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Form 990

## Return of Organization Exempt From Income Tax

2013

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

Open to Public Inspection

► Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

► Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

## A For the 2013 calendar year, or tax year beginning 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable	C Name of organization CSI SUPPORT & DEVELOPMENT SERVICES		D Employer identification number 20-1935580
<input type="checkbox"/> Address change	Doing Business As		E Telephone number (586) 753-9002
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 8425 E TWELVE MILE ROAD		F Gross receipts \$ 6,158,426
<input type="checkbox"/> Initial return	Room/suite		G Gross receipts \$ 6,158,426
<input type="checkbox"/> Terminated	City or town, state or province, country, and ZIP or foreign postal code WARREN, MI 48093		
<input type="checkbox"/> Amended return	F Name and address of principal officer CINDY LAMB 8425 E TWELVE MILE ROAD WARREN, MI 48093		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Application pending			H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)

I Tax-exempt status  501(c)(3)  501(c) ( ) (insert no)  4947(a)(1) or  527J Website: ► [WWW.CSI.COOP](http://WWW.CSI.COOP)K Form of organization  Corporation  Trust  Association  Other ► L Year of formation 2004 M State of legal domicile MI

## Part I Summary

1 Briefly describe the organization's mission or most significant activities DEVELOPMENT, MANAGEMENT AND OPERATION OF HOUSING PROJECTS FOR LOW INCOME SENIOR CITIZENS		
2 Check this box ► 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	13
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	13
5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . .	5	0
6 Total number of volunteers (estimate if necessary) . . . . .	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	4,054,326	5,928,566
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	165,784	227,168
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	73,045	2,692
	4,293,155	6,158,426

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,381,963	2,327,068
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	1,784,001	1,887,103
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	4,165,964	4,214,171
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	127,191	1,944,255

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	13,045,961	14,758,715
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	518,417	286,916
	12,527,544	14,471,799

## 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 CINDY LAMB ASSISTANT TREASURER Type or print name and title	2014-12-16 Date
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Paid Preparer Use Only	Print/Type preparer's name STEVEN C LEVY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00229331
	Firm's name ► DAUBY O'CONNOR & ZALESKI LLC			Firm's EIN ► 35-1750664	
	Firm's address ► 501 CONGRESSIONAL BLVD STE 300 CARMEL, IN 46032			Phone no (317) 848-5700	

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

## **Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1 Briefly describe the organization's mission**

## DEVELOPMENT, MANAGEMENT AND OPERATION OF HOUSING PROJECTS FOR LOW INCOME SENIOR CITIZENS

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 C

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 C

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 \$ 3,597,463 including grants of \$ ) (Revenue \$ 5,928,566 )

CSI SUPPORT & DEVELOPMENT SERVICES, A MICHIGAN NON-PROFIT CORPORATION HAS AS ITS PRINCIPAL BUSINESS ACTIVITY THE DEVELOPMENT AND OPERATION OF HOUSING PROJECTS, PRIMARILY FOR LOW AND MODERATE-INCOME SENIOR CITIZENS, FINANCED THROUGH FEDERAL, STATE AND LOCAL AGENCY PROGRAMS. THE HOUSING PROJECTS ARE LOCATED IN CALIFORNIA, MARYLAND, MASSACHUSETTS AND MICHIGAN. THE ORGANIZATION'S MAIN OFFICE IS LOCATED IN MICHIGAN.

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

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

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

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

4e Total program service expenses  3,597,461

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

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

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

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

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

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

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

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part XI

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

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

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

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)

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

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

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

	Yes	No
1	Yes	
2		No
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b	Yes	
11c		No
11d	Yes	
11e		No
11f	Yes	
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18		No
19		No
20a		No
20b		

