

Form 990
2016Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

- Do not enter social security numbers on this form as it may be made public
- Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

B Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization CSI SUPPORT & DEVELOPMENT SERVICES		D Employer identification number 20-1935580
Doing business as		E Telephone number (586) 753-9002
Number and street (or P O box if mail is not delivered to street address) 8425 E TWELVE MILE ROAD		Room/suite
City or town, state or province, country, and ZIP or foreign postal code WARREN, MI 48093		
F Name and address of principal officer CINDY LAMB 8425 E TWELVE MILE ROAD WARREN, MI 48093		G Gross receipts \$ 5,586,547

I Tax-exempt status 501(c)(3) 501(c) () ► (insert no) 4947(a)(1) or 527

J Website: ► WWW CSI COOP

K Form of organization Corporation Trust Association Other ►

H(a) Is this a group return for subordinates? Yes No
 H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
 H(c) Group exemption number ►

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 ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	11
3 Number of voting members of the governing body (Part VI, line 1a)	4	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	207
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	6	0
6 Total number of volunteers (estimate if necessary)	7a	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
b Net unrelated business taxable income from Form 990-T, line 34		

Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		22,702	0
9 Program service revenue (Part VIII, line 2g)	4,745,839	5,406,269	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,146	152,537	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,189	969	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,841,876	5,559,775	

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
		0	125,000
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)	2,915,058	3,623,127	
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)	1,785,803	1,886,447	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,700,861	5,634,574	
19 Revenue less expenses Subtract line 18 from line 12	141,015	-74,799	

Net Assets or Fund Balances	Beginning of Current Year	End of Year
	16,424,347	16,436,704
20 Total assets (Part X, line 16)	501,430	588,586
21 Total liabilities (Part X, line 26)	15,922,917	15,848,118
22 Net assets or fund balances Subtract line 21 from line 20		

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	2017-11-17 Date
	CINDY LAMB ASSISTANT TREASURER Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name STEVEN C LEVY	Preparer's signature STEVEN C LEVY	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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2016)

Part III Statement of Program Service AccomplishmentsCheck 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 O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 5,152,710 including grants of \$ 125,000) (Revenue \$ 5,406,269)
See Additional Data**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 ► 5,152,710

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, <i>Schedule of Contributors</i> (see instructions)?	2 No	
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 No	
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 No	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5 No	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 No	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 No	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 No	
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 No	
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 No	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c No	
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e No	
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	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a No	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 No	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a No	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b No	
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 No	
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 No	
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 No	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 No	
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 No	

Part IV Checklist of Required Schedules (continued)

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?

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
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
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

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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3), 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
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

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

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

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
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 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

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 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 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 Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2
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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O

	Yes	No
20a		No
20b		
21	Yes	
22		No
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No
28a		No
28b		No
28c		No
29		No
30		No
31		No
32		No
33		No
34	Yes	
35a		No
35b		
36		No
37		No
38	Yes	

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
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . .	1a	17	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	207	
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)			No
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			No
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
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 (FBAR)			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 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?			No
9a 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?			
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			No
12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			No
14b			

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
1a Enter the number of voting members of the governing body at the end of the tax year	1a	11	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b Enter the number of voting members included in line 1a, above, who are independent	1b	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6		No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

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	
<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records	►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 ContractorsCheck 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
		Officer or Director	Individual Trustee	Institutional Trustee	Office	Key Employee	Non-Exempt Employee			
(1) CHARLOTTE LANN PRESIDENT	3 90 0 10	X		X				0	0	0
(2) JOHN GORDON VICE PRESIDENT	3 90 0 10	X		X				0	0	0
(3) ANNIE MITCHELL SECRETARY	3 90 0 10	X		X				0	0	0
(4) ETHEL YOUNG TREASURER	3 90 0 10	X		X				0	0	0
(5) CINDY LAMB ASSISTANT TREASURER	39 90 0 10	X		X				0	144,738	27,577
(6) NANCY EVANS ASSISTANT SECRETARY	39 90 0 10	X		X				0	229,245	62,912
(7) THOMAS COOPER DIRECTOR	3 90 0 10	X						0	0	0
(8) CLARITA PALMA DIRECTOR	3 90 0 10	X						0	0	0
(9) MARY ANN RUFF DIRECTOR	3 90 0 10	X						0	0	0
(10) IONA NICHOLSON DIRECTOR	3 90 0 10	X						0	0	0
(11) CHERYL SULLIVAN DIRECTOR	3 90 0 10	X						0	0	0
(12) MILDRED STANLEY DIRECTOR	3 90 0 10	X						0	0	0
(13) THOMAS FEENEY DIRECTOR	3 90 0 10	X						0	0	0
(14) JAMES EDWARDS DIRECTOR	3 90 0 10	X						0	0	0
(15) BILLIE J WALKER DIRECTOR	3 90 0 10	X						0	0	0
(16) BARBARA SHUMAKE DIRECTOR	3 90 0 10	X						0	0	0
(17) MARY LACEY DIRECTOR	3 90 0 10	X						0	0	0

