

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , and ending

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization: **Tri County Counseling & Life Skills**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6919 Outreach Way 126

City, town or post office, state, and ZIP code
North Port FL 34287

D Employer identification number: **20-2102079**

E Telephone number: **941-429-3721**

G Gross receipts \$: **329,457**

F Name and address of principal officer:
Thomas G. Glaza
2763 S San Mateo Drive
North Port FL 32488

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No
If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () **t** (insert no.) 4947(a)(1) or 527

J Website: **u N/A**

H(c) Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u**

L Year of formation: **2007**

M State of legal domicile: **FL**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)		3	5	
	4 Number of independent voting members of the governing body (Part VI, line 1b)		4	5	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	5	
	6 Total number of volunteers (estimate if necessary)		6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0	
b Net unrelated business taxable income from Form 990-T, line 34		7b	0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	2,550	Current Year	45,885
	9 Program service revenue (Part VIII, line 2g)		243,720		283,572
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		246,270		329,457
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		111,030		209,640
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0		0
	b Total fundraising expenses (Part IX, column (D), line 25) u				0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		127,240		131,000
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		238,270		340,640	
19 Revenue less expenses. Subtract line 18 from line 12		8,000		-11,183	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	19,091	End of Year	14,850
	21 Total liabilities (Part X, line 26)		79,722		86,664
	22 Net assets or fund balances. Subtract line 21 from line 20		-60,631		-71,814

Part II Signature Block

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

Sign Here

Signature of officer: **Thomas G Glaza** Date: _____

Type or print name and title: **CEO**

Paid Preparer Use Only

Print/Type preparer's name: **Beth A Wilson EA** Preparer's signature: **Beth A Wilson EA** Date: **05/13/13** Check if self-employed PTIN: **P00187460**

Firm's name: **Wilson Tax and Accounting Inc** Firm's EIN: **27-3653397**

Firm's address: **1300 Enterprise Dr Ste A Port Charlotte, FL 33953-3801** Phone no.: **941-625-1925**

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 309,303 including grants of \$) (Revenue \$)

Tri-County Counseling has provided the recommended counseling services by the various agencies to clients, individuals and families for the past year.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses u 309,303

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: u 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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed u FL
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: u Wilson Tax & Accounting Inc. 1300 Enterprise Dr Suite A
 Port Charlotte FL 33953 941-625-1925

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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Thomas G Glaza Secy/Director	0.00 0.00	X		X				0	0	0
(2) Vanessa J Carusone Pres/Director	40.00 0.00	X		X				0	0	0
(3) Carla Pawich Director	0.00 0.00	X						0	0	0
(4) Elaine Allen-Emrich Director	0.00 0.00	X						0	0	0
(5) Monica Becket Director	0.00 0.00	X						0	0	0
(6) Maureen Cerbone Director	0.00 0.00	X						0	0	0
(7)										
(8)										
(9)										
(10)										
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										

1b Sub-total	u
c Total from continuation sheets to Part VII, Section A	u
d Total (add lines 1b and 1c)	u

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	45,885		
	g Noncash contributions included in lines 1a-1f: \$				
	h Total. Add lines 1a-1f	u	45,885		
Program Service Revenue		Busn. Code			
	2a Client Fees	624100	246,174	246,174	
	b Client Drug Testing	624100	23,495	23,495	
	c 1 Day Education	624100	14,500	14,500	
	d Refunds & Returns	624100	-597	-597	
	e				
	f All other program service revenue				
g Total. Add lines 2a-2f	u	283,572			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u			
	4 Income from investment of tax-exempt bond proceeds	u			
	5 Royalties	u			
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less: rental exps.				
	c Rental inc. or (loss)				
	d Net rental income or (loss)	u			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis & sales exps.				
	c Gain or (loss)				
	d Net gain or (loss)	u			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a			
	b Less: direct expenses	b			
	c Net income or (loss) from fundraising events	u			
9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b				
c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue		Busn. Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	u				
12 Total revenue. See instructions.	u	329,457	283,572	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	192,736	192,736		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	16,904	16,904		
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,930		1,930	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	1,837	1,837		
13 Office expenses	7,080		7,080	
14 Information technology				
15 Royalties				
16 Occupancy	62,186	62,186		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	4,515	4,515		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,625		10,625	
23 Insurance	4,055	4,055		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Contract Services	14,219	14,219		
b Client Drug Testing Kits	4,373	4,373		
c Bank Service Charges	3,222		3,222	
d Licenses & Fees	3,126	3,126		
e All other expenses	13,832	5,352	8,480	
25 Total functional expenses. Add lines 1 through 24e	340,640	309,303	31,337	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest bearing	14,485	1	5,164	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	55,170			
	b	Less: accumulated depreciation	46,950	3,140	10c	8,220
	11	Investments—publicly traded securities		11		
	12	Investments—other securities. See Part IV, line 11		12		
	13	Investments—program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	1,466	15	1,466	
16	Total assets. Add lines 1 through 15 (must equal line 34)	19,091	16	14,850		
Liabilities	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	2,516	22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties	66,258	24	64,799	
	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	10,948	25	21,865	
	26	Total liabilities. Add lines 17 through 25	79,722	26	86,664	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund	2,554	31	2,554	
	32	Retained earnings, endowment, accumulated income, or other funds	-63,185	32	-74,368	
33	Total net assets or fund balances	-60,631	33	-71,814		
34	Total liabilities and net assets/fund balances	19,091	34	14,850		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	329,457
2	Total expenses (must equal Part IX, column (A), line 25)	2	340,640
3	Revenue less expenses. Subtract line 2 from line 1	3	-11,183
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-60,631
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-71,814

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or 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?		
3b	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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

Tri County Counseling & Life Skills

Employer identification number

20-2102079

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 15 %

16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(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.")	1,200		2,050	2,550	45,885	51,685
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	146,511	154,734	172,318	243,720	283,572	1,000,855
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	147,711	154,734	174,368	246,270	329,457	1,052,540
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.)						1,052,540

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	147,711	154,734	174,368	246,270	329,457	1,052,540
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.)	147,711	154,734	174,368	246,270	329,457	1,052,540

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990. u See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

Tri County Counseling & Life Skills

20-2102079

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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...?, 6 Did the organization inform all grantees...?

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located..., 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		55,170	46,950	8,220
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			u	8,220

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Deposits	1,466
(2) Organization Costs	420
(3) Accum. Amort - Organ. Cost	-420
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u 1,466

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Capital Lease-Marlin	14,000
(3) Payroll Taxes Payable	3,532
(4) Dell Payable	2,589
(5) Deposit	1,744
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 21,865

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

Table with 5 main rows and sub-rows (a-e). Columns for description, sub-description (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

Table with 5 main rows and sub-rows (a-e). Columns for description, sub-description (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines provided for entering supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

U Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

2012

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ. U See separate instructions.

Open To Public
Inspection

Name of the organization

Employer identification number

Tri County Counseling & Life Skills

20-2102079

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 u \$ _____
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization u \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total u \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
(1) Edith Glaza	Family	34,111	Salary		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Employer identification number

20-2102079

Tri County Counseling & Life Skills

Form 990 - Organization's Mission or Most Significant Activities

Tri-County Counseling & Life Skills Center, Inc. provides counseling for substance abuse and mental health clients, contract services for Healthy Start Coalition for parenting skills, psychotherapy and smoking cessation services to their clients and family members. They work in conjunction with the Sarasota County Teen Court to provide services to the youth of the community. The City of North Port has identified the Center as the provider of choice for the City of North Port Employees for individual, couples and family therapy for those seeking mental health, life skills, and substance abuse counseling.

