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ñorm 990

OMB No 1545-0047 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

ټ	A F	or the :	2016 calend	ar year, or tax year beginning, 2016, and en	ding	, 20
26	B C	neck if ap	plicable	C Name of organization COMMUNITY CRISIS INTERVENTION SERVICES, IN	ic.	D Employer identification no.
ð	□ Ac	ldress ch	nange	Doing business as		71-0526262
	☐ Na	me chan	nge	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number
2	n:	tial return	n	705 MALVERN AVENUE		(501)623-4048
8	Fi	nal return	v/terminated	City or town, state or province, country, and ZIP or foreign postal code		484,831
100	\overline{a}	nended r		HOT SPRINGS, AR 71901		G Gross receipts\$
Š			pending	F Name and address of principal officer JANIE SMTH	H(a) is this a group return	
		, p ou (, o	. policing	Same as C above	H(b) Are all subordina	
		x-exemp	nt status 🔯	501(c)(3)	-1 ''	a list (see instructions)
I			► N/A	301(0)(0) 301(0)() 4 (11331110) 321	H(c) Group exemption	
(_	Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1:	978 M State of le	
11.	Par		Summar		370 M State of le	gai donnelle PAR
(1)	rai				T/ 10070M110H	MO CIMITARNO OR
O'	-		•	be the organization's mission or most significant activities. PROVIDE EMERGENC	ASSISTANCE	TO CITIZENS OF
	e		THE COMM	UNITY		
	au	١.				
] Revenue MMDS Activities & Governance					
	ò	ì		ox ► ☐ if the organization discontinued its operations or disposed of more than 25% o	fits net assets.	1
	ಪ	3	Number of v	oung members of the governing body (Part VI, line 1a)	MED: 3	18
	es	4	Number of in	dependent voting members of the governing body (Part VI, line 1b)	1 1 2	18
į.	ζĘ	5	Total numbe	r of individuals employed in calendar year 2016 (Part V, line 2a)	ig 2017 · 21 5	0
	Çţ	6	Total numbe	r of volunteers (estimate if necessary)	18 5011 BE 6	65
	₽ (@)	7a	Total unrelat	ed business revenue from Part VIII, column (C), line 12	7	a 0
	8	b .	Net unrelate	d business taxable income from Form 990-T, line 34		b 0
1	2				Prior Year	Current Year
	姜	8	Contribution:	s and grants (Part VIII, line 1h)	477,7	33 480,393
	E	1		vice revenue (Part VIII, line 2g)		0
	Ē		•	ncome (Part VIII, column (A), lines 3, 4, and 7d)	3,0	99 4,438
	ÇŞ	i		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77
		ı			480,8	32 494 931
	<u>@</u>			e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	400,0	
		1		similar amounts paid (Part IX, column (A), lines 1-3)	 	135,192
ı		14	Benefits paid	d to or for members (Part IX, column (A), line 4)		0
	(Q)	15	Salaries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-1000 V .2 8 2017	183,2	82 215,803
	S S.)	10a	Fiolessional	Tundralsing lees (Part IX, Column (X), line TTe)	***************************************	0
	2ြန့်ခွိန်ပေဆ	i		sing expenses (Part IX, column (D), line 25) ►		
	ú	17	Other expen	ses (Part IX, column (A), lines 11a-11d, 11f-24e)		
		18	Total expens	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	464,5	55 512,869
1		19	Revenue les	s expenses. Subtract line 18 from line 12	16,2	77 (28,038
	Ses Ses	}			Beginning of Current Yea	r End of Year
'	sets	20	Total assets	(Part X, line 16)	845,0	56 698,057
1	Net Assets or Fund Balances	21	Total liabilitie	es (Part X, line 26)	32,4	22 29,284
	훒	22	Net assets of	or fund balances Subtract line 21 from line 20	812,6	
!	Par	tIII	Signatu	ire Block		
	Unde	r penaltie	s of penury, I de	clare that I have examined this return, including accompanying schedules and statements, and to the best of my	knowledge and belief, it is	· · · · · · · · · · · · · · · · · · ·
	True.	correct, a	ind complete. De	eclaration of preparer (ther than officer) is based on all information of which preparer has any knowledge		
	pra.			there on	1	
	_Sigı	n	Signatu	re of officer		ate
	Her	1	· /	\		
	_	-		Print name and lite		
	~		'			
	xo ~•• ··			eparer's name Prepager's suprature Date	☐ Check ☐ if	
	oPaio			D. HARROD CPA	self-employed	P00840483
ుస్	_Pre∣	parer	Firm's name	ROGER D. HARROD, CPA, P.A.	Pirm's EIN ▶	
~.	` Use	Only	/ Firm's addre	ss ► 300 EXCHANGE ST	Phone no	
0	· .			Hot Springs National P AR 71901	501	-624-6639
ي ر	May	the IRS	discuss this	return with the preparer shown above? (see instructions)		🛚 Yes 🗌 No
ή.,	For F	aperw	ork Reduct	on Act Notice, see the separate instructions.		Form-990 (2016)
n), ⁵	EEA					(-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	1					
						