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

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

	0	1,045,840
		257,638

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 ► 0

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

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

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

Part VIII Statement of RevenueCheck 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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations . . .	1d					
	e Government grants (contributions) . . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above . . .	1f					
	g Noncash contributions included in lines 1a-1f \$. . .						
	h Total. Add lines 1a-1f . . . ►						
Program Service Revenue	2a MANAGEMENT FEES . . .	Business Code 531110	4,752,116	4,752,116			
	b DEVELOPMENT FEES . . .	531110	561,353	561,353			
	c COMPUTER SERVICE FEE . . .	531110	92,800	92,800			
	d . . .						
	e . . .						
	f All other program service revenue . . .						
	g Total. Add lines 2a-2f . . . ►		5,406,269				
	h Total. Add lines 1a-1f + 2a-2f . . . ►						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . ►		179,309			179,309	
	4 Income from investment of tax-exempt bond proceeds . . . ►						
	5 Royalties . . . ►						
	6a Gross rents . . .	(i) Real	(ii) Personal				
	b Less rental expenses . . .						
	c Rental income or (loss) . . .						
	d Net rental income or (loss) . . . ►						
	7a Gross amount from sales of assets other than inventory . . .	(i) Securities	(ii) Other				
b Less cost or other basis and sales expenses . . .	26,772						
c Gain or (loss) . . .	-26,772						
d Net gain or (loss) . . . ►			-26,772			-26,772	
8a Gross income from fundraising events (not including \$. . . of contributions reported on line 1c) See Part IV, line 18 . . . a							
b Less direct expenses . . . b							
c Net income or (loss) from fundraising events . . . ►							
9a Gross income from gaming activities See Part IV, line 19 . . . a							
b Less direct expenses . . . b							
c Net income or (loss) from gaming activities . . . ►							
10a Gross sales of inventory, less returns and allowances . . . a							
b Less cost of goods sold . . . b							
c Net income or (loss) from sales of inventory . . . ►							
Miscellaneous Revenue	Business Code						
11a OTHER REVENUE-MISC . . .	900099	969				969	
b . . .							
c . . .							
d All other revenue . . .							
e Total. Add lines 11a-11d . . . ►		969					
12 Total revenue. See Instructions . . . ►		5,559,775	5,406,269	0		153,506	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	125,000	125,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	464,472	464,472		
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	2,132,669	2,132,669		
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	831,430	831,430		
10 Payroll taxes	194,556	194,556		
11 Fees for services (non-employees)				
a Management				
b Legal	4,407		4,407	
c Accounting	11,455		11,455	
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	6,074		6,074	
13 Office expenses	459,928		459,928	
14 Information technology				
15 Royalties				
16 Occupancy	831,788	831,788		
17 Travel	206,949	206,949		
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	22,357	22,357		
23 Insurance	12,437	12,437		
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	291,638	291,638		
b MGMT CO EMPLOYEE CHARGE	39,414	39,414		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,634,574	5,152,710	481,864	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,306,986	1	1,708,364
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	93,620	4	292,383
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	1,484,531	7	1,326,737
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	216,255	9	173,682
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	681,701	
	b Less accumulated depreciation	10b	411,801	260,229
	11 Investments—publicly traded securities		10c	269,900
	12 Investments—other securities See Part IV, line 11	8,266,210	12	8,170,684
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,796,516	15	4,494,954
	16 Total assets. Add lines 1 through 15 (must equal line 34)	16,424,347	16	16,436,704
Liabilities	17 Accounts payable and accrued expenses	501,430	17	588,586
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	501,430	26	588,586
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	15,922,917	27	15,848,118
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	15,922,917	33	15,848,118
	34 Total liabilities and net assets/fund balances	16,424,347	34	16,436,704

Part XI Reconciliation of Net AssetsCheck 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	5,559,775
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,634,574
3	Revenue less expenses Subtract line 2 from line 1	3	-74,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,922,917
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	15,848,118

Part XII Financial Statements and ReportingCheck 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		
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		
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Additional Data

Software ID:

Software Version:

EIN: 20-1935580

Name: CSI SUPPORT & DEVELOPMENT SERVICES

Form 990 (2016)

Form 990, Part III, Line 4a:

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.

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.