The Sarasota Dept of Corrections identifies Tri-County Counseling as the recommended office to provide required counseling to all DOC clients. All services are provided at affordable fees so no client in crisis will be refused services.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Federal Statements

Indirect Depreciation

Statement 1 - Form 4562 - Election Made Under Section 1.168(i)-6(i)

Property Given Up

Marlin Leased Copier

Property Received

Marlin Leased Copier in trade for asset # 85

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

See Stmt 1

OMB No. 1545-0172

2012

Attachment Sequence No. **179**

u See separate instructions. u Attach to your tax return.

Name(s) shown on return

Tri County Counseling & Life Skills

Identifying number

20-2102079

Business or activity to which this form relates

Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	7,985
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	931
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		8,412	5.0	HY	200DB	1,684
c 7-year property		181	7.0	HY	200DB	25
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	10,625
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2012)

Form **8824**

Like-Kind Exchanges
(and section 1043 conflict-of-interest sales)

OMB No. 1545-1190

2012

Attachment
Sequence No. **109**

Department of the Treasury
Internal Revenue Service

u Attach to your tax return.

Name(s) shown on tax return

Identifying number

Tri County Counseling & Life Skills

20-2102079

Part I Information on the Like-Kind Exchange

Note: If the property described on line 1 or line 2 is real or personal property located outside the United States, indicate the country.

1 Description of like-kind property given up:

Marlin Leased Copier

2 Description of like-kind property received:

Marlin Leased Copier in trade for asset # 85

3 Date like-kind property given up was originally acquired (month, day, year)

3 12/01/09

4 Date you actually transferred your property to other party (month, day, year)

4 02/14/12

5 Date like-kind property you received was identified by written notice to another party (month, day, year). See instructions for 45-day written identification requirement

5 02/14/12

6 Date you actually received the like-kind property from other party (month, day, year). See instructions

6 02/14/12

7 Was the exchange of the property given up or received made with a related party, either directly or indirectly (such as through an intermediary)? See instructions. If "Yes," complete Part II. If "No," go to Part III

Yes No

Part II Related Party Exchange Information

8 Name of related party

Relationship to you

Related party's identifying number

Address (no., street, and apt., room, or suite no., city or town, state, and ZIP code)

9 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did the related party sell or dispose of any part of the like-kind property received from you (or an intermediary) in the exchange or transfer property into the exchange, directly or indirectly (such as through an intermediary), that became your replacement property?

Yes No

10 During this tax year (and before the date that is 2 years after the last transfer of property that was part of the exchange), did you sell or dispose of any part of the like-kind property you received?

Yes No

If both lines 9 and 10 are "No" and this is the year of the exchange, go to Part III. If both lines 9 and 10 are "No" and this is **not** the year of the exchange, stop here. If either line 9 or line 10 is "Yes," complete Part III and report on this year's tax return the deferred gain or (loss) from line 24 **unless** one of the exceptions on line 11 applies.

11 If one of the exceptions below applies to the disposition, check the applicable box:

a The disposition was after the death of either of the related parties.

b The disposition was an involuntary conversion, and the threat of conversion occurred after the exchange.

c You can establish to the satisfaction of the IRS that neither the exchange nor the disposition had tax avoidance as one of its principal purposes. If this box is checked, attach an explanation (see instructions).

For Paperwork Reduction Act Notice, see the instructions.

Form **8824** (2012)

Name(s) shown on tax return. Do not enter name and social security number if shown on other side.

Your social security number

Tri County Counseling & Life Skills

20-2102079

Part III Realized Gain or (Loss), Recognized Gain, and Basis of Like-Kind Property Received

Caution: If you transferred and received (a) more than one group of like-kind properties or (b) cash or other (not like-kind) property, see **Reporting of multi-asset exchanges** in the instructions.

Note: Complete lines 12 through 14 **only** if you gave up property that was not like-kind. Otherwise, go to line 15.

12	Fair market value (FMV) of other property given up	12		
13	Adjusted basis of other property given up	13		
14	Gain or (loss) recognized on other property given up. Subtract line 13 from line 12. Report the gain or (loss) in the same manner as if the exchange had been a sale	14		
Caution: If the property given up was used previously or partly as a home, see Property used as home in the instructions.				
15	Cash received, FMV of other property received, plus net liabilities assumed by other party, reduced (but not below zero) by any exchange expenses you incurred (see instructions)	15		
16	FMV of like-kind property you received	16		
17	Add lines 15 and 16	17		
18	Adjusted basis of like-kind property you gave up, net amounts paid to other party, plus any exchange expenses not used on line 15 (see instructions)	18		14,158
19	Realized gain or (loss). Subtract line 18 from line 17	19		-14,158
20	Enter the smaller of line 15 or line 19, but not less than zero	20		0
21	Ordinary income under recapture rules. Enter here and on Form 4797, line 16 (see instructions)	21		-14,158
22	Subtract line 21 from line 20. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797, unless the installment method applies (see instructions)	22		14,158
23	Recognized gain. Add lines 21 and 22	23		
24	Deferred gain or (loss). Subtract line 23 from line 19. If a related party exchange, see instructions	24		-14,158
25	Basis of like-kind property received. Subtract line 15 from the sum of lines 18 and 23	25		14,158

Part IV Deferral of Gain From Section 1043 Conflict-of-Interest Sales

Note: This part is to be used **only** by officers or employees of the executive branch of the Federal Government or judicial officers of the Federal Government (including certain spouses, minor or dependent children, and trustees as described in section 1043) for reporting nonrecognition of gain under section 1043 on the sale of property to comply with the conflict-of-interest requirements. This part can be used **only** if the cost of the replacement property is more than the basis of the divested property.

26	Enter the number from the upper right corner of your certificate of divestiture. (Do not attach a copy of your certificate. Keep the certificate with your records.)	u		
27	Description of divested property	u		
28	Description of replacement property	u		
29	Date divested property was sold (month, day, year)	29		
30	Sales price of divested property (see instructions)	30		
31	Basis of divested property	31		
32	Realized gain. Subtract line 31 from line 30	32		
33	Cost of replacement property purchased within 60 days after date of sale	33		
34	Subtract line 33 from line 30. If zero or less, enter -0-	34		0
35	Ordinary income under recapture rules. Enter here and on Form 4797, line 10 (see instructions)	35		
36	Subtract line 35 from line 34. If zero or less, enter -0-. If more than zero, enter here and on Schedule D or Form 4797 (see instructions)	36		0
37	Deferred gain. Subtract the sum of lines 35 and 36 from line 32	37		
38	Basis of replacement property. Subtract line 37 from line 33	38		