	rt III Statement of Program Service Accomplishments	/1-052626	2 Page 2
rai			\Box
1	Check if Schedule O contains a response or note to any line in this Part III		::: _ _
'	Bnefly describe the organization's mission		
	PROVIDE EMERGENCY ASSISTANCE TO CITIZENS OF THE COMMUNITY		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?	🗌 Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	🔣 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	red by	
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others,	
	the total expenses, and revenue, if any, for each program service reported.		
_			
4a	(Code) (Expenses \$ including grants of \$) (Revenue		82,612)
	ORGANIZATION PROVIDED EMERGENCY FOOD, SHELTER, TRANSPORTATION, CLOTHING AND	MEDICAL H	ELP FOR
	THE NEEDY OF THE COMMUNITY		
			
			
415	(Code) (Expenses \$ including grants of \$) (Revenue		
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 \$)	
40	Total program service expenses		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	còmplete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			l
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		37
_	Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ı	v
7	"Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			ļ
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		ľ	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	L	X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445		٠,
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a		12a		x
.	Schedule D, Parts XI and XII	128		
U	"Yas," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l]	
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u>_</u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			1
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?]]
	If "Yes," complete Schedule G, Part III	19		X

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	X
ь	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	1	X
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 "Yes," complete Schedule L, Part II	26		Х
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			ļ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			ĺ
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	[]	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
-	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32	1	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	!	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1000		
- •	related organization? If "Yes," complete Schedule R, Part V, line 2	36	ļi	x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	100		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			l
	Part VI	27	[]	v
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		<u> </u>
50	19? Note. All Form 990 filers are required to complete Schedule O.]	v
	101 Hotel Fair 1 of the said that a telephone a Complete Schauble C.	38	1	X

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 No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 X **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts Х Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? С 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Х 7с d X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h R Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which 14a Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O b

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI · response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 18 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. Enter the number of voting members included in line 1a, above, who are independent 1b 18 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X . . . Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 $\overline{\mathbf{X}}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? \mathbf{X}^{-} Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a X one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? . X Each committee with authority to act on behalf of the governing body? d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X Describe in Schedule O the process, if any, used by the organization to review this Form 990 b Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website Another's website ☐ Upon request ☐ Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 JANIE SMTH (501)623-4048, 705 MALVERN AVENUE, HOT SPRINGS, AR 71901

Form	QQO	(2016)	

EEA

COMMUNITY CRISIS INTERVENTION SERVICES, INC.

