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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2012

Open to Public Inspection

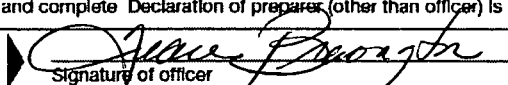
Department of the Treasury
Internal Revenue Service

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.

A For the 2012 calendar year, or tax year beginning 01/01, 2012, and ending 12/31, 20 12	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CENTER FOR COMMUNITY SOLUTIONS Doing Business As _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1501 Euclid Ave Ste 310 City, town or post office, state, and ZIP code Cleveland, OH 44115 F Name and address of principal officer: John Begala 1501 Euclid Ave Ste 300, Cleveland, OH 44115 G Gross receipts \$ 23,476,772 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ► _____ I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ► www.communitysolutions.com K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► _____ L Year of formation: 1913 M State of legal domicile: OH

Part I Summary				
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The Center for Community Solutions provides strategic leadership to improve targeted health, social and economic conditions.</u>		
	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 25	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 25	
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 27	
	6	Total number of volunteers (estimate if necessary)	6 25	
	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: 4,368,645 Current Year: 4,730,749
		9	Program service revenue (Part VIII, line 2g)	28,327 7,770
10		Investment income (Part VIII, column (A), lines 3, 4 and 7d)	394,911 1,255,729	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 10c, and 11e)	25,403 12,028	
12		Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,817,286 6,006,276	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,458,621 2,507,430	
14		Benefits paid to or for members (Part IX, column (A), line 4)	0 0	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,674,953 1,458,162	
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0 0	
	b	Total fundraising expenses (Part IX, column (D), line 25) ► 194,572		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,250,343 1,218,981	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,383,917 5,184,573	
19	Revenue less expenses. Subtract line 18 from line 12	-566,631 821,703		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 21,585,582 End of Year: 22,940,995	
	21	Total liabilities (Part X, line 26)	422,782 282,971	
	22	Net assets or fund balances. Subtract line 21 from line 20	21,162,800 22,658,024	

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:  Date: 11/15/13			
	Teare Brewington, Director of Finance Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	Firm's name	Firm's EIN		
	Firm's address	Phone no.		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No 11282Y

Form 990 (2012)

SCANNED JAN 22 2014

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

The Center for Community Solutions is committed to assisting those who help make a difference in the lives of people throughout Northeast Ohio, by doing research and policy analysis work that service providers often don't have the time, expertise or resources to do. We provide decision support, training, and strategic leadership to improve targeted health, social and economic conditions.

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 \$ 1,131,622 including grants of \$ 21,599) (Revenue \$ 960,392)

Core competencies include activities associated with applied research, public policy analysis and advocacy, communications, and community affairs. These activities are essential to the effective operation of the Organization. In 20112, major activities by work area included: The Board of Directors and Administration provided oversight to the program and operations of the Organization ensuring integrity to the mission and financial stability. They monitored progress on the five, five-year program priorities they selected in late-2009 and gave special attention to an agency wide sustainability review. The sustainability review was completed in late 2012. The Research team published reports, including BIG Bucks, BIG Surprises, BIG Questions, looking at human service funding across governmental, non-profit, and foundation supports. The Research function continued its partnership with the Data Collaborative partners at Case Western Reserve University and Cleveland State University's Levin College of Urban Affairs. Through the new collaborative, a major update of the NEOCANDO system was released. The Public Policy team conducted sound, nonpartisan analysis of public policy as it evolved, framed issues, and provided reliable recommendations to inform and assist legislators, policy and decision makers, nonprofit executives and advocates, and the public about the health, social, and economic

(Continued on Schedule O, Statement 2)

4b (Code:) (Expenses \$ 3,139,458 including grants of \$ 2,485,831) (Revenue \$ 3,108,498)

Title X: Public Health Program for Family Planning served as the regional administrator of federal Title X family planning funds, supporting comprehensive family planning services for 21,580 unduplicated patients including 4,700 teens in 2012 and 19,284 unduplicated patients in 2011 at 10 sites across Ashtabula, Cuyahoga, Geauga, Lake, and Lorain counties. The program staff delivered health education programming to over 20,000 community members and staff members through in-depth programming on sexual health topics, focusing on high-risk populations. The program funded over 74,000 clinical visits to Title X patients and performed over 28,500 chlamydia tests, 11,500 HIV tests, and 8,400 Pap tests. Team members coordinated the creation of ohiofamilyplanning.org website to supplement outreach for the Ohio Family Planning Medicaid Program, which increases coverage of family planning services for Ohioans up to 200% of the Federal Poverty Line