20-2102079

Federal Asset Report

FYE: 12/31/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
5-year GDS Property:											
97	AVG Antivirus	1/13/12	512			X	256	5	HY 200DB	0	307
103	Marlin Leased Copier in trade for asset # 85	2/14/12	14,158			X	7,079	5	HY 200DB	0	8,495
104	Refurbished Computer	1/23/12	204				204	5	HY 200DB	0	41
106	Printer	2/27/12	65			X	33	5	HY 200DB	0	39
107	Used Refrigerator	5/31/12	199				199	5	HY 200DB	0	40
108	Coffee Maker	6/15/12	140			X	70	5	HY 200DB	0	84
109	Refurbished Computer	8/02/12	204				204	5	HY 200DB	0	41
111	Laptop #5CB21102YW	10/01/12	276			X	138	5	HY 200DB	0	166
112	Laptop #5CB2103KDX	10/01/12	276			X	138	5	HY 200DB	0	166
113	HP Office Jet Printer	11/23/12	56			X	28	5	HY 200DB	0	33
114	Cross Cut Shredder	11/23/12	126			X	63	5	HY 200DB	0	76
			<u>16,216</u>				<u>8,412</u>			<u>0</u>	<u>9,488</u>
7-year GDS Property:											
105	2 Drawer File Cabinet	1/08/12	62			X	31	7	HY 200DB	0	35
110	Couch	9/04/12	300			X	150	7	HY 200DB	0	171
			<u>362</u>				<u>181</u>			<u>0</u>	<u>206</u>
Prior MACRS:											
1	Office Furniture set	4/20/02	944			X	661	5	HY 200DB	944	0
3	Table & Chairs	4/28/02	649			X	454	5	HY 200DB	649	0
5	1 Armchair	5/10/02	139				139	5	HY 200DB	139	0
7	Refrigerator	6/01/02	535			X	374	5	HY 200DB	535	0
9	Computer #2	6/20/02	562				562	5	HY 200DB	562	0
10	Wastebaskets/Coffee pots	6/01/02	276				276	5	HY 200DB	276	0
12	4 Drawer File Cabinet & Chair	2/06/04	188			X	94	7	MQ200DB	188	0
13	Frames	3/03/04	63			X	32	7	MQ200DB	63	0
14	Wall Prints & Frames	5/10/04	31			X	16	7	MQ200DB	31	0
15	Picture Frames	5/24/04	23			X	12	7	MQ200DB	23	0
16	2 Bookcases	11/09/04	61			X	31	7	MQ200DB	61	0
18	Storage Cabinet	11/04/04	120			X	60	7	MQ200DB	120	0
21	1 Brother Fax Machine	2/01/05	442				442	5	HY 200DB	442	0
22	Office Chair	3/21/05	134				134	5	HY 200DB	134	0
23	2 Cell Phones	6/10/05	226				226	5	HY 200DB	226	0
24	Lable Maker	7/16/05	50				50	5	HY 200DB	50	0
25	2 Flash Drives	8/21/05	128				128	5	HY 200DB	128	0
26	Server	8/17/05	5,756				5,756	5	HY 200DB	5,756	0
28	Calculator	9/28/05	33				33	5	HY 200DB	33	0
31	Chair	8/01/05	50				50	5	HY 200DB	50	0
32	6 - 4-line telephones	10/03/05	294				294	5	HY 200DB	294	0
34	Used Room dividers	10/04/05	333				333	5	HY 200DB	333	0
38	Vacuum	1/19/06	56				56	7	HY 200DB	49	5
41	2 drawer file cabinet	4/11/06	29				29	7	HY 200DB	25	3
43	Cell Phones	4/01/07	410				410	7	HY 200DB	319	36
44	Office Chair	5/06/07	144				144	7	HY 200DB	112	13
46	4 Drawer File Cabinet	5/09/07	155				155	7	HY 200DB	121	13
47	TV, DVD-VCR Combo	7/09/07	212				212	7	HY 200DB	165	19
48	2-Cigarette Urns/Smoker's Post	3/27/07	107				107	7	HY 200DB	83	10
49	External Hardrive	4/22/08	150			X	75	7	HY 200DB	127	6
52	L-Desk	5/12/08	280			X	140	7	HY 200DB	236	13
53	2-4 Drawer lateral file cabinets	5/12/08	170			X	85	7	HY 200DB	143	8
54	Decorations	5/19/08	475			X	237	7	HY 200DB	401	21
55	8 Reception Chairs	5/04/08	600			X	300	7	HY 200DB	506	27
56	5 L-Desks	5/04/08	1,000			X	500	7	HY 200DB	844	44
57	Used 5 Drawer Lateral File Cabinet	5/13/08	300			X	150	7	HY 200DB	253	14
58	Used File Cabinet	5/13/08	150			X	75	7	HY 200DB	127	6
59	Blinds	5/22/08	1,950			X	975	7	HY 200DB	1,645	87
60	Signage	5/23/08	610			X	305	7	HY 200DB	515	27
63	HP OJ6310XI	5/12/08	120			X	60	5	HY 200DB	109	7
64	Shredder	5/27/08	99			X	49	7	HY 200DB	84	4
65	5 APC Backups	5/27/08	213			X	106	5	HY 200DB	195	12
66	Black Sofa-Savon Furniture	5/16/08	420			X	210	7	HY 200DB	354	19
67	Blue Sofa-Rooms To Go	5/17/08	417			X	208	7	HY 200DB	352	19
68	Used computer	5/13/08	50				50	5	HY 200DB	41	6
69	Coffee Table-Savon Furniture	5/16/08	140			X	70	7	HY 200DB	118	6

20-2102079

Federal Asset Report

FYE: 12/31/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
70	Black love seat-Savon Furniture	5/16/08	400			X	200	7 HY 200DB	338	17
71	2 Step end tables-Savon Furniture	5/16/08	140			X	70	7 HY 200DB	118	6
72	Blue arm chair-Rooms To Go	5/17/08	368			X	184	7 HY 200DB	310	17
73	2 Glass End Tables-Rooms To Go	5/17/08	154			X	77	7 HY 200DB	130	7
74	Glass coffee table-Rooms To Go	5/17/08	137			X	68	7 HY 200DB	116	6
75	2 Lamps w/black base-Rooms To Go	5/17/08	114			X	57	7 HY 200DB	96	5
76	Dell PowerEdge 840 Server	5/21/08	2,242			X	1,121	5 HY 200DB	2,048	129
77	4 Dell Optiplex 330 computers	5/21/08	2,046			X	1,023	5 HY 200DB	1,869	118
78	4 19" Flatscreen monitors	5/21/08	752			X	376	5 HY 200DB	687	44
81	Keyboard	6/16/08	60			X	30	5 HY 200DB	55	3
83	Armchair	5/10/02	70				70	5 HY 200DB	70	0
84	Software with Dell Computers	5/21/08	497			X	248	5 HY 200DB	454	29
85	Marlin Leased Copier	12/01/09	5,700			X	2,850	5 MQ200DB	4,781	46
	Traded: 2/14/12									
86	16 Folding Chairs	8/23/10	158			X	79	5 HY 200DB	120	15
87	Desk	8/18/10	60			X	30	5 HY 200DB	46	5
88	Target-Printer,Copier	10/22/10	40			X	0	5 HY 200DB	40	0
89	Prineter	1/11/11	55			X	0	5 HY 200DB	55	0
90	Used Laptop SN 57056	2/06/11	184				184	5 HY 200DB	37	59
91	4-Office Chairs	4/10/11	211			X	0	7 HY 200DB	211	0
92	Reception TV	5/10/11	192			X	0	5 HY 200DB	192	0
93	Wire Shelving	6/10/11	358			X	0	7 HY 200DB	358	0
95	2 Wicker Chairs & 1 Table	8/08/11	170			X	0	7 HY 200DB	170	0
96	HP 6500 Printer	11/01/11	120			X	0	5 HY 200DB	120	0
			<u>33,522</u>				<u>21,532</u>		<u>30,382</u>	<u>931</u>
Other Depreciation:										
30	Norton Anti Virus	9/19/05	427				427	5 MO S/L	427	0
	Sold/Scrapped: 1/13/12									
33	Software	8/02/05	7,493				7,493	5 MO S/L	7,493	0
42	Software Upgrade	12/21/06	3,277				3,277	3 MO Amort	3,277	0
	Total Other Depreciation		<u>11,197</u>				<u>11,197</u>		<u>11,197</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>11,197</u>				<u>11,197</u>		<u>11,197</u>	<u>0</u>
Amortization:										
20	Organizational Costs	1/01/05	420				420	5 MO Amort	420	0
			<u>420</u>				<u>420</u>		<u>420</u>	<u>0</u>
	Grand Totals		61,717				41,742		41,999	10,625
	Less: Dispositions and Transfers		6,127				3,277		5,208	46
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>55,590</u>				<u>38,465</u>		<u>36,791</u>	<u>10,579</u>