71-0526262

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Form 990 (2016)

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees	, Highest Compensated Employees	i, 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (B) (D) (E) (F) (A) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) veek (list any from related other hours for organizations compensation related ndividual Highest compensated employee organization (W-2/1099-MISC) from the <ey employee (W-2/1099-MISC) organizations organization below dotted and related organizations line) trustee 40.00 (1) JANIE SMTH Х EXECUTIVE DIRECTOR 0 10.00 BOARD PRESIDENT 0 (3) X 0 Director 8.00 Active Volunteer/Rey'd Mgmnt Х 0 0 30.00 THRIFT SHOP MANAGER X 0 0 <u>(6)</u> (7) (8) (9) (10)(11) (12)(13)(14)

(A) Name and title	(B) Average hours per week (list any	box, office	unless er and	a dire	tion ore th on is ector/	an one both an trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15)										
16)										
7)			 i		_					
8)										
19)								 		<u> </u>
20)		 								
21)										-
22)								 		
23)				 						
24)										
25)										
1b Sub-total c Total from continuation sheets to Part VII, Sec			•	 	L ·	· ·	>		0	
Total number of individuals (including but not limit reportable compensation from the organization	ed to those list			_			поге	than \$100,000 of	0	
 Did the organization list any former officer, direct employee on line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is the sum of organization and related organizations greater that 	or, or trustee, less of the such incompany o	<i>dıvidua</i> pensa f "Yes,	l tion a " coi	 and o mple	othe te S	r comp	 ens le J	ation from the		Yes No
individual	compensation	n from	any (unre	late	d orgai	niza	tion or individual		5 X
Complete this table for your five highest compensation from the organization Report compear.										
(A) Name and business addre	ess							Description o	ļ.	(C) Compensation
								-		
Total number of independent contractors (including received more than \$100,000 of compensation from the c	-			liste	d at	oove) v	vho	<u> </u>		······································

Page 9

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Related or exempt function Unrelated business revenue Revenue excluded from tax under sections 512-514 Federated campaigns 1a 1a Contributions, Gifts, Grants and Other Similar Amounts 1b b Membership dues . 1c C Fundraising events 1d d Related organizations . . Government grants (contributions) . . 1e 480,393 All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ 480,393 Total. Add lines 1a-1f **Business Code** Revenue 2a Program Service f All other program service revenue g Total. Add lines 2a-2f . . . Investment income (including dividends, interest, 2,219 2,219 Income from investment of tax-exempt bond proceeds Royalties (II) Personal 6a Gross rents b Less. rental expenses . . . c Rental income or (loss) . . d Net rental income or (loss) (i) Secunties (II) Other 7a Gross amount from sales of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) . . . d Net gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses *.* b c Net income or (loss) from gaming activities . . 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11a b d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions 484,831 2,219 2,219

Part IX Statement of Functional Expenses

3600	Check if Schedule O contains a response or note to a			Oldrin (A)	
Do o	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	· · · · · · · · · · · · · · · · · · ·
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				······
_	Individuals See Part IV, line 22	135,192	135,192		
3	Grants and other assistance to foreign	133,132	133,132		
3	organizations, foreign governments, and foreign		į.		
	individuals See Part IV, lines 15 and 16	ļ	Ī		
4	Benefits paid to or for members				, ,{
5	Compensation of current officers, directors,		- · · · - 		······································
J	trustees, and key employees	199,582	149,686	49,896	
6	Compensation not included above, to disqualified	233,302			
Ü	persons (as defined under section 4958(f)(1)) and			į	
	persons described in section 4958(c)(3)(B)	[}	
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions) .	ļ			
9	Other employee benefits				
10	Payroll taxes	16,221	16,221		
11	Fees for services (non-employees).				
a	Management	}			
b	Legal				
c	Accounting	6,180		6,180	
ď	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .		71 111 12 12 17		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
Ū	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	6,607		6,607	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			1	
19	Conferences, conventions, and meetings				
20	Interest	1,410		1,410	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	28,910		28,910	
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					
b					
C					
d					
8	All other expenses	118,767	76,721	42,046	
25	Total functional expenses. Add lines 1 through 24e .	512,869	377,820	135,049	0
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if				
	following SOP 98-2 (ASC 958-720)				

Balance Sheet

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 50,844 1 58,663 2 376,680 2 210,951 3 Pledges and grants receivable, net 3 4 Accounts receivable net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 ĥ Notes and loans receivable, net . 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . 10a 417,532 10c 428,443 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 . 13 14 14 15 Other assets. See Part IV, line 11 . 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 845,056 16 698,057 17 Accounts payable and accrued expenses 32,422 17 29,284 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors. Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 Total liabilities. Add lines 17 through 25 32,422 29,284 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 812,634 668,773 28 28 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here 🕟 🗌 and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 33 812,634 33 668,773 34 845,056 34 698,057