**Part IV Checklist of Required Schedules (continued)**

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or 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		No
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	Yes	
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 25a	24a		No
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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		No
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		No
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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c		No
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	29		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33		No
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	34	Yes	
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	35a		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37		No
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	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	<b>Note.</b> All Form 990 filers are required to complete Schedule O			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	<b>1a</b>	12	
<b>1b</b> Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . .	<b>1b</b>	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . .	<b>1c</b>	Yes	
<b>2a</b> 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 . . .	<b>2a</b>	0	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	No	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .	<b>3b</b>		
<b>4a</b> 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)? . . .	<b>4a</b>	No	
<b>b</b> If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	<b>5a</b>		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>	No	
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . .	<b>5b</b>	No	
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . .	<b>5c</b>		
<b>6a</b> 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? . . .	<b>6a</b>	No	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	No	
<b>a</b> 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? . . .	<b>7b</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .	<b>7c</b>	No	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	<b>7d</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . .	<b>7e</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . .	<b>7f</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7g</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	<b>7h</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	<b>8</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . .	<b>9a</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966? . . .			
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . .			
<b>10 Section 501(c)(7) organizations.</b> Enter	<b>10a</b>		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . .	<b>10b</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
<b>11 Section 501(c)(12) organizations.</b> Enter	<b>11a</b>		
<b>a</b> Gross income from members or shareholders . . .	<b>11b</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . .			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13a</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13b</b>		
<b>b</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 . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . .	<b>14a</b>	No	
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .	<b>14b</b>		

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

Check if Schedule O contains a response or note to any line in this Part VI

### Section A. Governing Body and Management

			Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b>	13		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	13		
<b>2</b> 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?	<b>2</b>		No	
<b>3</b> 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?	<b>3</b>		No	
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No	
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No	
<b>7a</b> 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?	<b>7a</b>		No	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	<b>8a</b>	Yes		
<b>a</b> The governing body?	<b>8b</b>	Yes		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>9</b>		No	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				

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

		Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No	
<b>b</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?	<b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990			
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes	
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes	
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes	
<b>15</b> 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?	<b>15a</b>	Yes	
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15b</b>	No	
<b>b</b> Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No	
<b>b</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?	<b>16b</b>		

### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed  CA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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  
 CINDY LAMB 8425 E TWELVE MILE ROAD  
WARREN, MI 48093 (586) 753-9002

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII **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, or 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	Office	Key Employee	Highest Compensated	Former			
(1) RAY LANTIS PRESIDENT	3 90 10	X		X				0	0	0
(2) CHARLOTTE LANN VICE PRESIDENT	3 90 10	X		X				0	0	0
(3) BILLIE J WALKER TREASURER	3 90 10	X		X				0	0	0
(4) BARBARA SHUMAKE SECRETARY	3 90 10	X		X				0	0	0
(5) CINDY LAMB ASSISTANT TREASURER	39 90 10	X		X				125,248	0	32,099
(6) NANCY EVANS ASSISTANT SECRETARY	39 90 10	X		X				215,474	0	61,151
(7) JAMES EDWARDS VICE PRESIDENT	3 90 10	X		X				0	0	0
(8) THOMAS COOPER TREASURER	3 90 10	X		X				0	0	0
(9) CLARITA PALMA DIRECTOR	3 90 10	X						0	0	0
(10) ETHEL YOUNG DIRECTOR	3 90 10	X						0	0	0
(11) MARY LACEY DIRECTOR	3 90 10	X						0	0	0
(12) ANNIE MITCHELL DIRECTOR	3 90 10	X						0	0	0
(13) SUZANNE BEATTIE DIRECTOR	3 90 10	X						0	0	0
(14) DOROTHY DUIGUID DIRECTOR	3 90 10	X						0	0	0
(15) E CHRISTINE GROSS DIRECTOR	3 90 10	X						0	0	0
(16) KATHLEEN LARSON DIRECTOR	3 90 10	X						0	0	0
(17) ROSA C FREGA DIRECTOR	3 90 10	X						0	0	0

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

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: 7

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	No
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 . . . . .	4	Yes
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 . . . . .	5	No

## **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.

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>			
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total.</b> Add lines 1a-1f . . . . .				
<b>Program Service Revenue</b>	<b>2a</b> MANAGEMENT FEES	Business Code 531110	4,122,931	4,122,931	
	<b>b</b> DEVELOPMENT FEES	531110	1,805,635	1,805,635	
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total.</b> Add lines 2a-2f . . . . .		5,928,566		
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		150,843		150,843
<b>4</b> Income from investment of tax-exempt bond proceeds					
<b>5</b> Royalties . . . . .					
<b>6a</b> Gross rents	(I) Real	(II) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
<b>b</b> Less cost or other basis and sales expenses	76,325				
<b>c</b> Gain or (loss)	0				
<b>d</b> Net gain or (loss) . . . . .	76,325		76,325	76,325	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .					
<b>b</b> Less direct expenses . . . . .	<b>a</b>				
<b>c</b> Net income or (loss) from fundraising events . . . . .					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>	Business Code				
<b>11a</b> OTHER REVENUE-MISC	900099	2,692		2,692	
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue . . . . .					
<b>e</b> <b>Total.</b> Add lines 11a-11d . . . . .		2,692			
<b>12</b> <b>Total revenue.</b> See Instructions . . . . .		6,158,426	5,928,566	0	229,860