20-2102079

FL Asset Report

FYE: 12/31/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
<u>5-year GDS Property:</u>								
97	AVG Antivirus	1/13/12	512	256	0	307	307	0
103	Marlin Leased Copier in trade for asset # 85	2/14/12	14,158	7,079	0	8,495	8,495	0
104	Refurbished Computer	1/23/12	204	204	0	41	41	0
106	Printer	2/27/12	65	33	0	39	39	0
107	Used Refrigerator	5/31/12	199	199	0	40	40	0
108	Coffee Maker	6/15/12	140	70	0	84	84	0
109	Refurbished Computer	8/02/12	204	204	0	41	41	0
111	Laptop #5CB21102YW	10/01/12	276	138	0	166	166	0
112	Laptop #5CB2103KDX	10/01/12	276	138	0	166	166	0
113	HP Office Jet Printer	11/23/12	56	28	0	33	33	0
114	Cross Cut Shredder	11/23/12	126	63	0	76	76	0
			<u>16,216</u>	<u>8,412</u>	<u>0</u>	<u>9,488</u>	<u>9,488</u>	<u>0</u>
<u>7-year GDS Property:</u>								
105	2 Drawer File Cabinet	1/08/12	62	31	0	35	35	0
110	Couch	9/04/12	300	150	0	171	171	0
			<u>362</u>	<u>181</u>	<u>0</u>	<u>206</u>	<u>206</u>	<u>0</u>
<u>Prior MACRS:</u>								
1	Office Furniture set	4/20/02	944	661	944	0	0	0
3	Table & Chairs	4/28/02	649	454	649	0	0	0
5	1 Armchair	5/10/02	139	139	139	0	0	0
7	Refrigerator	6/01/02	535	374	535	0	0	0
9	Computer #2	6/20/02	562	562	562	0	0	0
10	Wastebaskets/Coffee pots	6/01/02	276	276	276	0	0	0
12	4 Drawer File Cabinet & Chair	2/06/04	188	94	188	0	0	0
13	Frames	3/03/04	63	32	63	0	0	0
14	Wall Prints & Frames	5/10/04	31	16	31	0	0	0
15	Picture Frames	5/24/04	23	12	23	0	0	0
16	2 Bookcases	11/09/04	61	31	61	0	0	0
18	Storage Cabinet	11/04/04	120	60	120	0	0	0
21	1 Brother Fax Machine	2/01/05	442	442	442	0	0	0
22	Office Chair	3/21/05	134	134	134	0	0	0
23	2 Cell Phones	6/10/05	226	226	226	0	0	0
24	Lable Maker	7/16/05	50	50	50	0	0	0
25	2 Flash Drives	8/21/05	128	128	128	0	0	0
26	Server	8/17/05	5,756	5,756	5,756	0	0	0
28	Calculator	9/28/05	33	33	33	0	0	0
31	Chair	8/01/05	50	50	50	0	0	0
32	6 - 4-line telephones	10/03/05	294	294	294	0	0	0
34	Used Room dividers	10/04/05	333	333	333	0	0	0
38	Vacuum	1/19/06	56	56	49	5	5	0
41	2 drawer file cabinet	4/11/06	29	29	25	3	3	0
43	Cell Phones	4/01/07	410	410	319	36	36	0
44	Office Chair	5/06/07	144	144	112	13	13	0
46	4 Drawer File Cabinet	5/09/07	155	155	121	13	13	0
47	TV, DVD-VCR Combo	7/09/07	212	212	165	19	19	0
48	2-Cigarette Urns/Smoker's Post	3/27/07	107	107	83	10	10	0
49	External Hardrive	4/22/08	150	75	127	6	6	0
52	L-Desk	5/12/08	280	140	236	13	13	0
53	2-4 Drawer lateral file cabinets	5/12/08	170	85	143	8	8	0
54	Decorations	5/19/08	475	237	401	21	21	0
55	8 Reception Chairs	5/04/08	600	300	506	27	27	0
56	5 L-Desks	5/04/08	1,000	500	844	44	44	0
57	Used 5 Drawer Lateral File Cabinet	5/13/08	300	150	253	14	14	0
58	Used File Cabinet	5/13/08	150	75	127	6	6	0
59	Blinds	5/22/08	1,950	975	1,645	87	87	0
60	Signage	5/23/08	610	305	515	27	27	0
63	HP OJ6310XI	5/12/08	120	60	109	7	7	0
64	Shredder	5/27/08	99	49	84	4	4	0
65	5 APC Backups	5/27/08	213	106	195	12	12	0
66	Black Sofa-Savon Furniture	5/16/08	420	210	354	19	19	0
67	Blue Sofa-Rooms To Go	5/17/08	417	208	352	19	19	0
68	Used computer	5/13/08	50	50	41	6	6	0
69	Coffee Table-Savon Furniture	5/16/08	140	70	118	6	6	0

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FL Asset Report

FYE: 12/31/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	FL Prior	FL Current	Federal Current	Difference Fed - FL
70	Black love seat-Savon Furniture	5/16/08	400	200	338	17	17	0
71	2 Step end tables-Savon Furniture	5/16/08	140	70	118	6	6	0
72	Blue arm chair-Rooms To Go	5/17/08	368	184	310	17	17	0
73	2 Glass End Tables-Rooms To Go	5/17/08	154	77	130	7	7	0
74	Glass coffee table-Rooms To Go	5/17/08	137	68	116	6	6	0
75	2 Lamps w/black base-Rooms To Go	5/17/08	114	57	96	5	5	0
76	Dell PowerEdge 840 Server	5/21/08	2,242	1,121	2,048	129	129	0
77	4 Dell Optiplex 330 computers	5/21/08	2,046	1,023	1,869	118	118	0
78	4 19" Flatscreen monitors	5/21/08	752	376	687	44	44	0
81	Keyboard	6/16/08	60	30	55	3	3	0
83	Armchair	5/10/02	70	70	70	0	0	0
84	Software with Dell Computers	5/21/08	497	248	454	29	29	0
85	Marlin Leased Copier	12/01/09	5,700	2,850	4,781	46	46	0
		Traded: 2/14/12						
86	16 Folding Chairs	8/23/10	158	79	120	15	15	0
87	Desk	8/18/10	60	30	46	5	5	0
88	Target-Printer,Copier	10/22/10	40	0	40	0	0	0
89	Prineter	1/11/11	55	55	0	22	0	-22
90	Used Laptop SN 57056	2/06/11	184	184	37	59	59	0
91	4-Office Chairs	4/10/11	211	0	211	0	0	0
92	Reception TV	5/10/11	192	0	192	0	0	0
93	Wire Shelving	6/10/11	358	0	358	0	0	0
95	2 Wicker Chairs & 1 Table	8/08/11	170	0	170	0	0	0
96	HP 6500 Printer	11/01/11	120	0	120	0	0	0
			<u>33,522</u>	<u>21,587</u>	<u>30,327</u>	<u>953</u>	<u>931</u>	<u>-22</u>
Other Depreciation:								
30	Norton Anti Virus	9/19/05	427	427	427	0	0	0
		Sold/Scrapped: 1/13/12						
33	Software	8/02/05	7,493	7,493	7,493	0	0	0
42	Software Upgrade	12/21/06	3,277	3,277	3,277	0	0	0
Total Other Depreciation			<u>11,197</u>	<u>11,197</u>	<u>11,197</u>	<u>0</u>	<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>11,197</u>	<u>11,197</u>	<u>11,197</u>	<u>0</u>	<u>0</u>	<u>0</u>
Amortization:								
20	Organizational Costs	1/01/05	420	420	420	0	0	0
			<u>420</u>	<u>420</u>	<u>420</u>	<u>0</u>	<u>0</u>	<u>0</u>
Grand Totals			61,717	41,797	41,944	10,647	10,625	-22
Less: Dispositions			6,127	3,277	5,208	46	46	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>55,590</u>	<u>38,520</u>	<u>36,736</u>	<u>10,601</u>	<u>10,579</u>	<u>-22</u>

