I oration or Trust (C year.)	omplete if th	ne organizat	ion answ	vered "Yes	s" to Forr	n 990, Pa	I art IV, I	l line 34	because it ha	ad one	e or mo	I ore relate
(a)			(b)	(c)	(d)		(e))	(f))		(g)	(h)	(i) Sectio
Name, address, and		Prim		Legal domicile	Direct cont	trolling	Type of		Share c	of total			Perce	entage	Sectio 512(b)(

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	Sec 512(t contr ent	tion b)(13) rolled tity?			
of related organization		country)				400010		Yes	No			
	1											

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1 During the tax year, did the organization engage in any of the following transaction	ons with one or more r	elated organizations listed	I in Parts II-IV?				
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	у			1a		X	
b Gift, grant, or capital contribution to related organization(s)				1b		X	
c Gift, grant, or capital contribution from related organization(s)						X	
d Loans or loan guarantees to or for related organization(s)				1d	Х		
e Loans or loan guarantees by related organization(s)				<u>1e</u>		X	
f Dividends from related organization(s)				1f		x	
g Sale of assets to related organization(s)				1g		X	
h Purchase of assets from related organization(s)				1h		X	
i Exchange of assets with related organization(s)				1i		X	
j Lease of facilities, equipment, or other assets to related organization(s)				1 j		X	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	x		
I Performance of services or membership or fundraising solicitations for related or					Х	1	
m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organiz						X	
• Sharing of paid employees with related organization(s)						X	
p Reimbursement paid to related organization(s) for expenses				1p		x	
q Reimbursement paid by related organization(s) for expenses				1q		X	
r Other transfer of cash or property to related organization(s)				1r		x	
s Other transfer of cash or property from related organization(s)				1s		X	
2 If the answer to any of the above is "Yes," see the instructions for information or						<u> </u>	
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved			
(1) BRIGHTON PROPERTIES, INC.	L	96,999.	ACTUAL CASH RECEIVED				
(2) BRIGHTON PROPERTIES, INC.	ĸ	643,211.	ACTUAL CASH PAID				
(3) BRIGHTON PROPERTIES, INC.	D	2,223,998.	ACTUAL BALANCE				
(4)							
(5)							
(6)							

Schedule R (Form 990) 2012 BRIGHTON CENTER, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a)	(b)	(c)	(d)	(e Are	e)	(f)	(g)	()	n)	(i)	()	(k)
Name, address, and EIN	Primary activity	Legal domicile		nartne	rs sec	Share of						al or Per	centage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax	501(c)(3) s ?	total	end-of-year	tion alloca	tions?	Code V-UBI amount in box 20 of Schedule K-1	mana part	ging her? OW	centage nership
		country)	under section 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes		
SARATOGA PLACE, LTD -													
61-1316726, P.O. BOX 325,	LOW INCOME												
NEWPORT, KY 41072	HOUSING RENTAL	KENTUCKY	RELATED		X	-10.	1,212,033.		X	N/A	X		.01%
SARATOGA PLACE II LTD -	4												
61-1352450, P.O. BOX 325,	LOW INCOME HOUSING RENTAL						711 000		x	NT / 7			109
NEWPORT, KY 41072	HOUSING RENTAL	KENTUCKY	RELATED		X	-90.	711,283.			N/A	X	_	.10%
	-												
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Schedule R (Form 990) 2012

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Complete th	is part to provide addition						
2165 12-10-12						Schedulo	R (Form 990) 20 ⁻
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