**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 or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	340,722	340,722		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,335,394	1,335,394		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	521,572	521,572		
10 Payroll taxes	129,380	129,380		
11 Fees for services (non-employees)				
a Management				
b Legal	4,452		4,452	
c Accounting	9,900		9,900	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	8,791		8,791	
13 Office expenses	593,565		593,565	
14 Information technology				
15 Royalties				
16 Occupancy	759,868	759,868		
17 Travel	194,715	194,715		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,219	24,219		
23 Insurance	5,576	5,576		
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 MEMBER SERVICES	273,249	273,249		
b MGMT CO EMPLOYEE CHARGE	12,768	12,768		
c				
d				
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	4,214,171	3,597,463	616,708	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	1,940,652	<b>1</b> 3,503,181
	<b>2</b> Savings and temporary cash investments	2	
	<b>3</b> Pledges and grants receivable, net	3	
	<b>4</b> Accounts receivable, net	1,852,809	<b>4</b> 62,417
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	6	
	<b>7</b> Notes and loans receivable, net	7	2,625,930
	<b>8</b> Inventories for sale or use	8	
	<b>9</b> Prepaid expenses and deferred charges	233,845	<b>9</b> 226,468
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 546,428	
	<b>b</b> Less accumulated depreciation	<b>10b</b> 344,313	<b>10c</b> 173,521 202,115
	<b>11</b> Investments—publicly traded securities	11	
	<b>12</b> Investments—other securities See Part IV, line 11	7,335,019	<b>12</b> 4,970,740
	<b>13</b> Investments—program-related See Part IV, line 11	13	
	<b>14</b> Intangible assets	14	
	<b>15</b> Other assets See Part IV, line 11	1,510,115	<b>15</b> 3,167,864
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	13,045,961	<b>16</b> 14,758,715
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	518,417	<b>17</b> 286,916
	<b>18</b> Grants payable	18	
	<b>19</b> Deferred revenue	19	
	<b>20</b> Tax-exempt bond liabilities	20	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	21	
	<b>22</b> 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	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	23	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	24	
	<b>25</b> 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	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	518,417	<b>26</b> 286,916
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets	12,527,544	<b>27</b> 14,471,799
	<b>28</b> Temporarily restricted net assets	28	
	<b>29</b> Permanently restricted net assets	29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds	30	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund	31	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	32	
	<b>33</b> Total net assets or fund balances	12,527,544	<b>33</b> 14,471,799
	<b>34</b> Total liabilities and net assets/fund balances	13,045,961	<b>34</b> 14,758,715

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,158,426
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,214,171
3	Revenue less expenses Subtract line 2 from line 1	3	1,944,255
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,527,544
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,471,799

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	2a Yes	
2b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b No	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a No	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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

**2013****Open to Public  
Inspection**Department of the  
Treasury  
Internal Revenue Service

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

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**Name of the organization**

CSI SUPPORT &amp; DEVELOPMENT SERVICES

**Employer identification number**

20-1935580

**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

e  a  Type I b  Type II c  Type III - Functionally integrated d  Type III - Non-functionally integrated

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	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ►						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
15 Public support percentage for 2012 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
<b>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,455,224	3,823,841	3,875,387	4,127,371	5,931,257	22,213,080
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 <b>Total.</b> Add lines 1 through 5	4,455,224	3,823,841	3,875,387	4,127,371	5,931,257	22,213,080
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 <b>Public support</b> (Subtract line 7c from line 6 )						22,213,080