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AMT Asset Report

FYE: 12/31/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
5-year GDS Property:											
97	AVG Antivirus	1/13/12	512			X	256	5	HY 200DB	0	307
103	Marlin Leased Copier in trade for asset # 85	2/14/12	14,158			X	7,079	5	HY 200DB	0	8,495
104	Refurbished Computer	1/23/12	204				204	5	HY 200DB	0	41
106	Printer	2/27/12	65			X	33	5	HY 200DB	0	39
107	Used Refrigerator	5/31/12	199				199	5	HY 150DB	0	30
108	Coffee Maker	6/15/12	140			X	70	5	HY 200DB	0	84
109	Refurbished Computer	8/02/12	204				204	5	HY 200DB	0	41
111	Laptop #5CB21102YW	10/01/12	276			X	138	5	HY 200DB	0	166
112	Laptop #5CB2103KDX	10/01/12	276			X	138	5	HY 200DB	0	166
113	HP Office Jet Printer	11/23/12	56			X	28	5	HY 200DB	0	33
114	Cross Cut Shredder	11/23/12	126			X	63	5	HY 200DB	0	76
			<u>16,216</u>				<u>8,412</u>			<u>0</u>	<u>9,478</u>
7-year GDS Property:											
105	2 Drawer File Cabinet	1/08/12	62			X	31	7	HY 200DB	0	35
110	Couch	9/04/12	300			X	150	7	HY 200DB	0	171
			<u>362</u>				<u>181</u>			<u>0</u>	<u>206</u>
Prior MACRS:											
1	Office Furniture set	4/20/02	944			X	661	5	HY 150DB	944	0
3	Table & Chairs	4/28/02	649			X	454	5	HY 150DB	649	0
5	1 Armchair	5/10/02	139				139	5	HY 150DB	139	0
7	Refrigerator	6/01/02	535			X	374	5	HY 150DB	535	0
9	Computer #2	6/20/02	562				562	5	HY 150DB	562	0
10	Wastebaskets/Coffee pots	6/01/02	276				276	5	HY 150DB	276	0
12	4 Drawer File Cabinet & Chair	2/06/04	188			X	94	7	MQ200DB	188	0
13	Frames	3/03/04	63			X	32	7	MQ200DB	63	0
14	Wall Prints & Frames	5/10/04	31			X	16	7	MQ200DB	31	0
15	Picture Frames	5/24/04	23			X	12	7	MQ200DB	23	0
16	2 Bookcases	11/09/04	61			X	31	7	MQ200DB	61	0
18	Storage Cabinet	11/04/04	120			X	60	7	MQ200DB	120	0
21	1 Brother Fax Machine	2/01/05	442				442	5	HY 150DB	442	0
22	Office Chair	3/21/05	134				134	5	HY 150DB	134	0
23	2 Cell Phones	6/10/05	226				226	5	HY 150DB	226	0
24	Lable Maker	7/16/05	50				50	5	HY 150DB	50	0
25	2 Flash Drives	8/21/05	128				128	5	HY 150DB	128	0
26	Server	8/17/05	5,756				5,756	5	HY 150DB	5,756	0
28	Calculator	9/28/05	33				33	5	HY 150DB	33	0
31	Chair	8/01/05	50				50	5	HY 150DB	50	0
32	6 - 4-line telephones	10/03/05	294				294	5	HY 150DB	294	0
34	Used Room dividers	10/04/05	333				333	5	HY 150DB	333	0
38	Vacuum	1/19/06	56				56	7	HY 150DB	46	7
41	2 drawer file cabinet	4/11/06	29				29	7	HY 150DB	24	4
43	Cell Phones	4/01/07	410				410	7	HY 150DB	284	51
44	Office Chair	5/06/07	144				144	7	HY 150DB	100	18
46	4 Drawer File Cabinet	5/09/07	155				155	7	HY 150DB	108	19
47	TV, DVD-VCR Combo	7/09/07	212				212	7	HY 150DB	147	26
48	2-Cigarette Urns/Smoker's Post	3/27/07	107				107	7	HY 150DB	75	13
49	External Hardrive	4/22/08	150			X	75	7	HY 200DB	127	6
52	L-Desk	5/12/08	280			X	140	7	HY 200DB	236	13
53	2-4 Drawer lateral file cabinets	5/12/08	170			X	85	7	HY 200DB	143	8
54	Decorations	5/19/08	475			X	237	7	HY 200DB	401	21
55	8 Reception Chairs	5/04/08	600			X	300	7	HY 200DB	506	27
56	5 L-Desks	5/04/08	1,000			X	500	7	HY 200DB	844	44
57	Used 5 Drawer Lateral File Cabinet	5/13/08	300			X	150	7	HY 200DB	253	14
58	Used File Cabinet	5/13/08	150			X	75	7	HY 200DB	127	6
59	Blinds	5/22/08	1,950			X	975	7	HY 200DB	1,645	87
60	Signage	5/23/08	610			X	305	7	HY 200DB	515	27
63	HP OJ6310XI	5/12/08	120			X	60	5	HY 200DB	109	7
64	Shredder	5/27/08	99			X	49	7	HY 200DB	84	4
65	5 APC Backups	5/27/08	213			X	106	5	HY 200DB	195	12
66	Black Sofa-Savon Furniture	5/16/08	420			X	210	7	HY 200DB	354	19
67	Blue Sofa-Rooms To Go	5/17/08	417			X	208	7	HY 200DB	352	19
68	Used computer	5/13/08	50				50	5	HY 150DB	38	8
69	Coffee Table-Savon Furniture	5/16/08	140			X	70	7	HY 200DB	118	6