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O.) See Schedule O, Statement 3

(Expenses \$ 309,822 including grants of \$ 0) (Revenue \$ 248,959)

4e Total program service expenses ▶ 4,580,902

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If Yes, complete Schedule A	1 4	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 4	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I	3	4
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If Yes, complete Schedule C, Part II	4 4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If Yes, complete Schedule C, Part III	5	4
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Yes, complete Schedule D, Part I	6	4
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part II	7	4
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part III	8	4
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes, complete Schedule D, Part IV	9	4
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If Yes, complete Schedule D, Part V	10 4	
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	11a 4	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part VII	11b	4
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part VIII	11c	4
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If Yes, complete Schedule D, Part IX	11d 4	
e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X	11e	4
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If Yes, complete Schedule D, Part X	11f	4
12a Did the organization obtain separate, independent audited financial statements for the tax year? If Yes, complete Schedule D, Parts XI and XII	12a 4	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes, and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	4
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E	13	4
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	4
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	14b	4
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If Yes, complete Schedule F, Parts II and IV	15	4
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If Yes, complete Schedule F, Parts III and IV	16	4
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)	17	4
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If Yes, complete Schedule G, Part II	18	4
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If Yes, complete Schedule G, Part III	19	4
20a Did the organization operate one or more hospital facilities? If Yes, complete Schedule H	20a	4
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	23	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	4
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	27	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	4
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	4
b	If "Yes," has it filed a Form 990-T for this year? If <input type="checkbox"/> No, <input type="checkbox"/> provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	4
b	If "Yes," enter the name of the foreign country: <input type="text"/>		
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	4
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	4
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	4
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	4
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	4
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each ☐ Yes ☐ No 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 ☒ 4

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 1a 25 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 25		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		4
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3		4
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		4
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		4
6 Did the organization have members or stockholders? 6		4
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		4
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		4
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	4	
b Each committee with authority to act on behalf of the governing body? 8b	4	
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 <input type="checkbox"/> Yes, provide the names and addresses in Schedule O 9		4

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates? 10a		4
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	4	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If <input type="checkbox"/> No, go to line 13 12a	4	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	4	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If <input type="checkbox"/> Yes, describe in Schedule O how this was done 12c	4	
13 Did the organization have a written whistleblower policy? 13	4	
14 Did the organization have a written document retention and destruction policy? 14	4	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official 15a	4	
b Other officers or key employees of the organization 15b	4	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a		4
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► OH

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: ► Teare M Brewington, (216)781-2944

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

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

☐ Check this box if neither the organization nor any related organization 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			
Stephen J Squeri	2									
Board Chair	0	4		4				0	0	0
Michael J Peterman	2									
Board Vice Chair	0	4		4				0	0	0
Anne M Pombier	2									
Board Vice Chair	0	4		4				0	0	0
E Harry Walker	2									
Board Vice Chair	0	4		4				0	0	0
Robin Cottingham	2									
Past Chair	0	4						0	0	0
Irwin M Feldman	2									
Secretary	0	4		4				0	0	0
Michael S Mayor	2									
Treasurer	0	4		4				0	0	0
Tom Andrzejewski	2									
Board Member	0	4						0	0	0
Maynard Buck	2									
Board Member	0	4						0	0	0
Tami Brown	2									
Board Member	0	4						0	0	0
William Doll	2									
Board Member	0	4						0	0	0
Thomas E Greene	2									
Board Member	0	4						0	0	0
Terry Hokenstad	2									
Board Member	0	4						0	0	0
Barbara Janovitz	2									
Board Member	0	4						0	0	0