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	4,455,224	3,823,841	3,875,387	4,127,371	5,931,257	22,213,080
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	327,109	255,547	219,448	171,228	150,843	1,124,175
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	327,109	255,547	219,448	171,228	150,843	1,124,175
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 <b>Total support.</b> (Add lines 9, 10c, 11, and 12 )	4,782,333	4,079,388	4,094,835	4,298,599	6,082,100	23,337,255
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> ►						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	95 180 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	94 240 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	4 820 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	5 760 %
19a <b>33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►✓		
b <b>33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►		

**Part IV Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).**Facts And Circumstances Test**

Return Reference

Explanation

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

OMB No 1545-0047

**2013**

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

**Open to Public Inspection**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
CSI SUPPORT & DEVELOPMENT SERVICES**Employer identification number**

20-1935580

**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?  Yes  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?  Yes  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)	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> 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 Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, 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  
 ► \_\_\_\_\_

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

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 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**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)

<b>a</b> <input type="checkbox"/> Public exhibition	<b>d</b> <input type="checkbox"/> Loan or exchange programs
<b>b</b> <input type="checkbox"/> Scholarly research	<b>e</b> <input type="checkbox"/> Other
<b>c</b> <input type="checkbox"/> 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

	<b>Amount</b>
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

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

a Board designated or quasi-endowment

b Permanent endowment

c Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

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

<b>Yes</b>	<b>No</b>
<b>3a(i)</b>	
<b>3a(ii)</b>	
<b>3b</b>	

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .					
<b>b</b> Buildings . . . . .		203,431	87,198	116,233	
<b>c</b> Leasehold improvements . . . . .					
<b>d</b> Equipment . . . . .		342,997	257,115	85,882	
<b>e</b> Other . . . . .					
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . . .					202,115

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<b>(a)</b> Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMERICA SECURITIES	4,970,740	C

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 12)

4,970,740

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

**Total.** (Column (b) must equal Form 990, Part X, col (B) line 13 )

## REFERENCES

**Part IX Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

<b>(a) Description</b>	<b>(b) Book value</b>
(1) DEPOSITS	45,954
(2) ESCROW ACCOUNT	12,545
(3) INTERORGANIZATION A/R - CSI BUILDING	567,981
(4) INTERORGANIZATION A/R	2,041,636
(5) INVESTMENTS IN AFFILIATED ENTITIES	499,748

**Total** (Column (b) must equal Form 990, Part X, col (B) line 15)

3 167 864

**Part X Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

**2. Liability for uncertain tax positions** 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 included in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	6,158,426
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	6,158,426
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	
b	Other (Describe in Part XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	6,158,426

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	4,214,171
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	4,214,171
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	
b	Other (Describe in Part XIII) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	4,214,171

**Part XIII Supplemental Information**

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

Return Reference	Explanation
PART X, LINE 2	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND STATE INCOME TAX AND HAS BEEN CLASSIFIED AS AN OTHER THAN PRIVATE FOUNDATION ACCORDINGLY, NO PROVISION FOR FEDERAL AND STATE TAXES ON REVENUE AND INCOME HAS BEEN RECOGNIZED IN THE ACCOMPANYING FINANCIAL STATEMENTS. GENERALLY, THE FEDERAL AND STATE TAX RETURNS WERE SUBJECT TO EXAMINATIONS FROM THE THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED BY THE APPLICABLE TAX AUTHORITY

**Part XIII Supplemental Information (continued)**

Return Reference	Explanation

**Schedule J**  
(Form 990)**Compensation Information**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue ServiceFor 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.

► Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2013****Open to Public  
Inspection**Name of the organization  
CSI SUPPORT & DEVELOPMENT SERVICES

Employer identification number

20-1935580

**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 in 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 directors, trustees, officers, including 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 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 501(c)(3) and 501(c)(4) organizations only 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		No
<b>4b</b>		No
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the 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 (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CINDY LAMB ASSISTANT TREASURER	(i) 125,248 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(C) 24,032 0	(D) 8,067 0	(E) 157,347 0	(F) 0 0
(2) NANCY EVANS ASSISTANT SECRETARY	(i) 215,474 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(C) 31,761 0	(D) 29,390 0	(E) 276,625 0	(F) 0 0
(3) BOB KERNS REGIONAL MANAGER	(i) 125,850 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(C) 22,688 0	(D) 36,201 0	(E) 184,739 0	(F) 0 0
(4) CHERYL ROSS REGIONAL MANAGER	(i) 127,430 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(C) 22,661 0	(D) 19,801 0	(E) 169,892 0	(F) 0 0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II  
Also complete this part for any additional information