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AMT Asset Report

FYE: 12/31/2012

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
70	Black love seat-Savon Furniture	5/16/08	400			X	200	7 HY 200DB	338	17
71	2 Step end tables-Savon Furniture	5/16/08	140			X	70	7 HY 200DB	118	6
72	Blue arm chair-Rooms To Go	5/17/08	368			X	184	7 HY 200DB	310	17
73	2 Glass End Tables-Rooms To Go	5/17/08	154			X	77	7 HY 200DB	130	7
74	Glass coffee table-Rooms To Go	5/17/08	137			X	68	7 HY 200DB	116	6
75	2 Lamps w/black base-Rooms To Go	5/17/08	114			X	57	7 HY 200DB	96	5
76	Dell PowerEdge 840 Server	5/21/08	2,242			X	1,121	5 HY 200DB	2,048	129
77	4 Dell Optiplex 330 computers	5/21/08	2,046			X	1,023	5 HY 200DB	1,869	118
78	4 19" Flatscreen monitors	5/21/08	752			X	376	5 HY 200DB	687	44
81	Keyboard	6/16/08	60			X	30	5 HY 200DB	55	3
83	Armchair	5/10/02	70				70	5 HY 150DB	70	0
84	Software with Dell Computers	5/21/08	497			X	248	5 HY 200DB	454	29
85	Marlin Leased Copier	12/01/09	5,700			X	2,850	5 MQ200DB	4,781	46
	Traded: 2/14/12									
86	16 Folding Chairs	8/23/10	158			X	79	5 HY 150DB	111	14
87	Desk	8/18/10	60			X	30	5 HY 150DB	42	6
88	Target-Printer,Copier	10/22/10	40			X	0	5 HY 200DB	40	0
89	Prineter	1/11/11	55			X	0	5 HY 200DB	55	0
90	Used Laptop SN 57056	2/06/11	184				184	5 HY 150DB	28	47
91	4-Office Chairs	4/10/11	211			X	0	7 HY 200DB	211	0
92	Reception TV	5/10/11	192			X	0	5 HY 200DB	192	0
93	Wire Shelving	6/10/11	358			X	0	7 HY 200DB	358	0
95	2 Wicker Chairs & 1 Table	8/08/11	170			X	0	7 HY 200DB	170	0
96	HP 6500 Printer	11/01/11	120			X	0	5 HY 200DB	120	0
			<u>33,522</u>				<u>21,532</u>		<u>30,267</u>	<u>960</u>
Other Depreciation:										
30	Norton Anti Virus	9/19/05	427				427	5 MO S/L	427	0
	Sold/Scrapped: 1/13/12									
33	Software	8/02/05	7,493				7,493	5 MO S/L	7,493	0
	Total Other Depreciation		<u>7,920</u>				<u>7,920</u>		<u>7,920</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>7,920</u>				<u>7,920</u>		<u>7,920</u>	<u>0</u>
	Grand Totals		58,020				38,045		38,187	10,644
	Less: Dispositions and Transfers		<u>6,127</u>				<u>3,277</u>		<u>5,208</u>	<u>46</u>
	Net Grand Totals		<u>51,893</u>				<u>34,768</u>		<u>32,979</u>	<u>10,598</u>

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Bonus Depreciation Report

FYE: 12/31/2012

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
1	Office Furniture set	4/20/02	944		0	0	283	661
3	Table & Chairs	4/28/02	649		0	0	195	454
7	Refrigerator	6/01/02	535		0	0	161	374
12	4 Drawer File Cabinet & Chair	2/06/04	188		0	0	94	94
13	Frames	3/03/04	63		0	0	31	32
14	Wall Prints & Frames	5/10/04	31		0	0	15	16
15	Picture Frames	5/24/04	23		0	0	11	12
16	2 Bookcases	11/09/04	61		0	0	30	31
18	Storage Cabinet	11/04/04	120		0	0	60	60
49	External Hardrive	4/22/08	150		0	0	75	75
52	L-Desk	5/12/08	280		0	0	140	140
53	2-4 Drawer lateral file cabinets	5/12/08	170		0	0	85	85
54	Decorations	5/19/08	475		0	0	238	237
55	8 Reception Chairs	5/04/08	600		0	0	300	300
56	5 L-Desks	5/04/08	1,000		0	0	500	500
57	Used 5 Drawer Lateral File Cabinet	5/13/08	300		0	0	150	150
58	Used File Cabinet	5/13/08	150		0	0	75	75
59	Blinds	5/22/08	1,950		0	0	975	975
60	Signage	5/23/08	610		0	0	305	305
63	HP OJ6310XI	5/12/08	120		0	0	60	60
64	Shredder	5/27/08	99		0	0	50	49
65	5 APC Backups	5/27/08	213		0	0	107	106
66	Black Sofa-Savon Furniture	5/16/08	420		0	0	210	210
67	Blue Sofa-Rooms To Go	5/17/08	417		0	0	209	208
69	Coffee Table-Savon Furniture	5/16/08	140		0	0	70	70
70	Black love seat-Savon Furniture	5/16/08	400		0	0	200	200
71	2 Step end tables-Savon Furniture	5/16/08	140		0	0	70	70
72	Blue arm chair-Rooms To Go	5/17/08	368		0	0	184	184
73	2 Glass End Tables-Rooms To Go	5/17/08	154		0	0	77	77
74	Glass coffee table-Rooms To Go	5/17/08	137		0	0	69	68
75	2 Lamps w/black base-Rooms To Go	5/17/08	114		0	0	57	57
76	Dell PowerEdge 840 Server	5/21/08	2,242		0	0	1,121	1,121
77	4 Dell Optiplex 330 computers	5/21/08	2,046		0	0	1,023	1,023
78	4 19" Flatscreen monitors	5/21/08	752		0	0	376	376
81	Keyboard	6/16/08	60		0	0	30	30
84	Software with Dell Computers	5/21/08	497		0	0	249	248
85	Marlin Leased Copier	12/01/09	5,700		0	0	2,850	2,850
86	16 Folding Chairs	8/23/10	158		0	0	79	79
87	Desk	8/18/10	60		0	0	30	30
88	Target-Printer,Copier	10/22/10	40		0	0	40	0
89	Prineter	1/11/11	55		0	0	55	0
91	4-Office Chairs	4/10/11	211		0	0	211	0
92	Reception TV	5/10/11	192		0	0	192	0
93	Wire Shelving	6/10/11	358		0	0	358	0
95	2 Wicker Chairs & 1 Table	8/08/11	170		0	0	170	0
96	HP 6500 Printer	11/01/11	120		0	0	120	0
97	AVG Antivirus	1/13/12	512		0	256	0	256
103	Marlin Leased Copier in trade for asset # 85	2/14/12	14,158		0	7,079	0	7,079
105	2 Drawer File Cabinet	1/08/12	62		0	31	0	31
106	Printer	2/27/12	65		0	32	0	33
108	Coffee Maker	6/15/12	140		0	70	0	70
110	Couch	9/04/12	300		0	150	0	150
111	Laptop #5CB21102YW	10/01/12	276		0	138	0	138
112	Laptop #5CB2103KDX	10/01/12	276		0	138	0	138
113	HP Office Jet Printer	11/23/12	56		0	28	0	28
114	Cross Cut Shredder	11/23/12	126		0	63	0	63
Form 990, Page 1			39,653		0	7,985	11,990	19,678
*Less: Dispositions and Transfers			5,700		0	0	2,850	2,850
Net Form 990, Page 1			<u>33,953</u>		<u>0</u>	<u>7,985</u>	<u>9,140</u>	<u>16,828</u>
Grand Total			39,653		0	7,985	11,990	19,678
Less: Dispositions and Transfers			5,700		0	0	2,850	2,850
Net Grand Total			<u>33,953</u>		<u>0</u>	<u>7,985</u>	<u>9,140</u>	<u>16,828</u>

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Depreciation Adjustment Report