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

(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			
William R Joseph	2									
Board Member	0	4					4	0	0	0
Cecil J Lipscomb	2									
Board Member	0	4						0	0	0
Julia Love	2									
Board Member	0	4						0	0	0
Steve Millard	2									
Board Member	0	4						0	0	0
James Morrison	2									
Board Member	0	4						0	0	0
Cheryl L Morrow-White	2									
Board Member	0	4						0	0	0
Moorman L Scott	2									
Board Member	0	4						0	0	0
Patricia Shlonsky	2									
Board Member	0	4						0	0	0
Sonja Thomas	2									
Board Member	0	4						0	0	0
Maria Thompson	2									
Board Member	0	4						0	0	0
Zulma Zabala	2									
Board Member	0	4						0	0	0
John Begala	50									
Executive Director	0			4	4			145,000	0	7,250
Teare Brewington	45									
Dir of Finance & Administration/CFO	0				4		4	62,517	0	1,488
Jon Honeck	45									
Sr Fellow/Dir of Public Policy	0				4			85,655	0	3,250

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			
Roslyn Bucy Miller	40									
Dir of Communications	0				4			65,846	0	2,695
A Brett Shankman	40									
Dir of Developmnet	0				4			74,155	0	3,708
1b Sub-total								433,173	0	18,391
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								433,173	0	18,391

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

	Yes	No
3	4	
4	4	
5		4

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
United Way Services of Greater Cleveland, Group Insurance Plan, 1300 E 9	Employee Benefit and Insu	226,192
Kent State University, College of Public Health, Lowry Hall 126, PO BOX	Shared Staffing agreement	123,135
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 2		

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0					
	b Membership dues	1b 0					
	c Fundraising events	1c 0					
	d Related organizations	1d 0					
	e Government grants (contributions)	1e 2,994,617					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,736,132					
	g Noncash contributions included in lines 1a-1f: \$	0					
	h Total. Add lines 1a-1f	▶					4,730,749
Program Service Revenue	2a Seminars & Publications		Business Code 541900	7,770	7,770	0	0
	b						
	c						
	d						
	e						
	f All other program service revenue		0	0	0	0	
	g Total. Add lines 2a-2f	▶	7,770				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	172,285	0	0	172,285
4 Income from investment of tax-exempt bond proceeds ▶			0	0	0	0	
5 Royalties		▶	0	0	0	0	
6a Gross rents		(i) Real (ii) Personal					
b Less: rental expenses							
c Rental income or (loss)		0 0					
d Net rental income or (loss)		▶					
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	18,553,940 0				
b Less: cost or other basis and sales expenses			17,469,781 715				
c Gain or (loss)			1,084,159 -715				
d Net gain or (loss)		▶	1,083,444	0	0	1,083,444	
8a Gross income from fundraising events (not including \$ 0 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		▶					
9a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		▶					
10a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory	▶						
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue		12,028	12,028	0	0		
e Total. Add lines 11a-11d	▶	12,028					
12 Total revenue. See instructions.	▶	6,006,276	19,798	0	1,255,729		

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 VII.

	(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 United States. See Part IV, line 21	2,507,430	2,507,430		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	189,148		114,073	75,075
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	930,174	883,301	36,211	10,662
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,211	39,825	5,788	3,598
9 Other employee benefits	208,360	177,213	18,781	12,366
10 Payroll taxes	81,269	64,932	10,189	6,148
11 Fees for services (non-employees).				
a Management	0	0	0	0
b Legal	9,427	1,031	8,396	0
c Accounting	57,169	46,346	6,770	4,053
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	34,487	0	34,487	0
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	514,956	450,832	51,548	12,576
12 Advertising and promotion	28,581	23,125	5,346	110
13 Office expenses	53,419	40,986	8,929	3,505
14 Information technology	56,229	48,265	6,353	1,611
15 Royalties	0	0	0	0
16 Occupancy	107,473	89,524	10,048	7,901
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	170,673	95,847	23,519	51,307
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	46,727	41,375	3,390	1,962
23 Insurance	17,582	14,293	1,985	1,304
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 Printing	13,875	11,419	492	1,964
b Data Processing	16,618	16,618	0	0
c Miscellaneous Expenses	91,765	28,541	62,794	430
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,184,573	4,580,902	409,099	194,572
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 SheetCheck if Schedule O contains a response to any question in this Part X ☒ **4**