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	THE BOARD PERIODICALLY CONDUCTS COMPENSATION STUDIES AND DETERMINES THE COMPENSATION OF THE GENERAL MANAGER

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2013****Open to Public  
Inspection**Name of the organization  
CSI SUPPORT & DEVELOPMENT SERVICES**Employer identification number**

20-1935580

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FORM 990 IS PRESENTED AT A BOARD OF DIRECTORS MEETING BEFORE IT IS SIGNED AND SUBMITTED
FORM 990, PART VI, SECTION B, LINE 12C	AN ANNUAL CONFLICT OF INTEREST STATEMENT IS FILLED OUT BY BOARD MEMBERS AND UPPER MANAGEMENT EMPLOYEES, THEN SUBMITTED A CONTROL IS MAINTAINED AS TO THE RECEIPT OF THIS ANNUAL FORM
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD PERIODICALLY CONDUCTS COMPENSATION STUDIES AND DETERMINES THE COMPENSATION OF THE GENERAL MANAGER
FORM 990, PART VI, SECTION C, LINE 19	THE FORM 990 AND ALL RELATED FINANCIAL AND POLICY INFORMATION ARE MADE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B	ALL OF THE OFFICERS, DIRECTORS, AND EMPLOYEES LISTED IN PART VII, SECTION A PERFORM SIMILAR DUTIES AND HAVE SIMILAR RESPONSIBILITIES FOR RELATED ORGANIZATIONS THEIR TOTAL HOURS WORKED PER WEEK FOR THIS ORGANIZATION REFLECT THEIR HOURS WORKED FOR RELATED ORGANIZATIONS BOTH IN TERMS OF NUMBER OF HOURS AND TYPE OF WORK PERFORMED
FORM 990, PAGE 12, PART XII, LINE 2C	THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT

SCHEDULE R  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2013

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
 ► Attach to Form 990. ► See separate instructions.  
 ► Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
InspectionName of the organization  
CSI SUPPORT & DEVELOPMENT SERVICES

Employer identification number

20-1935580

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OFFICE BUILDING LLC 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-1027346	OFFICE BUILDING/RENTAL	MI			COOPERATIVE SERVICES INC
(2) BOWLEY'S NON-PROFIT HOUSING LLC 8425 E TWELVE MILE ROAD WARREN, MI 48093 46-3033745	HOUSING	MD			CSI SUPPORT & DEVELOPMENT SERVICES

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
See Additional Data Table						Yes No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) GOLDEN RING LIMITED PARTNERSHIP  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3068179	HOUSING	MD	COOPERATIVE SERVICES INC					No			No	
(2) BOWLEY'S LANE LIMITED PARTNERSHIP  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3210051	HOUSING	MD	CSI SUPPORT & DEVELOPMENT SERVICES					No			No	
(3) HIGHLANDTOWN COOPERATIVE LIMITED PARTNERSHIP  8425 E TWELVE MILE ROAD WARREN, MI 48093 52-1875525	HOUSING	MD	CSI SUPPORT & DEVELOPMENT SERVICES					No			No	
(4) LEXINGTON TERRACE SENIOR HOUSING LIMITED PARTNERSHIP  8425 E TWELVE MILE ROAD WARREN, MI 48093 52-2043162	HOUSING	MD	COOPERATIVE SERVICES INC					No			No	
(5) TIVOLI MANOR LDHA LIMITED PARTNERSHIP  8425 E TWELVE MILE ROAD WARREN, MI 48093 80-0893673	HOUSING	MI	CSI SUPPORT & DEVELOPMENT SERVICES					No			No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Schedule R (Form 990) 2013

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 20-1935580  
**Name:** CSI SUPPORT & DEVELOPMENT SERVICES