FYE: 12/31/2012

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Office Furniture set	0	0	0
Page 1	1	3	Table & Chairs	0	0	0
Page 1	1	5	1 Armchair	0	0	0
Page 1	1	7	Refrigerator	0	0	0
Page 1	1	9	Computer #2	0	0	0
Page 1	1	10	Wastbaskets/Coffee pots	0	0	0
Page 1	1	12	4 Drawer File Cabinet & Chair	0	0	0
Page 1	1	13	Frames	0	0	0
Page 1	1	14	Wall Prints & Frames	0	0	0
Page 1	1	15	Picture Frames	0	0	0
Page 1	1	16	2 Bookcases	0	0	0
Page 1	1	18	Storage Cabinet	0	0	0
Page 1	1	21	1 Brother Fax Machine	0	0	0
Page 1	1	22	Office Chair	0	0	0
Page 1	1	23	2 Cell Phones	0	0	0
Page 1	1	24	Lable Maker	0	0	0
Page 1	1	25	2 Flash Drives	0	0	0
Page 1	1	26	Server	0	0	0
Page 1	1	28	Calculator	0	0	0
Page 1	1	31	Chair	0	0	0
Page 1	1	32	6 - 4-line telephones	0	0	0
Page 1	1	34	Used Room dividers	0	0	0
Page 1	1	38	Vacuum	5	7	-2
Page 1	1	41	2 drawer file cabinet	3	4	-1
Page 1	1	43	Cell Phones	36	51	-15
Page 1	1	44	Office Chair	13	18	-5
Page 1	1	46	4 Drawer File Cabinet	13	19	-6
Page 1	1	47	TV, DVD-VCR Combo	19	26	-7
Page 1	1	48	2-Cigarette Urns/Smoker's Post	10	13	-3
Page 1	1	49	External Hardrive	6	6	0
Page 1	1	52	L-Desk	13	13	0
Page 1	1	53	2-4 Drawer lateral file cabinets	8	8	0
Page 1	1	54	Decorations	21	21	0
Page 1	1	55	8 Reception Chairs	27	27	0
Page 1	1	56	5 L-Desks	44	44	0
Page 1	1	57	Used 5 Drawer Lateral File Cabinet	14	14	0
Page 1	1	58	Used File Cabinet	6	6	0
Page 1	1	59	Blinds	87	87	0
Page 1	1	60	Signage	27	27	0
Page 1	1	63	HP OJ6310XI	7	7	0
Page 1	1	64	Shredder	4	4	0
Page 1	1	65	5 APC Backups	12	12	0
Page 1	1	66	Black Sofa-Savon Furniture	19	19	0
Page 1	1	67	Blue Sofa-Rooms To Go	19	19	0
Page 1	1	68	Used computer	6	8	-2
Page 1	1	69	Coffee Table-Savon Furniture	6	6	0
Page 1	1	70	Black love seat-Savon Furniture	17	17	0
Page 1	1	71	2 Step end tables-Savon Furniture	6	6	0
Page 1	1	72	Blue arm chair-Rooms To Go	17	17	0
Page 1	1	73	2 Glass End Tables-Rooms To Go	7	7	0
Page 1	1	74	Glass coffee table-Rooms To Go	6	6	0
Page 1	1	75	2 Lamps w/black base-Rooms To Go	5	5	0
Page 1	1	76	Dell PowerEdge 840 Server	129	129	0
Page 1	1	77	4 Dell Optiplex 330 computers	118	118	0
Page 1	1	78	4 19" Flatscreen monitors	44	44	0
Page 1	1	81	Keyboard	3	3	0
Page 1	1	83	Armchair	0	0	0
Page 1	1	84	Software with Dell Computers	29	29	0
Page 1	1	85	Marlin Leased Copier	46	46	0
Page 1	1	86	16 Folding Chairs	15	14	1
Page 1	1	87	Desk	5	6	-1
Page 1	1	88	Target-Printer,Copier	0	0	0
Page 1	1	89	Prineter	0	0	0
Page 1	1	90	Used Laptop SN 57056	59	47	12
Page 1	1	91	4-Office Chairs	0	0	0
Page 1	1	92	Reception TV	0	0	0

20-2102079

Depreciation Adjustment Report

FYE: 12/31/2012

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
Page 1	1	93	Wire Shelving	0	0	0
Page 1	1	95	2 Wicker Chairs & 1 Table	0	0	0
Page 1	1	96	HP 6500 Printer	0	0	0
Page 1	1	97	AVG Antivirus	307	307	0
Page 1	1	103	Marlin Leased Copier in trade for asset # 85	8,495	8,495	0
Page 1	1	104	Refurbished Computer	41	41	0
Page 1	1	105	2 Drawer File Cabinet	35	35	0
Page 1	1	106	Printer	39	39	0
Page 1	1	107	Used Refrigerator	40	30	10
Page 1	1	108	Coffee Maker	84	84	0
Page 1	1	109	Refurbished Computer	41	41	0
Page 1	1	110	Couch	171	171	0
Page 1	1	111	Laptop #5CB21102YW	166	166	0
Page 1	1	112	Laptop #5CB2103KDX	166	166	0
Page 1	1	113	HP Office Jet Printer	33	33	0
Page 1	1	114	Cross Cut Shredder	76	76	0
				<u>10,625</u>	<u>10,644</u>	<u>-19</u>

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
1	Office Furniture set	4/20/02	944	0	0
3	Table & Chairs	4/28/02	649	0	0
5	1 Armchair	5/10/02	139	0	0
7	Refrigerator	6/01/02	535	0	0
9	Computer #2	6/20/02	562	0	0
10	Wastbaskets/Coffee pots	6/01/02	276	0	0
12	4 Drawer File Cabinet & Chair	2/06/04	188	0	0
13	Frames	3/03/04	63	0	0
14	Wall Prints & Frames	5/10/04	31	0	0
15	Picture Frames	5/24/04	23	0	0
16	2 Bookcases	11/09/04	61	0	0
18	Storage Cabinet	11/04/04	120	0	0
21	1 Brother Fax Machine	2/01/05	442	0	0
22	Office Chair	3/21/05	134	0	0
23	2 Cell Phones	6/10/05	226	0	0
24	Lable Maker	7/16/05	50	0	0
25	2 Flash Drives	8/21/05	128	0	0
26	Server	8/17/05	5,756	0	0
28	Calculator	9/28/05	33	0	0
31	Chair	8/01/05	50	0	0
32	6 - 4-line telephones	10/03/05	294	0	0
34	Used Room dividers	10/04/05	333	0	0
38	Vacuum	1/19/06	56	2	3
41	2 drawer file cabinet	4/11/06	29	1	1
43	Cell Phones	4/01/07	410	37	50
44	Office Chair	5/06/07	144	13	18
46	4 Drawer File Cabinet	5/09/07	155	14	19
47	TV, DVD-VCR Combo	7/09/07	212	18	26
48	2-Cigarette Urns/Smoker's Post	3/27/07	107	10	13
49	External Hardrive	4/22/08	150	7	7
52	L-Desk	5/12/08	280	12	12
53	2-4 Drawer lateral file cabinets	5/12/08	170	8	8
54	Decorations	5/19/08	475	21	21
55	8 Reception Chairs	5/04/08	600	27	27
56	5 L-Desks	5/04/08	1,000	45	45
57	Used 5 Drawer Lateral File Cabinet	5/13/08	300	13	13
58	Used File Cabinet	5/13/08	150	7	7
59	Blinds	5/22/08	1,950	87	87
60	Signage	5/23/08	610	27	27
63	HP OJ6310XI	5/12/08	120	4	4
64	Shredder	5/27/08	99	5	5
65	5 APC Backups	5/27/08	213	6	6
66	Black Sofa-Savon Furniture	5/16/08	420	19	19
67	Blue Sofa-Rooms To Go	5/17/08	417	18	18
68	Used computer	5/13/08	50	3	4
69	Coffee Table-Savon Furniture	5/16/08	140	7	7
70	Black love seat-Savon Furniture	5/16/08	400	18	18
71	2 Step end tables-Savon Furniture	5/16/08	140	7	7
72	Blue arm chair-Rooms To Go	5/17/08	368	16	16
73	2 Glass End Tables-Rooms To Go	5/17/08	154	7	7
74	Glass coffee table-Rooms To Go	5/17/08	137	6	6
75	2 Lamps w/black base-Rooms To Go	5/17/08	114	5	5
76	Dell PowerEdge 840 Server	5/21/08	2,242	65	65
77	4 Dell Optiplex 330 computers	5/21/08	2,046	59	59
78	4 19" Flatscreen monitors	5/21/08	752	21	21
81	Keyboard	6/16/08	60	2	2
83	Armchair	5/10/02	70	0	0
84	Software with Dell Computers	5/21/08	497	14	14
86	16 Folding Chairs	8/23/10	158	9	13
87	Desk	8/18/10	60	4	5
88	Target-Printer,Copier	10/22/10	40	0	0
89	Prineter	1/11/11	55	0	0
90	Used Laptop SN 57056	2/06/11	184	35	32
91	4-Office Chairs	4/10/11	211	0	0
92	Reception TV	5/10/11	192	0	0
93	Wire Shelving	6/10/11	358	0	0
95	2 Wicker Chairs & 1 Table	8/08/11	170	0	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
96	HP 6500 Printer	11/01/11	120	0	0
97	AVG Antivirus	1/13/12	512	82	82
103	Marlin Leased Copier in trade for asset # 85	2/14/12	14,158	2,265	2,265
104	Refurbished Computer	1/23/12	204	65	65
105	2 Drawer File Cabinet	1/08/12	62	8	8
106	Printer	2/27/12	65	10	10
107	Used Refrigerator	5/31/12	199	63	51
108	Coffee Maker	6/15/12	140	22	22
109	Refurbished Computer	8/02/12	204	65	65
110	Couch	9/04/12	300	37	37
111	Laptop #5CB21102YW	10/01/12	276	44	44
112	Laptop #5CB2103KDX	10/01/12	276	44	44
113	HP Office Jet Printer	11/23/12	56	9	9
114	Cross Cut Shredder	11/23/12	126	20	20
			<u>44,400</u>	<u>3,413</u>	<u>3,439</u>
<u>Other Depreciation:</u>					
33	Software	8/02/05	7,493	0	0
42	Software Upgrade	12/21/06	3,277	0	0
	Total Other Depreciation		<u>10,770</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,770</u>	<u>0</u>	<u>0</u>
<u>Amortization:</u>					
20	Organizational Costs	1/01/05	420	0	0
			<u>420</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>55,590</u>	<u>3,413</u>	<u>3,439</u>