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	1,706,508	2	12,740,452
	3 Pledges and grants receivable, net	270,574	3	506,382
	4 Accounts receivable, net	111,454	4	23,017
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	19,191	9	25,268
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 278,425		
	b Less: accumulated depreciation	10b 143,732	10c	134,693
	11 Investments—publicly traded securities	10,401,941	11	18,986
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	8,909,367	15	9,492,197
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,585,582	16	22,940,995	
Liabilities	17 Accounts payable and accrued expenses	422,782	17	282,971
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	422,782	26	282,971
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> 4 and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,548,988	27	6,819,446
	28 Temporarily restricted net assets	4,570,106	28	5,212,040
	29 Permanently restricted net assets	10,043,706	29	10,626,538
	Organizations that do not follow SFAS 117 (ASC 958), check here <input 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		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	21,162,800	33	22,658,024
34 Total liabilities and net assets/fund balances	21,585,582	34	22,940,995	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,006,276
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,184,573
3	Revenue less expenses. Subtract line 2 from line 1	3	821,703
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	21,162,800
5	Net unrealized gains (losses) on investments	5	90,689
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	582,832
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,658,024

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . .
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . .
If the organization changed either its oversight process or 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? . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a	4	
2b	4	
2c	4	
3a	4	
3b	4	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

THE CENTER FOR COMMUNITY SOLUTIONS

Employer identification number

34-0714723

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ^a	(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.")	4,874,607	5,800,926	4,969,148	4,396,872	4,730,748	24,772,301
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0
4 Total. Add lines 1 through 3	4,874,607	5,800,926	4,969,148	4,396,872	4,730,748	24,772,301
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.						24,772,301

Section B. Total Support

Calendar year (or fiscal year beginning in) ^a	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	4,874,607	5,800,926	4,969,148	4,396,872	4,730,748	24,772,301
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	551,288	430,383	437,601	376,873	178,926	1,975,071
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)	29,526	38,539	48,719	25,403	12,028	154,215
11 Total support. Add lines 7 through 10						26,901,587
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 ^a						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	92.08 %
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	91.22 %
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 ^a		<input checked="" type="checkbox"/>
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 ^a		<input type="checkbox"/>
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 ^a		<input type="checkbox"/>
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 ^a		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ^a		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ^a	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ^a	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ^a <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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 ^a <input type="checkbox"/>		
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 ^a <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ^a <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

General Explanation - Schedule A, part II Line 10, Other Income - Miscellaneous income as reported on audited financial statements

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- a** Complete if the organization is described below **a** Attach to Form 990 or Form 990-EZ
a See separate instructions.

If the organization answered **Yes** to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- ☐ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
☐ Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
☐ Section 527 organizations Complete Part I-A only

If the organization answered **Yes** to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ☐ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B
☐ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered **Yes** to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- ☐ Section 501(c)(4), (5), or (6) organizations Complete Part III.

Name of organization THE CENTER FOR COMMUNITY SOLUTIONS	Employer identification number 34-0714723
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures **a** \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 **a** \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 **a** \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If **Yes**, describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities **a** \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities **a** \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b **a** \$
4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	95,039													
c	Total lobbying expenditures (add lines 1a and 1b)	95,039													
d	Other exempt purpose expenditures	5,053,947													
e	Total exempt purpose expenditures (add lines 1c and 1d)	5,148,986													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	407,449													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	101,862													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	477,524	427,931	416,174	407,449	1,729,078
b Lobbying ceiling amount (150% of line 2a, column (e))					2,593,617
c Total lobbying expenditures	177,660	201,693	153,287	95,039	627,679
d Grassroots nontaxable amount	119,381	106,983	104,044	101,862	432,270
e Grassroots ceiling amount (150% of line 2d, column (e))					648,405
f Grassroots lobbying expenditures	0	0	0	0	0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

Employer identification number

THE CENTER FOR COMMUNITY SOLUTIONS

34-0714723

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ^a

4 Number of states where property subject to conservation easement is located ^a

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ^a

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ^a \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ^a \$

(ii) Assets included in Form 990, Part X ^a \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ^a \$

b Assets included in Form 990, Part X ^a \$

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 d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 ☐