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) CSI HOUSING ASSISTANCE FUND  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3368117	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(1) ACCESS IRVINE INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3092974	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(2) ARLINGTON NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 30-0043311	HOUSING	MD	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(3) ARLINGTON II NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 45-4243194	HOUSING	MD	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(4) BEAUMONT SENIOR HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3264727	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(5) BELLEVILLE NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 30-0025778	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(6) BOWLEY'S LANE SENIOR HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3210052	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(7) CARLETON NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2906105	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(8) CATHEDRAL CITY SENIOR HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3257985	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(9) CITY SQUARE ELDERLY HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 04-2794776	HOUSING	MA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(10) COLLINS NON-PROFIT APARTMENTS INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 22-2585796	HOUSING	MA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(11) COLONY LANE NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 32-0364875	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(12) D STREET SENIOR HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 41-2205343	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(13) CSI DERBY STREET NON-PROFIT  8425 E TWELVE MILE ROAD WARREN, MI 48093 94-2892231	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(14) ECORSE NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2940362	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(15) EVERETT NON-PROFIT HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 06-1468864	HOUSING	MA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(16) FLAT ROCK NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2806229	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(17) GARDENA MARINE AVE SENIOR HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3264730	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(18) GARDENA SENIOR HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 95-4109165	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(19) GARDENA SOUTH PARK SENIOR PROJECT INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 95-3749296	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(21) GRATIOT WOODS NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-0967820	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(1) HAZEL PARK NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2742861	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(2) HIGHLANDTOWN COOPERATIVE SENIOR HOUSING INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 52-1875874	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(3) JAMAICA PLAIN NON-PROFIT HOUSING 8425 E TWELVE MILE ROAD WARREN, MI 48093 04-3502138	HOUSING	MA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(4) CSI KALAMAZOO NON-PROFIT HOUSING INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2460526	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(5) LAWNDALE SENIOR HOUSING INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3039978	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(6) LEXINGTON TERRACE ELDERLY HOUSING INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 52-2043162	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(7) MAYWOOD MANOR SENIOR HOUSING INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 95-4087588	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(8) MEYERS NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3260804	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(9) MORENO VALLEY SENIOR HOUSING INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3321874	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(10) NEW HORIZONS NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2476812	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(11) NORTH HOLLYWOOD SENIOR CITIZENS INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 95-3776059	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(12) OAK NON-PROFIT APARTMENTS INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2420745	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(13) ONTARIO SENIOR HOUSING INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 30-0031978	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(14) PALM SPRINGS SENIOR HOUSING INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3196574	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(15) RANDALLSTOWN NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 52-2148647	HOUSING	MD	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(16) RANDALLSTOWN II NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 32-0132713	HOUSING	MD	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(17) RANDALLSTOWN III NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 26-4331988	HOUSING	MD	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(18) REVERE ELDERLY HOUSING INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 04-2763101	HOUSING	MA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	
(19) ROMULUS NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2846460	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES	No	

## Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(41) ROSLINDALE SENIOR NON-PROFIT HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 04-3168286	HOUSING	MA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(1) SAN BERNARDINO SENIOR HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3517074	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(2) SOUTH BOSTON NON-PROFIT HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3264734	HOUSING	MA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(3) SOUTHGATE NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2445944	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(4) ST DAVID'S NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2225041	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(5) STE ANNE'S NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3392857	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(6) VISTA CHINO SENIOR HOUSING INC  8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3257988	HOUSING	CA	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(7) WALKER NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3329883	HOUSING	MD	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No
(8) TIVOLI NON-PROFIT HOUSING CORP  8425 E TWELVE MILE ROAD WARREN, MI 48093 45-4824004	HOUSING	MI	501(C)(3)	LINE 9	CSI SUPPORT & DEVELOPMENT SERVICES		No

## Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
COOPERATIVE SERVICES INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-1242615	HOUSING	MI	CSI SUPPORT & DEVELOPMENT SERVICES	C					No
BISHOP CSI NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-5132437	HOUSING	MI	COOPERATIVE SERVICES INC	C					No
DEARBORN HEIGHTS CSI NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-4633552	HOUSING	MI	COOPERATIVE SERVICES INC	C					No
ESSEX NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-3773809	HOUSING	MD	COOPERATIVE SERVICES INC	C					No
LABELLE TOWERS INC 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-1997058	HOUSING	MI	COOPERATIVE SERVICES INC	C					No
MADISON HEIGHTS NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2332549	HOUSING	MI	COOPERATIVE SERVICES INC	C					No
RIVERVIEW NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2093124	HOUSING	MI	COOPERATIVE SERVICES INC	C					No
ROYAL OAK CSI NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-5111657	HOUSING	MI	COOPERATIVE SERVICES INC	C					No
TRENTON CSI NON-PROFIT CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-5132324	HOUSING	MI	COOPERATIVE SERVICES INC	C					No
WYANDOTTE CSI NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-5132360	HOUSING	MI	COOPERATIVE SERVICES INC	C					No
UCC COOPERATIVE SENIOR HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 31-1354974	HOUSING	MI	COOPERATIVE SERVICES INC	C					No

## Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
TRENTON CSI NON-PROFIT CORP	L	97,192	MANAGEMENT FEE RECORDED
LABELLE TOWERS INC	L	126,511	MANAGEMENT FEE RECORDED
ROYAL OAK CSI NON-PROFIT HOUSING CORP	L	154,208	MANAGEMENT FEE RECORDED
NEW HORIZONS NON-PROFIT HOUSING CORP	L	85,714	MANAGEMENT FEE RECORDED
NORTH HOLLYWOOD SENIOR CITIZENS INC	L	164,915	MANAGEMENT FEE RECORDED
GARDENA SOUTH PARK SENIOR PROJECT INC	L	91,526	MANAGEMENT FEE RECORDED
CITY SQUARE ELDERLY HOUSING INC	L	92,226	MANAGEMENT FEE RECORDED
MADISON HEIGHTS NON-PROFIT HOUSING CORP	L	94,336	MANAGEMENT FEE RECORDED
DEARBORN HEIGHTS CSI NON-PROFIT HOUSING CORP	L	152,947	MANAGEMENT FEE RECORDED
ST DAVID'S NON-PROFIT HOUSING CORP	L	30,830	MANAGEMENT FEE RECORDED
HAZEL PARK NON-PROFIT HOUSING CORP	L	39,949	MANAGEMENT FEE RECORDED
COLLINS NON-PROFIT APARTMENTS INC	L	75,943	MANAGEMENT FEE RECORDED
FLAT ROCK NON-PROFIT HOUSING CORP	L	59,880	MANAGEMENT FEE RECORDED
RIVERVIEW NON-PROFIT HOUSING CORP	L	89,830	MANAGEMENT FEE RECORDED
CSI KALAMAZOO NON-PROFIT HOUSING INC	L	118,672	MANAGEMENT FEE RECORDED
CARLETON NON-PROFIT HOUSING CORP	L	36,336	MANAGEMENT FEE RECORDED
GOLDEN RING LIMITED PARTNERSHIP	L	83,322	MANAGEMENT FEE RECORDED
ROSLINDALE SENIOR NON-PROFIT HOUSING INC	L	65,539	MANAGEMENT FEE RECORDED
ACCESS IRVINE INC	L	27,939	MANAGEMENT FEE RECORDED
REVERE ELDERLY HOUSING INC	L	77,463	MANAGEMENT FEE RECORDED
ECORSE NON-PROFIT HOUSING CORP	L	55,076	MANAGEMENT FEE RECORDED
EVERETT NON-PROFIT HOUSING INC	L	85,141	MANAGEMENT FEE RECORDED
SOUTH BOSTON NON-PROFIT HOUSING INC	L	49,507	MANAGEMENT FEE RECORDED
MEYERS NON-PROFIT HOUSING CORP	L	63,387	MANAGEMENT FEE RECORDED
CSI DERBY STREET NON-PROFIT	L	148,697	MANAGEMENT FEE RECORDED