Asset	Description	Date In Service	Cost	FL
Prior MACRS:				
1	Office Furniture set	4/20/02	944	0
3	Table & Chairs	4/28/02	649	0
5	1 Armchair	5/10/02	139	0
7	Refrigerator	6/01/02	535	0
9	Computer #2	6/20/02	562	0
10	Wastbaskets/Coffee pots	6/01/02	276	0
12	4 Drawer File Cabinet & Chair	2/06/04	188	0
13	Frames	3/03/04	63	0
14	Wall Prints & Frames	5/10/04	31	0
15	Picture Frames	5/24/04	23	0
16	2 Bookcases	11/09/04	61	0
18	Storage Cabinet	11/04/04	120	0
21	1 Brother Fax Machine	2/01/05	442	0
22	Office Chair	3/21/05	134	0
23	2 Cell Phones	6/10/05	226	0
24	Lable Maker	7/16/05	50	0
25	2 Flash Drives	8/21/05	128	0
26	Server	8/17/05	5,756	0
28	Calculator	9/28/05	33	0
31	Chair	8/01/05	50	0
32	6 - 4-line telephones	10/03/05	294	0
34	Used Room dividers	10/04/05	333	0
38	Vacuum	1/19/06	56	2
41	2 drawer file cabinet	4/11/06	29	1
43	Cell Phones	4/01/07	410	37
44	Office Chair	5/06/07	144	13
46	4 Drawer File Cabinet	5/09/07	155	14
47	TV, DVD-VCR Combo	7/09/07	212	18
48	2-Cigarette Urns/Smoker's Post	3/27/07	107	10
49	External Hardrive	4/22/08	150	7
52	L-Desk	5/12/08	280	12
53	2-4 Drawer lateral file cabinets	5/12/08	170	8
54	Decorations	5/19/08	475	21
55	8 Reception Chairs	5/04/08	600	27
56	5 L-Desks	5/04/08	1,000	45
57	Used 5 Drawer Lateral File Cabinet	5/13/08	300	13
58	Used File Cabinet	5/13/08	150	7
59	Blinds	5/22/08	1,950	87
60	Signage	5/23/08	610	27
63	HP OJ6310XI	5/12/08	120	4
64	Shredder	5/27/08	99	5
65	5 APC Backups	5/27/08	213	6
66	Black Sofa-Savon Furniture	5/16/08	420	19
67	Blue Sofa-Rooms To Go	5/17/08	417	18
68	Used computer	5/13/08	50	3
69	Coffee Table-Savon Furniture	5/16/08	140	7
70	Black love seat-Savon Furniture	5/16/08	400	18
71	2 Step end tables-Savon Furniture	5/16/08	140	7
72	Blue arm chair-Rooms To Go	5/17/08	368	16
73	2 Glass End Tables-Rooms To Go	5/17/08	154	7
74	Glass coffee table-Rooms To Go	5/17/08	137	6
75	2 Lamps w/black base-Rooms To Go	5/17/08	114	5
76	Dell PowerEdge 840 Server	5/21/08	2,242	65
77	4 Dell Optiplex 330 computers	5/21/08	2,046	59
78	4 19" Flatscreen monitors	5/21/08	752	21
81	Keyboard	6/16/08	60	2
83	Armchair	5/10/02	70	0
84	Software with Dell Computers	5/21/08	497	14
86	16 Folding Chairs	8/23/10	158	9
87	Desk	8/18/10	60	4
88	Target-Printer,Copier	10/22/10	40	0
89	Prineter	1/11/11	55	13
90	Used Laptop SN 57056	2/06/11	184	35
91	4-Office Chairs	4/10/11	211	0
92	Reception TV	5/10/11	192	0
93	Wire Shelving	6/10/11	358	0
95	2 Wicker Chairs & 1 Table	8/08/11	170	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>FL</u>
96	HP 6500 Printer	11/01/11	120	0
97	AVG Antivirus	1/13/12	512	82
103	Marlin Leased Copier in trade for asset # 85	2/14/12	14,158	2,265
104	Refurbished Computer	1/23/12	204	65
105	2 Drawer File Cabinet	1/08/12	62	8
106	Printer	2/27/12	65	10
107	Used Refrigerator	5/31/12	199	63
108	Coffee Maker	6/15/12	140	22
109	Refurbished Computer	8/02/12	204	65
110	Couch	9/04/12	300	37
111	Laptop #5CB21102YW	10/01/12	276	44
112	Laptop #5CB2103KDX	10/01/12	276	44
113	HP Office Jet Printer	11/23/12	56	9
114	Cross Cut Shredder	11/23/12	126	20
			<u>44,400</u>	<u>3,426</u>
<u>Other Depreciation:</u>				
33	Software	8/02/05	7,493	0
42	Software Upgrade	12/21/06	3,277	0
	Total Other Depreciation		<u>10,770</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>10,770</u>	<u>0</u>
<u>Amortization:</u>				
20	Organizational Costs	1/01/05	420	0
			<u>420</u>	<u>0</u>
	Grand Totals		<u>55,590</u>	<u>3,426</u>

Forms 990 / 990-PF	Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons	2012
For calendar year 2012, or tax year beginning _____, and ending _____		

Name Tri County Counseling & Life Skills	Employer Identification Number 20-2102079
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Form 990, Part X, Line 22 - Additional Information

Name of lender	Title
(1) Thomas G Glaza	CEO
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 19,856	12/31/07	12/31/11	12 monthly pmts	3.500
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) None	Working Capital
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	2,516	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	2,516	