► 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.**2016****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 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 12, 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 (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 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

10 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)

11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B**.

b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C**.

c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E**.

d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V**.

e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No	

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2016

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar 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")				22,702	0	22,702
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	4,127,371	5,931,257	5,414,967	4,747,028	5,407,237	25,627,860
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	4,127,371	5,931,257	5,414,967	4,769,730	5,407,237	25,650,562
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 Public support. (Subtract line 7c from line 6)						25,650,562

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	4,127,371	5,931,257	5,414,967	4,769,730	5,407,237	25,650,562
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	171,228	150,843	188,295	171,467	179,309	861,142
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	171,228	150,843	188,295	171,467	179,309	861,142
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)	4,298,599	6,082,100	5,603,262	4,941,197	5,586,546	26,511,704
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	96 750 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	96 400 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	3 250 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	3 600 %
19a 33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		



Part IV Supporting Organizations

(Complete only if you checked a box on 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

	Yes	No
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	1	
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)	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	3a	
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	3b	
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	3c	
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	4a	
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	4b	
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	4c	
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)	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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	6	
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)	7	
8 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)	8	
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	9a	
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	9b	
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	9c	
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 line 10b below	10a	
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)	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among 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 other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)

- The organization satisfied the Activities Test. Complete **line 2** below
- The organization is the parent of each of its supported organizations. Complete **line 3** below
- The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test Answer (a) and (b) below.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities

- Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement

3 Parent of Supported Organizations Answer (a) and (b) below.

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

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 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 instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
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	
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	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	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (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	
Section E - Distribution Allocations (see instructions)		
		(i) Excess Distributions
		(ii) Underdistributions Pre-2016
		(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6	
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)	
3	Excess distributions carryover, if any, to 2016	
a		
b		
c From 2013.		
d From 2014.		
e From 2015.		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2016 distributable amount		
i Carryover from 2011 not applied (see instructions)		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2016 from Section D, line 7		
\$		
a Applied to underdistributions of prior years		
b Applied to 2016 distributable amount		
c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)		
7 Excess distributions carryover to 2017. Add lines 3j and 4c		
8 Breakdown of line 7		
a		
b Excess from 2013.		
c Excess from 2014.		
d Excess from 2015.		
e Excess from 2016.		

Part VI**Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part 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).

Facts And Circumstances Test

2016

Open to Public
InspectionSCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

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

Name of the organization CSI SUPPORT & DEVELOPMENT SERVICES	Employer identification number 20-1935580
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Part I 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)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on 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
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►		
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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" on 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) Revenue included on 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 Revenue included on 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)

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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" on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment ►
- b Permanent endowment ►
- c Temporarily restricted endowment ►

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

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

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

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

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' on 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
1a Land				
b Buildings		214,630	106,510	108,120
c Leasehold improvements				
d Equipment		467,071	305,291	161,780
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ►				269,900

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMERICA SECURITIES	8,170,684	C
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	8,170,684	

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

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

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

(a) Description	(b) Book value
(1) DEPOSITS	28,867
(2) INTERORGANIZATION A/R - CSI BUILDING	1,182,400
(3) INTERORGANIZATION A/R	2,712,315
(4) INVESTMENTS IN AFFILIATED ENTITIES	571,372
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	4,494,954

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

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	5,559,775
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) 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	5,559,775
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	5,559,775

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	5,634,574
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	5,634,574
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	5,634,574

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
See Additional Data Table	

Part XIII Supplemental Information (continued)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 20-1935580

Name: CSI SUPPORT & DEVELOPMENT SERVICES

Supplemental 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 ARE SUBJECT TO EXAMINATIONS FOR THE THREE YEARS AFTER THE LATER OF THE ORIGINAL OR EXTENDED DUE DATE OR THE DATE FILED BY THE APPLICABLE TAX AUTHORITY

**Schedule I
(Form 990)**Department of the
Treasury
Internal Revenue Service

OMB No 1545-0047

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2016****Open to Public
Inspection**Name of the organization
CSI SUPPORT & DEVELOPMENT SERVICES**Employer identification number**
20-1935580**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

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

3 Enter total number of other organizations listed in the line 1 table ►

6

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 20-1935580

Name: CSI SUPPORT & DEVELOPMENT SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISHOP CSI NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093	20-5132437	501(C)(3)	19,083				GRANT TO HELP ENTITY RECEIVE TAX EXEMPT STATUS
DEARBORN HEIGHTS CSI NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093	20-4633552	501(C)(3)	18,412				GRANT TO HELP ENTITY RECEIVE TAX EXEMPT STATUS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESSEX NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093	20-3773809	501(C)(3)	9,799			GRANT TO HELP ENTITY RECEIVE TAX EXEMPT STATUS	
LABELLE TOWERS INC 8425 E TWELVE MILE ROAD WARREN, MI 48093	38-1997058	501(C)(3)	19,522			GRANT TO HELP ENTITY RECEIVE TAX EXEMPT STATUS	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERVIEW NON-PROFIT HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093	38-2093124	501(C)(3)	19,397				GRANT TO HELP ENTITY RECEIVE TAX EXEMPT STATUS
COOPERATIVE SERVICES INC 8425 E TWELVE MILE ROAD WARREN, MI 48093	38-1242615	501(C)(3)	38,787				GRANT TO HELP ENTITY RECEIVE TAX EXEMPT STATUS