Form 990 (2016) COMMUNITY CRISIS INTERVENTION SERVICES, INC.	71-05	26262	þ	age 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u></u>		
1 Total revenue (must equal Part VIII, column (A), line 12)	11		484,	831
2 Total expenses (must equal Part IX, column (A), line 25)	2		512,	869
3 Revenue less expenses Subtract line 2 from line 1	. 3		(28,	038)
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4		812,	634
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		784,	596
Part XII Financial Statements and Reporting				
Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>			
			Yes	No
1 Accounting method used to prepare the Form 990. 🛛 Cash 🔲 Accrual 🔲 Other			1	
If the organization changed its method of accounting from a prior year or checked "Other," explain in			1	
Schedule O			‡	
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a X	
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		-	1	1
reviewed on a separate basis, consolidated basis, or both:			1	
⊠ Separate basis			1	
b Were the organization's financial statements audited by an independent accountant?		2	ا ه	X
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		-	~ [1
separate basis, consolidated basis, or both			Ī	
Separate basis Consolidated basis Both consolidated and separate basis			ļ	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			ł	
of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2	z X	
If the organization changed either its oversight process or selection process during the tax year, explain in				
Schedule O.			1	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		İ		
the Single Audit Act and OMB Circular A-133?		3	<u> </u>	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		-	+-	
required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	b	
EEA	<u>-</u>		rm 990	(2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public inspection

lame	of-the	organization					Employer identific	ation number	
		ITY CRISIS INTERVENTION					71-05262		
Pa	rt I	Reason for Public Charit	y Status (All or	ganizations must co	omplete	this part.) See instructio	ns.	
The	orgar	nization is not a private foundation bec	ause it is: (For lines	1 through 12, check only	y one box.)	1			
1	Ш	A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4		A medical research organization oper	ated in conjunction	with a hospital described	i in section	170(b)(1)	(A)(iii). Enter the		
		hospital's name, city, and state:							
5		An organization operated for the bene	efit of a college or ur	niversity owned or operat	ted by a go	vernmenta	I unit described in		
		section 170(b)(1)(A)(iv). (Complete	Part II)						
6		A federal, state, or local government	or governmental uni	it described in section 17	70(b)(1)(A)	(v).			
7	X	An organization that normally receive	s a substantial part	of its support from a gove	ernmental	unit or from	the general public		
		described in section 170(b)(1)(A)(vi)	. (Complete Part II)					
8		A community trust described in section	on 170(b)(1)(A)(vi).	(Complete Part II)					
9		An agnicultural research organization	described in sectio	n 170(b)(1)(A)(ix) opera	ted in conji	unction with	n a land-grant colleg	е	
		or university or a non-land-grant colle	ge of agriculture (se	ee instructions) Enter the	e name, cit	y, and state	e of the college or		
		university							
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	contributio	ns, membe	ership fees, and gros	s	
		receipts from activities related to its e	xempt functions - si	ubject to certain exceptio	ns, and (2)) no more t	han 33 1/3% of its		
		support from gross investment incom	e and unrelated bus	siness taxable income (le	ss section	511 tax) fr	om businesses		
		acquired by the organization after Jur	ne 30, 1975. See se	ction 509(a)(2). (Comple	ete Part III)			
11		An organization organized and opera	ted exclusively to te	est for public safety. See	section 50	9(a)(4).			
12		An organization organized and opera	ted exclusively for t	he benefit of, to perform t	the function	ns of, or to	carry out the purpos	es	
		of one or more publicly supported org	anizations describe	ed in section 509(a)(1) or	section 5	09(a)(2) S	ee section 509(a)(3).	
		Check the box in lines 12a through 13	2d that describes th	e type of supporting orga	nızatıon ar	nd complete	e lines 12e, 12f, and	12g.	
	а	Type I. A supporting organization		· · · · · · · · · · · · · · · · · · ·		-		_	
		the supported organization(s) the				_		•	
		supporting organization You mu		•	,				
	ь	Type II. A supporting organization	•		uts suppor	ted organiz	ration(s), by having		
	_	control or management of the su	•		• •		• • • •	d	
		organization(s) You must comp		•					
	С	Type III functionally integrated			ection with	and funct	ionally integrated wit	h.	
	•	its supported organization(s) (see						,	
	d	Type III non-functionally integr						v(e)	
	•	that is not functionally integrated		•				• ,	
		requirement (see instructions) Y	-	•			t and an attend venes		
		Check this box if the organization	-				Type II Type III		
	٠	functionally integrated, or Type II				a Type I,	rype II, rype III		
	f	Enter the number of supported organ						<u></u>	
	9	Provide the following information abo					· · · · · · · · · · · ·	ـــا ٠٠٠٠٠	
		i) Name of supported organization	(ii) EIN	(III) Type of organization	(iv) is the o		(v) Amount of manatany	440 4	
	,	name of supported organization	(11) 2.14	(described on lines 1-10	1 ' '	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount o other support (s	
				above (see instructions))	docum		instructions)	instructions	
				 	Yes	No			
			 		165	140			
(A)					ļ			Į	
			 			 			