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	10,320,763	11,135,400	10,481,315	8,788,461	13,209,446
b Contributions	0	0	0	1,000	0
c Net investment earnings, gains, and losses	1,343,808	-277,869	1,279,385	2,382,295	-3,802,832
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	500,872	492,443	581,826	650,000	534,151
f Administrative expenses	35,587	44,324	43,474	40,441	84,002
g End of year balance	11,128,112	10,320,764	11,135,400	10,481,315	8,788,461

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

- a Board designated or quasi-endowment a 51 %
 b Permanent endowment a 39 %
 c Temporarily restricted endowment a 10 %

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:

	Yes	No
(i) unrelated organizations	3a(i)	4
(ii) related organizations	3a(ii)	4
b If <input type="checkbox"/> Yes to 3a(ii), are the related organizations listed as required on Schedule R?	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	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	71,794	18,547	53,247
d Equipment	0	131,607	106,814	24,793
e Other	0	75,024	18,371	56,653
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				134,693

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.) ^a		

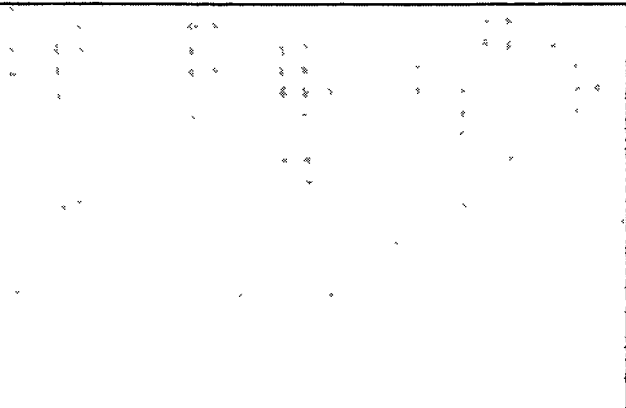
Part VIII Investments ☐ Program Related. See Form 990, Part X, line 13.

(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.) ^a		

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

(a) Description	(b) Book value
(1) Beneficial interest in perpetual trusts	9,492,197
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ^a	9,492,197

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ^a		

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

1	Total revenue, gains, and other support per audited financial statements	1	6,644,210
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	90,689
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	582,832
e	Add lines 2a through 2d	2e	673,521
3	Subtract line 2e from line 1	3	5,970,689
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,587
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	35,587
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,006,276

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

1	Total expenses and losses per audited financial statements	1	5,148,986
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	5,148,986
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,587
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	35,587
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,184,573

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.

Schedule D, Part V, Line 4 - The organization's endowment consists of approximately 40 endowment funds established for a variety of purposes supporting the organization mission. The endowment includes both donor restricted endowment funds and funds designated by the Board to function as an endowment. As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence of donor-imposed restrictions. Funds from the endowment are used to provide a predictable stream of funding for supported programs. The organization has a policy of appropriating five percent for distribution each year based on a three year rolling average of year end fair market asset values, with the distribution being treated as funding income available for the supported programs.

Schedule D, Part XI, Line 2d - Change in fair value of interest in perpetual trusts

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered ☐ Yes ☐ No to Form 990, Part IV, line 21 or 22

• Attach to Form 990

THE CENTER FOR COMMUNITY SOLUTIONS

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or the selection criteria used to award the grants or assistance?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered ☐ Yes ☐ No to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Cat No. 50055P

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered ☐ Yes ☐ No. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)
1				
2				
3				
4				
5				
6				
7				

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column information.

Schedule I, Part I, Line 2 - The organization limits its grant funding to nonprofit organizations located and providing services in Northeast Ohio. The proposals containing documentation on their physical location as well as how the services they provide benefit the communities in Northeast Ohio periodically.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

• Complete if the organization answered "Yes" to Form 990,
Part IV, line 23

• Attach to Form 990. • See separate instructions

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE CENTER FOR COMMUNITY SOLUTIONS

Employer identification number

34-0714723

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If (No,) complete Part III to explain.

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a Receive a severance payment or change-of-control payment?
- b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c Participate in, or receive payment from, an equity-based compensation arrangement?
- If (Yes) to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a The organization?
- b Any related organization?
- If (Yes) to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a The organization?
- b Any related organization?
- If (Yes) to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If (Yes,) describe in Part III.

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If (Yes,) describe in Part III.