2015

Open to Public
Inspection**Schedule J**
(Form 990)Department of the
Treasury
Internal Revenue
Service**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.Name of the organization
CSI SUPPORT & DEVELOPMENT SERVICES

Employer identification number

20-1935580

Part I Questions Regarding Compensation**Yes** **No****1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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?**1b****2****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 type="checkbox"/> Compensation survey or study
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee

4 During the year, did any person listed on 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?**4a** **No****b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?**4b** **No****c** Participate in, or receive payment from, an equity-based compensation arrangement?**4c** **No**

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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of**5a** **No****a** The organization?**5b** **No****b** Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of**6a** **No****a** The organization?**6b** **No****b** Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on 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**7** **No****8** Were any amounts reported on 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**8** **No****9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?**9**

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 on 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 in column(B) reported as deferred on prior Form 990
	Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CINDY LAMB ASSISTANT TREASURER	(i) 0	0	0	0	0	0	0
	(ii) 144,738	0	0	20,263	7,314	172,315	0
2 NANCY EVANS ASSISTANT SECRETARY	(i) 0	0	0	0	0	0	0
	(ii) 229,245	0	0	32,094	30,818	292,157	0
3 BOB KERNS REGIONAL MANAGER	(i) 0	0	0	0	0	0	0
	(ii) 140,531	0	0	19,674	24,788	184,993	0
4 MARGUERITE D ANGELO REGIONAL MANAGER	(i) 0	0	0	0	0	0	0
	(ii) 132,329	0	0	18,526	1,773	152,628	0
5 DIANE SMITH NATIONAL DEVELOPMENT MANAG	(i) 0	0	0	0	0	0	0
	(ii) 114,956	0	0	16,094	19,206	150,256	0
6 ANNE SACKRISON OPERATIONS MANAGER	(i) 0	0	0	0	0	0	0
	(ii) 141,669	0	0	19,834	19,104	180,607	0
7 MEL HUDSON NATIONAL CONSTRUCTION MANA	(i) 0	0	0	0	0	0	0
	(ii) 142,372	0	0	19,932	8,218	170,522	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~~

Name of the organization

CSI SUPPORT & DEVELOPMENT SERVICES

OMB No 1545-0047

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.

2016**Open to Public
Inspection****Employer identification number**

20-1935580

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION INFORMS THE GOVERNING BODY THAT A COPY OF FORM 990 IS AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD PERIODICALLY CONDUCTS COMPENSATION STUDIES AND DETERMINES THE COMPENSATION OF THE GENERAL MANAGER

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B	DESCRIPTION OF HOURS WORKED FOR RELATED ORGANIZATIONS 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 12, PART XII, LINE 2C	OVERVIEW OF AUDIT FUNCTION THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT

**SCHEDULE R
(Form 990)****Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

2016**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceName 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
(3) GOLDEN RING COOPERATIVE SENIOR HOUSING LLC 8425 E TWELVE MILE ROAD WARREN, MI 48093 81-1096872	HOUSING	MD			UCC COOPERATIVE SENIOR HOUSING CORP

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.

See Additional Data Table

(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

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	
(1) GOLDEN RING LIMITED PARTNERSHIP 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3068179	HOUSING	MD	COOPERATIVE SERVICES INC	N/A				No			No
(2) BOWLEY'S LANE LIMITED PARTNERSHIP 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3210051	HOUSING	MD	CSI SUPPORT & DEVELOPMENT	N/A				No			No
(3) HIGHLANDTOWN COOPERATIVE LIMITED PARTNERSHIP 8425 E TWELVE MILE ROAD WARREN, MI 48093 52-1875525	HOUSING	MD	CSI SUPPORT & DEVELOPMENT	N/A				No			No
(4) LEXINGTON TERRACE SENIOR HOUSING LIMITED PARTNERSHIP 8425 E TWELVE MILE ROAD WARREN, MI 48093 52-2043924	HOUSING	MD	COOPERATIVE SERVICES INC	N/A				No			No
(5) TIVOLI MANOR LDHA LIMITED PARTNERSHIP 8425 E TWELVE MILE ROAD WARREN, MI 48093 80-0893673	HOUSING	MI	CSI SUPPORT & DEVELOPMENT	N/A				No			No
(6) GOLDEN RING 2 LLC 8425 E TWELVE MILE ROAD WARREN, MI 48093 81-1156267	HOUSING	MD	GOLDEN RING COOPERATIVE SENIOR HOUSING LLC	N/A				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
(1) UCC COOPERATIVE SENIOR HOUSING CORP 8425 E TWELVE MILE ROAD WARREN, MI 48093 31-1354974	HOUSING	MI	COOPERATIVE SERVICES INC	C					No