(B)								1	
			 	 	 	 			
(C)			1	}				}	
			 	 	 			 	
(D)									
					<u> </u>				
(E) 									
	_			I	·	***************************************			

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.)

Jec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	308,582	268,261	430,340	448,665	290,447	1,746,295
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	308,582	268,261	430,340	448,665	290,447	1,746,295
5	The portion of total contributions by						
	each person (other than a	}	,				
	governmental unit or publicly	}				1	
	supported organization) included on			Į.			
	line 1 that exceeds 2% of the amount					1	
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	:		<u>, , </u>			1,746,295
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	308,582	268,261	430,340	448,665	290,447	1,746,295
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	6,572	2,580	4,015	3,099	2,219	18,485
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 VI.)						
11	Total support. Add lines 7 through 10						1,764,780
12	Gross receipts from related activities, etc. (s	see instructions) .				12	27.017.00
13	First five years. If the Form 990 is for the o organization, check this box and stop here	rganization's first, s		, or fifth tax year a	s a section 501(c)(3)	> 🗋
	tion C. Computation of Public St			 			
14	Public support percentage for 2016 (line 6, c			•			98.95 %
15 40-	Public support percentage from 2015 Sched					· · · · · · · · · · · · · · · · · · ·	98.48 %
16a							. 57
h	box and stop here. The organization qualification and stop here. 2015 If the appropriate the stop is the stop of t						▶ 🏻
b	•••						. \square
170	this box and stop here. The organization qu						. ▶ ⊔
17a	10%-facts-and-circumstances test - 2016						
	10% or more, and if the organization meets				•		
	Part VI how the organization meets the "fac						. \square
b	organization						▶ ⊔
U	10%-facts-and-circumstances test - 2015					е	
	15 is 10% or more, and if the organization me					4	
	Explain in Part VI how the organization mee						. 🗖
18	supported organization Private foundation. If the organization did						▶ ⊔
	Instructions						, г
		<u>.</u>				<i></i>	▶

Page 3

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	I					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6)		<u> </u>			<u> </u>	
	ction B. Total Support						
ale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	<u> </u>					
I0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						<u> </u>
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 VI)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the or organization, check this box and stop here						> 🗆
Se	ction C. Computation of Public S						
15	Public support percentage for 2016 (line 8, c	* * *	•	(f))		. 15	
16	Public support percentage from 2015 Sched			<u> </u>	<u></u>	. 16	
Se	ction D. Computation of Investme						
17	Investment income percentage for 2016 (line	• • •	•	column (f)) .		. 17	
18	Investment income percentage from 2015 Sc	chedule A, Part II	I, line 17			. 18	
19a	33 1/3% support tests - 2016. If the organiz 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2015. If the organize line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation If the organization did o	ant chack a boy o	n line 14 10a or 16	h check this how	and see instruction		