9 If (Yes) to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		4
4b		4
4c		4
5a		4
5b		4
6a		4
6b		4
7		4
8		4
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation		
1	Teare Brewington, Dir of Finance & Administration/CFO	(i)	62,517	0	0	1,488
		(ii)	0	0	0	0
2		(i)				
		(ii)				
3		(i)				
		(ii)				
4		(i)				
		(ii)				
5		(i)				
		(ii)				
6		(i)				
		(ii)				
7		(i)				
		(ii)				
8		(i)				
		(ii)				
9		(i)				
		(ii)				
10		(i)				
		(ii)				
11		(i)				
		(ii)				
12		(i)				
		(ii)				
13		(i)				
		(ii)				
14		(i)				
		(ii)				
15		(i)				
		(ii)				
16		(i)				
		(ii)				

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information

* Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization

THE CENTER FOR COMMUNITY SOLUTIONS

Employer identification number

34-0714723

Form 990, Part I, Line 6 - Volunteers are limited to members of the Board

Form 990, Part VI, Section B, Line 11b - The organization's Form 990, and related schedules, is sent to the members of the Board electronically and posted to the Board area of the organization's intranet. Board members are given time to review and respond prior to filing.

Form 990, Part VI, Section B, Line 12c - The organization distributes the conflict of interest policy on an annual basis and requires all employees and Board members to acknowledge receipt and compliance. Additionally, the Board chair inquires whether any conflicts exist before taking a vote on action items/recommendations. If there is a conflict the person(s) with conflicting interest is prohibited from voting on the related action item/recommendation.

Form 990, Part VI, Section B, Line 15 - The organization participates in a variety of compensation market surveys for nonprofit organizations annually, which allows the organization access to the compiled data, and the surveys are reviewed periodically. The compensation of administrative staff is reviewed periodically to ensure comparable to market rates based on regional compensation survey results published by employment agencies. The compensation of the Executive Director is set by the the Executive Committee of the Board.

Form 990, Part VI, Section C, Line 19 - The organization includes a condensed version of its audited financial statements in its annual report which is posted on the organization's website. In addition, copies of the organization's audited financial statements and Form 990 are available upon request.

Form 990, Part X, Line 2 - Includes \$11,116,814 in cash temporarily held for endowment pending transfer to new custodian.

Form 990, Part XI, Line 9 - Change in fair value of interest in perpetual trusts

Schedule I, Part IV, Statement 1

Form Schedule I

Page 1

Line Number Part II

THE CENTER FOR COMMUNITY SOLUTIONS

34-0714723

Description of Grants and Other Assistance to Governments and Organizations in the United States

		Amount of cash grant	Amount of non-cash assistance
Name and address	LGBT Community Center of Greater Cleveland 6600 Detroit Ave Cleveland, OH 44102	33,200	
EIN	34-1190920		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
Name and address	St Paul's Community Outreach 4427 Franklin Blvd Cleveland, OH 44113	26,084	
EIN	20-2904281		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
Name and address	Metrohealth Foundation 2500 Metrohealth Dr Cleveland, OH 44109	45,700	
EIN	34-6607695		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
Name and address	Neighborhood Health Care Inc 3569 Ridge Road Cleveland, OH 44102	60,987	
EIN	34-1300581		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
Name and address	NEO Neighborhood Health Serv 8300 Hough Avenue Cleveland, OH 44103	54,966	
EIN	34-1014291		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-cash assistance			
Purpose of grant			
Name and address	Planned Parenthood Of NE Ohio 444 West Exchange Street Akron, OH 44302	547,748	
EIN	34-0714686		
IRC code section	501(c)(3)		
Method of valuation			
Description of non-			

Schedule I, Part IV, Statement 1

THE CENTER FOR COMMUNITY SOLUTIONS

cash assistance

Purpose of grant

Name and address	Cuyahoga Cty Board Of Health 5550 Venture Drive Parma, OH 44115-1882	133,023
EIN	34-6000517	

IRC code section

Method of valuation

Description of non-

cash assistance

Purpose of grant

Name and address	Cleveland Dept Of Public Health 75 Eneview Plaza 3rd Floor Cleveland, OH 44114	270,078
EIN	34-6000646	