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	Yes	
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l	Yes	
1m		No
1n		No
1o		No
1p		No
1q	Yes	
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

See Additional Data Table

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

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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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) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3368117	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(1) 8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3092974	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(2) 8425 E TWELVE MILE ROAD WARREN, MI 48093 30-0043311	HOUSING	MD	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(3) 8425 E TWELVE MILE ROAD WARREN, MI 48093 45-4243194	HOUSING	MD	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(4) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3264727	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(5) 8425 E TWELVE MILE ROAD WARREN, MI 48093 30-0025778	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(6) 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-5132437	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(7) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3210052	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(8) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2906105	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(9) 8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3257985	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(10) 8425 E TWELVE MILE ROAD WARREN, MI 48093 04-2794776	HOUSING	MA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(11) 8425 E TWELVE MILE ROAD WARREN, MI 48093 22-2585796	HOUSING	MA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(12) 8425 E TWELVE MILE ROAD WARREN, MI 48093 32-0364875	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(13) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-1242615	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(14) 8425 E TWELVE MILE ROAD WARREN, MI 48093 41-2205343	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(15) 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-4633552	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(16) 8425 E TWELVE MILE ROAD WARREN, MI 48093 94-2892231	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(17) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2940362	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(18) 8425 E TWELVE MILE ROAD WARREN, MI 48093 06-1468864	HOUSING	MA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(19) 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-3773809	HOUSING	MD	501(C)(3)	LINE 10	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) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2806229	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(1) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3264730	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(2) 8425 E TWELVE MILE ROAD WARREN, MI 48093 95-4109165	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(3) 8425 E TWELVE MILE ROAD WARREN, MI 48093 95-3749296	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(4) 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-0967820	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(5) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2742861	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(6) 8425 E TWELVE MILE ROAD WARREN, MI 48093 52-1875874	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(7) 8425 E TWELVE MILE ROAD WARREN, MI 48093 04-3502138	HOUSING	MA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(8) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2460526	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(9) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-1997058	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(10) 8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3039978	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(11) 8425 E TWELVE MILE ROAD WARREN, MI 48093 52-2043162	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(12) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2332549	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(13) 8425 E TWELVE MILE ROAD WARREN, MI 48093 95-4087588	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(14) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3260804	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(15) 8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3321874	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(16) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2476812	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(17) 8425 E TWELVE MILE ROAD WARREN, MI 48093 95-3776059	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(18) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2420745	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(19) 8425 E TWELVE MILE ROAD WARREN, MI 48093 30-0031978	HOUSING	CA	501(C)(3)	LINE 10	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) 8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3196574	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(1) 8425 E TWELVE MILE ROAD WARREN, MI 48093 52-2148647	HOUSING	MD	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(2) 8425 E TWELVE MILE ROAD WARREN, MI 48093 32-0132713	HOUSING	MD	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(3) 8425 E TWELVE MILE ROAD WARREN, MI 48093 26-4331988	HOUSING	MD	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(4) 8425 E TWELVE MILE ROAD WARREN, MI 48093 04-2763101	HOUSING	MA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(5) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2093124	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(6) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2846460	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(7) 8425 E TWELVE MILE ROAD WARREN, MI 48093 04-3168286	HOUSING	MA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(8) 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-5111657	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(9) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3517074	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(10) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3264734	HOUSING	MA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(11) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2445944	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(12) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-2225041	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(13) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3392857	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(14) 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-5132324	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(15) 8425 E TWELVE MILE ROAD WARREN, MI 48093 94-3257988	HOUSING	CA	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(16) 8425 E TWELVE MILE ROAD WARREN, MI 48093 38-3329883	HOUSING	MD	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(17) 8425 E TWELVE MILE ROAD WARREN, MI 48093 20-5132360	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No
(18) 8425 E TWELVE MILE ROAD WARREN, MI 48093 45-4824004	HOUSING	MI	501(C)(3)	LINE 10	CSI SUPPORT & DEVELOPMENT SERVICES		No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	ACCESS IRVINE INC	L	32,123	MANAGEMENT FEE RECORDED
(1)	ACCESS IRVINE INC	Q	131,071	REIMBURSED EXPENSES
(2)	ARLINGTON II NON-PROFIT HOUSING CORPORATION	L	38,391	MANAGEMENT FEE RECORDED
(3)	ARLINGTON II NON-PROFIT HOUSING CORPORATION	L	160,718	DEVELOPER FEE RECORDED
(4)	ARLINGTON II NON-PROFIT HOUSING CORPORATION	Q	78,463	REIMBURSED EXPENSES
(5)	ARLINGTON NON-PROFIT HOUSING CORP	L	51,610	MANAGEMENT FEE RECORDED
(6)	ARLINGTON NON-PROFIT HOUSING CORP	Q	60,294	REIMBURSED EXPENSES
(7)	BEAUMONT SENIOR HOUSING INC	L	47,318	MANAGEMENT FEE RECORDED
(8)	BEAUMONT SENIOR HOUSING INC	Q	121,836	REIMBURSED EXPENSES
(9)	BELLEVILLE NON-PROFIT HOUSING CORP	L	46,421	MANAGEMENT FEE RECORDED
(10)	BELLEVILLE NON-PROFIT HOUSING CORP	Q	67,679	REIMBURSED EXPENSES
(11)	BISHOP CSI NON-PROFIT HOUSING CORP	L	144,682	MANAGEMENT FEE RECORDED
(12)	BISHOP CSI NON-PROFIT HOUSING CORP	Q	228,314	REIMBURSED EXPENSES
(13)	BOWLEY'S LANE LIMITED PARTNERSHIP	L	41,858	MANAGEMENT FEE RECORDED
(14)	BOWLEY'S LANE LIMITED PARTNERSHIP	Q	65,345	REIMBURSED EXPENSES
(15)	CARLETON NON-PROFIT HOUSING CORP	L	37,150	MANAGEMENT FEE RECORDED
(16)	CARLETON NON-PROFIT HOUSING CORP	Q	46,587	REIMBURSED EXPENSES
(17)	CATHEDRAL CITY SENIOR HOUSING INC	L	58,191	MANAGEMENT FEE RECORDED
(18)	CATHEDRAL CITY SENIOR HOUSING INC	Q	113,798	REIMBURSED EXPENSES
(19)	CITY SQUARE ELDERLY HOUSING INC	L	95,268	MANAGEMENT FEE RECORDED
(20)	CITY SQUARE ELDERLY HOUSING INC	Q	218,889	REIMBURSED EXPENSES
(21)	COLLINS NON-PROFIT APARTMENTS INC	L	77,350	MANAGEMENT FEE RECORDED
(22)	COLLINS NON-PROFIT APARTMENTS INC	Q	124,418	REIMBURSED EXPENSES
(23)	COLONY LANE NON-PROFIT HOUSING CORPORATION	L	40,258	MANAGEMENT FEE RECORDED
(24)	COLONY LANE NON-PROFIT HOUSING CORPORATION	Q	63,513	REIMBURSED EXPENSES