Schedule A (1 chill 990 cl 990-22) 2010

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		V	- NI -
1		Yes	No
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11 Has the organization accepted a gift or contribution from any of the following persons? 2 A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 3 A family member of a person described in (a) above? 4 A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 5 Section B. Type I Supporting Organizations 1 Did the directors, fusitess, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization at the than the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization at the than the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operated for the benefit of any supported organization of If "No." explain in Part VI how control or any supported organization of It is supporting Organizations. 3 Were a majority of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organizations directors or trustees during the tax year also a majority of the directors or trustees of each of the organization organization of support provided organization organizations are understant organizations. 3 Did the organization provide to each of its supported organizations of support provided organizations or the organizations or the organizations or the organ	Par	Supporting Organizations (continued)			
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Type in Non-Functionally integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust	on Nov. 20, 1970 (exp	lain in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizatio	ns must complete Sect	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	\perp		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see	T		<u> </u>
instructions for short tax year or assets held for part of year).	ŧ		
a Average monthly value of securities	1a	······································	
b Average monthly cash balances	1b		T
c Fair market value of other non-exempt-use assets	1c		-
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		······································	
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		 	
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		· · · · · · · · · · · · · · · · · · ·	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		·-
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u> </u>
4 Enter greater of line 2 or line 3	4	!-[- - - - - - - - - - - - -	··
5 Income tax imposed in prior year	5	······································	·
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	+*+	· · · · · · · · · · · · · · · · · · ·	"
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally		rated Type III support	ng organization (see
instructions).	,	gradu rypo in dupport	ng organization (See

7	1-	052	6262	Pag
•	_			. ~9

Par		s) Supporting Organi	zations (continued)	
	tion D Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	 _		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is respon	sive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(:)	(ii)	(iii)
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016	1	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
_	(reasonable cause required - explain in Part VI). See			
	instructions			
3	Excess distributions carryover, if any, to 2016:	<u> </u>		
a	The second secon	**************************************	-'i hviii	11111111111111111111111111111111111111
_ <u></u>				
	From 2013	**************************************		
	From 2014			
	From 2015	1		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			<u>, · , , , , , , , , , , , , , , , , , ,</u>
	Applied to 2016 distributable amount			
	Carryover from 2011 not applied (see instructions)	Troth' At' Antonomia' att's a		W. W. W. W. W. W. W.
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from		}	<u> </u>
•	Section D, line 7: \$			
a	Applied to underdistributions of prior years	- , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.	<u> </u>	-12-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
_ _	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h	- 	1	
•	and 4b from line 1. For result greater than zero, explain in		Ť	
	Part VI. See instructions.		<u> </u>	
7	Excess distributions carryover to 2017. Add lines 3j		<u> </u>	
•	and 4c.		<u> </u>	
-8	Breakdown of line 7:		<u> </u>	
a		- 	 	}
	Excess from 2013		Ī	
	Evenes from 2014		•••••••••••••••••••••••••••••••••••••	•
		 	}	
_		- 	‡ ‡	
e	Excess from 2016	_1,	<u> </u>	1

rait vi	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
<u> </u>	
	
	

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.