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
CATHEDRAL CITY SENIOR HOUSING INC	L	51,446	MANAGEMENT FEE RECORDED
OAK NON-PROFIT APARTMENTS INC	L	121,302	MANAGEMENT FEE RECORDED
VISTA CHINO SENIOR HOUSING INC	L	49,956	MANAGEMENT FEE RECORDED
ROMULUS NON-PROFIT HOUSING CORP	L	38,169	MANAGEMENT FEE RECORDED
ESSEX NON-PROFIT HOUSING CORP	L	129,587	MANAGEMENT FEE RECORDED
STE ANNE'S NON-PROFIT HOUSING CORP	L	45,058	MANAGEMENT FEE RECORDED
BOWLEY'S LANE LIMITED PARTNERSHIP	L	41,558	MANAGEMENT FEE RECORDED
SOUTHGATE NON-PROFIT HOUSING CORP	L	141,166	MANAGEMENT FEE RECORDED
BEAUMONT SENIOR HOUSING INC	L	41,579	MANAGEMENT FEE RECORDED
WYANDOTTE CSI NON-PROFIT HOUSING CORP	L	122,338	MANAGEMENT FEE RECORDED
BISHOP CSI NON-PROFIT HOUSING CORP	L	139,199	MANAGEMENT FEE RECORDED
GARDENA SENIOR HOUSING INC	L	55,132	MANAGEMENT FEE RECORDED
LAWNDALE SENIOR HOUSING INC	L	39,994	MANAGEMENT FEE RECORDED
MAYWOOD MANOR SENIOR HOUSING INC	L	40,284	MANAGEMENT FEE RECORDED
WALKER NON-PROFIT HOUSING CORP	L	53,578	MANAGEMENT FEE RECORDED
GARDENA MARINE AVE SENIOR HOUSING INC	L	82,719	MANAGEMENT FEE RECORDED
SAN BERNARDINO SENIOR HOUSING INC	L	68,311	MANAGEMENT FEE RECORDED
JAMAICA PLAIN NON-PROFIT HOUSING	L	55,444	MANAGEMENT FEE RECORDED
PALM SPRINGS SENIOR HOUSING INC	L	55,907	MANAGEMENT FEE RECORDED
RANDALLSTOWN NON-PROFIT HOUSING CORP	L	46,990	MANAGEMENT FEE RECORDED
MORENO VALLEY SENIOR HOUSING INC	L	61,983	MANAGEMENT FEE RECORDED
LEXINGTON TERRACE SENIOR HOUSING LIMITED PARTNERSHIP	L	41,053	MANAGEMENT FEE RECORDED
ONTARIO SENIOR HOUSING INC	L	82,497	MANAGEMENT FEE RECORDED
BELLEVILLE NON-PROFIT HOUSING CORP	L	47,051	MANAGEMENT FEE RECORDED
ARLINGTON NON-PROFIT HOUSING CORP	L	44,209	MANAGEMENT FEE RECORDED

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
HIGHLANDTOWN COOPERATIVE LIMITED PARTNERSHIP	L	31,707	MANAGEMENT FEE RECORDED
GRATIOT WOODS NON-PROFIT HOUSING CORP	L	44,581	MANAGEMENT FEE RECORDED
RANDALLSTOWN II NON-PROFIT HOUSING CORP	L	42,306	MANAGEMENT FEE RECORDED
RANDALLSTOWN III NON-PROFIT HOUSING CORP	L	30,490	MANAGEMENT FEE RECORDED
D STREET SENIOR HOUSING INC	L	39,320	MANAGEMENT FEE RECORDED
TIVOLI MANOR	L	25,828	MANAGEMENT FEE RECORDED
TIVOLI MANOR LDHA LIMITED PARTNERSHIP	L	14,267	MANAGEMENT FEE RECORDED

Form 4562

Department of the Treasury  
Internal Revenue Service (99)Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2013

Attachment  
Sequence No 179

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

Name(s) shown on return CSI SUPPORT & DEVELOPMENT SERVICES	Business or activity to which this form relates FORM 990 PAGE 10	Identifying number 20-1935580
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**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions) . . . . .	1	500,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29 . . . . .	7			
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8			
9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .	9			
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562 . . . . .	10			
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11			
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12			
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 ► 13	13			

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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)		
14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	24,219

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

17 MACRS deductions for assets placed in service in tax years beginning before 2013 . . . . .	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs		S/L		
h Residential rental property		27 5 yrs	MM	S/L		
		27 5 yrs	MM	S/L		
i Nonresidential real property		39 yrs	MM	S/L		
			MM	S/L		

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (see instructions.)**

21 Listed property Enter amount from line 28 . . . . .	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .	22	24,219
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

	%							
	%							
	%							

	%			S/L -				
	%			S/L -				
	%			S/L -				

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?			<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners				
<b>39</b> Do you treat all use of vehicles by employees as personal use?				
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?				
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)				

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

**42** Amortization of costs that begins during your 2013 tax year (see instructions)


**43** Amortization of costs that began before your 2013 tax year **43**

**44** Total. Add amounts in column (f) See the instructions for where to report **44**