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	CSI DERBY STREET NON-PROFIT	L	154,959	MANAGEMENT FEE RECORDED
(1)	CSI DERBY STREET NON-PROFIT	Q	442,161	REIMBURSED EXPENSES
(2)	CSI KALAMAZOO NON-PROFIT HOUSING INC	L	117,813	MANAGEMENT FEE RECORDED
(3)	CSI KALAMAZOO NON-PROFIT HOUSING INC	Q	319,797	REIMBURSED EXPENSES
(4)	D STREET SENIOR HOUSING INC	L	50,523	MANAGEMENT FEE RECORDED
(5)	D STREET SENIOR HOUSING INC	Q	124,347	REIMBURSED EXPENSES
(6)	DEARBORN HEIGHTS CSI NON-PROFIT HOUSING CORP	L	144,904	MANAGEMENT FEE RECORDED
(7)	DEARBORN HEIGHTS CSI NON-PROFIT HOUSING CORP	Q	155,454	REIMBURSED EXPENSES
(8)	ECORSE NON-PROFIT HOUSING CORP	L	58,969	MANAGEMENT FEE RECORDED
(9)	ECORSE NON-PROFIT HOUSING CORP	Q	79,011	REIMBURSED EXPENSES
(10)	ESSEX NON-PROFIT HOUSING CORP	L	132,127	MANAGEMENT FEE RECORDED
(11)	ESSEX NON-PROFIT HOUSING CORP	Q	184,096	REIMBURSED EXPENSES
(12)	EVERETT NON-PROFIT HOUSING INC	L	87,166	MANAGEMENT FEE RECORDED
(13)	EVERETT NON-PROFIT HOUSING INC	Q	120,077	REIMBURSED EXPENSES
(14)	FLAT ROCK NON-PROFIT HOUSING CORP	L	61,408	MANAGEMENT FEE RECORDED
(15)	FLAT ROCK NON-PROFIT HOUSING CORP	Q	88,585	REIMBURSED EXPENSES
(16)	GARDENA MARINE AVE SENIOR HOUSING INC	L	108,102	MANAGEMENT FEE RECORDED
(17)	GARDENA MARINE AVE SENIOR HOUSING INC	Q	179,765	REIMBURSED EXPENSES
(18)	GARDENA SENIOR HOUSING INC	L	55,665	MANAGEMENT FEE RECORDED
(19)	GARDENA SENIOR HOUSING INC	Q	160,007	REIMBURSED EXPENSES
(20)	GARDENA SOUTH PARK SENIOR PROJECT INC	L	96,658	MANAGEMENT FEE RECORDED
(21)	GARDENA SOUTH PARK SENIOR PROJECT INC	Q	205,494	REIMBURSED EXPENSES
(22)	GOLDEN RING LIMITED PARTNERSHIP	L	86,593	MANAGEMENT FEE RECORDED
(23)	GOLDEN RING LIMITED PARTNERSHIP	Q	147,399	REIMBURSED EXPENSES
(24)	GRATIOT WOODS NON-PROFIT HOUSING CORP	L	49,801	MANAGEMENT FEE RECORDED