- Section 527 organizations: Complete Part I-A only If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations.	Complete Part III				
	e of organization				Employer i	identification number
CC	MMUNITY CRISIS INTERVENTION	SERVICES, INC.		Ì	71-0526	5262
Pa	rt I-A Complete if the organ	ization is exempt under secti	on 501(c) or i	s a section	527 orga	nization.
1	Provide a description of the organization's	direct and indirect political campaign ac	tivities in Part IV. (see instructions	s for	
	definition of "political campaign activities")					
2	Political campaign activity expenditures (s	see instructions)			> \$	
3	Volunteer hours for political campaign act	ivities (see instructions)	<u></u>	<u></u>		
Pa	rt I-B Complete if the organ	ization is exempt under secti	on 501(c)(3).			
1	Enter the amount of any excise tax incurre					
2	Enter the amount of any excise tax incurre	ed by organization managers under sect	ion 4955 .		\$	
3	If the organization incurred a section 4955	5 tax, did it file Form 4720 for this year?				☐ Yes ☐ N
4a	Was a correction made?					☐ Yes ☐ N
b	If "Yes," describe in Part IV.					
Pa		ization is exempt under secti		ept section	<u>1 501(c)(</u> 3	3)
1	Enter the amount directly expended by the		•			
	activities				▶ \$	
2	Enter the amount of the filing organization	•				
	527 exempt function activities				▶ \$	
3	Total exempt function expenditures Add I		•			
4	Did the filing organization file Form 1120-	· · · · · · · · · · · · · · · · · · ·				
5	Enter the names, addresses and employe					
	organization made payments. For each or					
	the amount of political contributions receive					
	as a separate segregated fund or a politic	al action committee (PAC) If additional	space is needed, p	rovide informat	ion in Part I	V
	(a) Name	(b) Address	(c) EIN	(d) Amount		(e) Amount of political
	1			filing organi funds If none		contributions received ar promptly and directly
				10.100 11.101.10	, 0.1101	delivered to a separate
						political organization If none, enter -0-
						THOME, ONLE
(1)				{		
						
(2)		}				}
					 -	 -
(3)						
						
(4)		b		{		1
				 		
(5)]		
		 				
(6)		h				

	rt II-A Complete if the organization				Form 5768 (elec	
	section 501(h)).					
A	Check (if the filing organization belongs to an	-	•	=	mber's	
_	name, address, EIN, expenses, and		· •			
<u>B</u>	Check ▶ ☐ If the filing organization checked box			у		(1) (2)
	Limits on Lobbyi	=			(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures" me				organization's totals	group totals
1a	Total lobbying expenditures to influence public opin					
b	Total lobbying expenditures to influence a legislative	e body (direct lob	obying)			
C	Total lobbying expenditures (add lines 1a and 1b)					
d	Other exempt purpose expenditures				<u> </u>	
e	Total exempt purpose expenditures (add lines 1c ar					
t	Lobbying nontaxable amount Enter the amount from	m the following ta	ible in both			
	columns.					
,	If the amount on line 1e, column (a) or (b) is:	 	nontaxable amount	is:	}	
	Not over \$500,000	 	nount on line 1e.		-	
	Over \$500,000 but not over \$1,000,000		15% of the excess o		-	
	Over \$1,000,000 but not over \$1,500,000	 	10% of the excess o		1	
	Over \$1,500,000 but not over \$17,000,000		55% of the excess ov	er \$1,500,000	ļ <u></u>	
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter 25% of line 1					
h	Subtract line 1g from line 1a. If zero or less, enter -				<u> </u>	
i	Subtract line 1f from line 1c If zero or less, enter -0				L	
j	If there is an amount other than zero on either line	1h or line 1i, did t	he organization file Fo	rm 4720		
	reporting section 4911 tax for this year?	· · · · · · · · · · · · · · · · · · ·	 <u>:</u> : : : : :		<u></u>	Yes No
	(Some organizations that made a sec	_	ing Period Under lection do not hav	• •	l of the five colum	ıns below.
	See t	he separate i	nstructions for lir	ies 2a through 21	·.)	
_	Lobbyir	ng Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
	beginning in)	(4) 20.0	(2) 2011	(0, 20.0	(4,20.0	(0)
			ļ <u>-</u>	ļ		
2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))			<u> </u>		
						
			+		 	
d	Grassroots nontaxable amount	·····				
е	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					
EEA					Schedule C (Fo	orm 990 or 990-EZ) 2016

Sched	ulė C (Form 990 or 990-EZ) 2016 COMMUNITY CRISIS INTERVENTION SERVICES, INC.		0526	
Pa	t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768
Eor.	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed		a)	(b)
	ription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of			
а	Volunteers?	<u></u>	X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u> </u>	X	
С	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
e	Publications, or published or broadcast statements?		X	
Ť	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	X	
;	Other activities? Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	f	x	
za b	If "Yes," enter the amount of any tax incurred under section 4912		1	
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	-		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	}		
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	c)(5),	or se	ection
نتستنا	501(c)(6).	., ,.		
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	•		3
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes.") Par	
1	Dues, assessments and similar amounts from members	• •	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
_	political expenses for which the section 527(f) tax was paid).		3-	
a h	Current year		2a 2b	
0	Tabl	• •	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
•	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
	and political expenditure next year?		4	į
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	rt IV Supplemental Information		<u></u>	
Prov	ide the descriptions required for Part I-A, line 1; Part I-B, line 4, Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ines 1	and	
				