IRC code section

Method of valuation

Description of non-

cash assistance

Purpose of grant

Name and address	Family Planning Serv Of Lorain 602 Leona Street Elyria, OH 44035	572,660
EIN	34-1042711	

IRC code section 501(c)(3)

Method of valuation

Description of non-

cash assistance

Purpose of grant

Name and address	Family Plng Assoc Of NE Ohio 54 South State Street Suite 203 Painesville, OH 44077	521,352
EIN	23-7061724	

IRC code section 501(c)(3)

Method of valuation

Description of non-

cash assistance

Purpose of grant

Name and address	Free Clinic Of Grtr Cleveland 12201 Euclid Avenue Cleveland, OH 44106	95,000
EIN	23-7078501	

IRC code section 501(c)(3)

Method of valuation

Description of non-

cash assistance

Purpose of grant

Name and address	AIDS Taskforce of Greater Cleveland 3210 Euclid Avenue Cleveland, OH 44115	68,429
EIN	34-1433612	

IRC code section 501(c)(3)

Method of valuation

Description of non-

cash assistance

Purpose of grant

Name and address	National Academies of Practice	10,000
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Schedule I, Part IV, Statement 1

THE CENTER FOR COMMUNITY SOLUTIONS

1501 Euclid Ave Ste 310

Cleveland, OH 44115

EIN 52-1246763

IRC code section 501(c)(3)

Method of valuation

**Description of non-
cash assistance**

Purpose of grant

Reasonable Cause Explanations

Explanation

The second extension was prepared and mailed prior to 5 00 on August 15, 2013, however, due to a technological interruption with the mail service provider, which was not communicated, it was not postmarked until the next day. The organization was not aware of the delay in until receiving the IRS notice dated September 30, 2013, at which time it began compiled the information necessary to prepare a complete and accurate return. Unfortunately the organization experienced a series major technology interruptions related to various viruses that made the systems unavailable and resulted in data having to be restored which further hampered the organization's ability to complete and file the return. The organization has put additional protocols in place and increased it's technology firewall protections to avoid/minimize this going forward. Due to a series of technological disruptions that were unusual in nature the organization is filing a late return. The organization does not have a history of filing late or having delinquent returns, as such the organization is respectfully requesting the all fines and penalties for the late filing of the 2012 Form 990 be waived.

First Program Service Accomplishments Description**Description**

welfare of Northeast Ohioans. These efforts included publishing significant analyses regarding such issues as health care reform, and mental health funding and service provision. For example, publications included *By the Numbers 2: Developing a Common Understanding for the Future of Behavioral Health Care*, and *Reforming Health Reform - However the Supreme Court Rules*. Several media outlets around the state used the team's work as expert resources in coverage of these issues, as can be noted on the Press Room page of the Organization's Website (www.CommunitySolutions.com). The team also rejoined with the Buckeye Institute and Greater Ohio in a unique approach to draw attention to the critical issue of tax expenditures in Ohio's state budget; a joint statement by the three organizations was sent to the governor and legislative leadership. The Public Policy team also issued nine *State Budgeting Matters* reports. Team members focused on early care and education (groundWork campaign) coordinated a statewide early childhood initiative that includes more than 5,000 early childhood professionals, parents, doctors, business leaders, and teachers working to increase Ohio's investment in proven programs and services. The Communications team disseminated the Organization's reliable data and information, and sound policy analysis and recommendations, and provided training opportunities for nonprofit professionals and volunteers. The team organized a spring program of the 70th annual Human Services Institute, attended by 300 and featuring addresses by John Kania, author of *"Collective Impact"* and Stacey Bess, educator and author, 6 breakout sessions, and a bustling exhibit area. The Institute was held outside of Cuyahoga County for the first time in its existence and focused on opportunities and challenges in the 16-county Northeast Ohio Region. The presentation of prestigious community awards was a standalone event in the Fall. We significantly expanded use of electronic communications via social media (i.e., Facebook, Linked In, Twitter, YouTube), and hosted the 12th annual "Telling Your Story: Nonprofits & The Media" program.

Other Program Services Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Community Health completed projects that contributed to informing health and social service providers about the social determinants of health approach to improving health status through articles and presentations at conferences and events, by serving on community coalitions and by providing services to health service organizations	309,822	0	248,959
Total:		309,822	0	248,959