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	GRATIOT WOODS NON-PROFIT HOUSING CORP	Q	54,450	REIMBURSED EXPENSES
(1)	HAZEL PARK NON-PROFIT HOUSING CORP	L	41,683	MANAGEMENT FEE RECORDED
(2)	HAZEL PARK NON-PROFIT HOUSING CORP	Q	67,155	REIMBURSED EXPENSES
(3)	HIGHLANDTOWN COOPERATIVE LIMITED PARTNERSHIP	L	31,515	MANAGEMENT FEE RECORDED
(4)	HIGHLANDTOWN COOPERATIVE LIMITED PARTNERSHIP	Q	63,664	REIMBURSED EXPENSES
(5)	JAMAICA PLAIN NON-PROFIT HOUSING	L	60,196	MANAGEMENT FEE RECORDED
(6)	JAMAICA PLAIN NON-PROFIT HOUSING	Q	90,498	REIMBURSED EXPENSES
(7)	LABELLE TOWERS INC	L	133,809	MANAGEMENT FEE RECORDED
(8)	LABELLE TOWERS INC	D	516,243	COST
(9)	LABELLE TOWERS INC	Q	200,257	REIMBURSED EXPENSES
(10)	LAWNDALE SENIOR HOUSING INC	L	43,178	MANAGEMENT FEE RECORDED
(11)	LAWNDALE SENIOR HOUSING INC	Q	121,213	REIMBURSED EXPENSES
(12)	LEXINGTON TERRACE SENIOR HOUSING LIMITED PARTNERSHIP	L	37,190	MANAGEMENT FEE RECORDED
(13)	LEXINGTON TERRACE SENIOR HOUSING LIMITED PARTNERSHIP	Q	77,779	REIMBURSED EXPENSES
(14)	MADISON HEIGHTS NON-PROFIT HOUSING CORP	L	98,853	MANAGEMENT FEE RECORDED
(15)	MADISON HEIGHTS NON-PROFIT HOUSING CORP	Q	184,495	REIMBURSED EXPENSES
(16)	MAYWOOD MANOR SENIOR HOUSING INC	L	43,325	MANAGEMENT FEE RECORDED
(17)	MAYWOOD MANOR SENIOR HOUSING INC	Q	114,866	REIMBURSED EXPENSES
(18)	MEYERS NON-PROFIT HOUSING CORP	L	64,695	MANAGEMENT FEE RECORDED
(19)	MEYERS NON-PROFIT HOUSING CORP	Q	84,905	REIMBURSED EXPENSES
(20)	MORENO VALLEY SENIOR HOUSING INC	L	71,992	MANAGEMENT FEE RECORDED
(21)	MORENO VALLEY SENIOR HOUSING INC	Q	149,440	REIMBURSED EXPENSES
(22)	NEW HORIZONS NON-PROFIT HOUSING CORP	L	87,820	MANAGEMENT FEE RECORDED
(23)	NEW HORIZONS NON-PROFIT HOUSING CORP	Q	118,057	REIMBURSED EXPENSES
(24)	NORTH HOLLYWOOD SENIOR CITIZENS INC	L	173,264	MANAGEMENT FEE RECORDED