				
_				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number Name of the organization COMMUNITY CRISIS INTERVENTION SERVICES, INC. 71-0526262 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 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 Yes No funds are the organization's property, subject to the organization's exclusive legal control? 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 Yes No conferring impermissible private benefit? Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

COMMUNITY CRISIS INTERVENTION SERVICES, INC.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2016

428,443

71-0526262

_	(a) Description of security or category	(b) Book value	art IV, line 11b. See Form 990, Part X, lin	
	(including name of security)	(4) 2001 14142	Cost or end-of-year market value	
l) Financial o	derivatives			
) Closely-he	eld equity interests			
Other		_ \		
(A)				
(B)				
(C)				
(D)				
(E)		-	<u> </u>	
(F)		- }	 	
(G)		_		
(H)		-		
	must equal Form 990, Part X, col (B) line 12)	<u> </u>		
art VIII	Investments - Program Related. Complete if the organization answe	red "Yes" on Form 990, P	art IV, line 11c. See Form 990, Part X, lin	ne 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)			 	
(3)				
(4) (5)				
(5) (6)				
(0) (7)		 		
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX	Other Assets.			
	Complete if the organization answer	ered "Yes" on Form 990, F	art IV, line 11d. See Form 990, Part X, lir	ne 15
	(1	a) Description	(b) Book	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)		15)		
(9) otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line	~ ′ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~		
(9) otal. (Colum	Other Liabilities. Complete if the organization answer		Part IV, line 11e or 11f. See Form 990, Pa	art X,
(9) otal. (Colum Part X	Other Liabilities. Complete if the organization answelline 25.	ered "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Pa	art X,
(9) otal. (Colum Part X	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability		Part IV, line 11e or 11f. See Form 990, Pa	art X,
(9) otal. (Colum Part X . (1) Federal	Other Liabilities. Complete if the organization answelline 25.	ered "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Pa	art X,
(9) otal. (Colum Part X (1) Federal (2)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Pa	art X,
(9) otal. (Colum Part X (1) Federal (2) (3)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Pa	art X,
(9) otal. (Colum Part X (1) Federal (2) (3) (4)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Pa	art X,
(9) otal. (Colum Part X (1) Federal (2) (3) (4) (5)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Pa	art X,
(9) otal. (Colum Part X (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Pa	art X,
(9) otal. (Colum Part X . (1) Federal (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Pa	art X,
(9) Fotal. (Column Part X) (1) Federal (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	ered "Yes" on Form 990, F	Part IV, line 11e or 11f. See Form 990, Pa	art X,

1	community Crisis Intervention Services, Inc. Reconciliation of Revenue per Audited Financial Statements With Revenue p	71-0526262	Page 4
1 41	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ei Neturii.	
1	Total revenue, gains, and other support per audited financial statements	11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	-	
a h	Net unrealized gains (losses) on investments	-	
b		\dashv \parallel	
c d	Recoveries of prior year grants	-	
e	· · · · · · · · · · · · · · · · · · ·	_{2e}	
_	Add lines 2a through 2d	3	
3		-	
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		
b	Other (Describe in Part XIII.)	- .	
c	Add lines 4a and 4b	4c	
5	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense		
rai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	s per Return.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)	- _	
е .	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII)	- _	
_ C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) **T XIII Supplemental Information.	5	
	ide 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; lart XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information	Part X, line	
		 	
			
			

SCNEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization	Employer identification number
COMMUNITY CRISIS INTERVENTION SERVICES, INC.	71-0526262
01. Governing documents, etc, available to public (Part VI, line 19)	
governing documens available for review upon reasonable request	
	
	