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	NORTH HOLLYWOOD SENIOR CITIZENS INC	Q	331,504	REIMBURSED EXPENSES
(1)	OAK NON-PROFIT APARTMENTS INC	L	126,916	MANAGEMENT FEE RECORDED
(2)	OAK NON-PROFIT APARTMENTS INC	Q	147,196	REIMBURSED EXPENSES
(3)	OFFICE BUILDING LLC	K	258,000	REIMBURSED EXPENSES
(4)	ONTARIO SENIOR HOUSING INC	L	101,830	MANAGEMENT FEE RECORDED
(5)	ONTARIO SENIOR HOUSING INC	Q	175,458	REIMBURSED EXPENSES
(6)	PALM SPRINGS SENIOR HOUSING INC	L	64,399	MANAGEMENT FEE RECORDED
(7)	PALM SPRINGS SENIOR HOUSING INC	Q	131,724	REIMBURSED EXPENSES
(8)	RANDALLSTOWN II NON-PROFIT HOUSING CORP	L	57,982	MANAGEMENT FEE RECORDED
(9)	RANDALLSTOWN II NON-PROFIT HOUSING CORP	Q	93,934	REIMBURSED EXPENSES
(10)	RANDALLSTOWN III NON-PROFIT HOUSING CORP	L	31,191	MANAGEMENT FEE RECORDED
(11)	RANDALLSTOWN III NON-PROFIT HOUSING CORP	Q	53,166	REIMBURSED EXPENSES
(12)	RANDALLSTOWN NON-PROFIT HOUSING CORP	L	67,285	MANAGEMENT FEE RECORDED
(13)	RANDALLSTOWN NON-PROFIT HOUSING CORP	Q	72,631	REIMBURSED EXPENSES
(14)	REVERE ELDERLY HOUSING INC	L	79,901	MANAGEMENT FEE RECORDED
(15)	REVERE ELDERLY HOUSING INC	Q	185,208	REIMBURSED EXPENSES
(16)	RIVERVIEW NON-PROFIT HOUSING CORP	L	93,098	MANAGEMENT FEE RECORDED
(17)	RIVERVIEW NON-PROFIT HOUSING CORP	Q	183,729	REIMBURSED EXPENSES
(18)	ROMULUS NON-PROFIT HOUSING CORP	L	39,459	MANAGEMENT FEE RECORDED
(19)	ROMULUS NON-PROFIT HOUSING CORP	Q	54,053	REIMBURSED EXPENSES
(20)	ROSLINDALE SENIOR NON-PROFIT HOUSING INC	L	67,433	MANAGEMENT FEE RECORDED
(21)	ROSLINDALE SENIOR NON-PROFIT HOUSING INC	Q	124,667	REIMBURSED EXPENSES
(22)	ROYAL OAK CSI NON-PROFIT HOUSING CORP	L	164,620	MANAGEMENT FEE RECORDED
(23)	ROYAL OAK CSI NON-PROFIT HOUSING CORP	Q	198,101	REIMBURSED EXPENSES
(24)	SAN BERNARDINO SENIOR HOUSING INC	L	94,184	MANAGEMENT FEE RECORDED

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	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(101)	SAN BERNARDINO SENIOR HOUSING INC	Q	171,615	REIMBURSED EXPENSES
(1)	SOUTH BOSTON NON-PROFIT HOUSING INC	L	54,182	MANAGEMENT FEE RECORDED
(2)	SOUTH BOSTON NON-PROFIT HOUSING INC	Q	88,212	REIMBURSED EXPENSES
(3)	SOUTHGATE NON-PROFIT HOUSING CORP	L	145,080	MANAGEMENT FEE RECORDED
(4)	SOUTHGATE NON-PROFIT HOUSING CORP	Q	171,030	REIMBURSED EXPENSES
(5)	ST DAVID'S NON-PROFIT HOUSING CORP	L	30,084	MANAGEMENT FEE RECORDED
(6)	ST DAVID'S NON-PROFIT HOUSING CORP	Q	40,018	REIMBURSED EXPENSES
(7)	STE ANNE'S NON-PROFIT HOUSING CORP	L	47,757	MANAGEMENT FEE RECORDED
(8)	STE ANNE'S NON-PROFIT HOUSING CORP	Q	79,504	REIMBURSED EXPENSES
(9)	TIVOLI MANOR LDHA LIMITED PARTNERSHIP	L	37,557	MANAGEMENT FEE RECORDED
(10)	TIVOLI MANOR LDHA LIMITED PARTNERSHIP	L	69,028	DEVELOPER FEE RECORDED
(11)	TIVOLI MANOR LDHA LIMITED PARTNERSHIP	D	459,358	COST
(12)	TIVOLI MANOR LDHA LIMITED PARTNERSHIP	Q	108,756	REIMBURSED EXPENSES
(13)	TRENTON CSI NON-PROFIT CORP	L	108,285	MANAGEMENT FEE RECORDED
(14)	TRENTON CSI NON-PROFIT CORP	Q	163,241	REIMBURSED EXPENSES
(15)	VISTA CHINO SENIOR HOUSING INC	L	62,428	MANAGEMENT FEE RECORDED
(16)	VISTA CHINO SENIOR HOUSING INC	Q	119,833	REIMBURSED EXPENSES
(17)	WALKER NON-PROFIT HOUSING CORP	L	60,785	MANAGEMENT FEE RECORDED
(18)	WALKER NON-PROFIT HOUSING CORP	Q	86,742	REIMBURSED EXPENSES
(19)	WYANDOTTE CSI NON-PROFIT HOUSING CORP	L	133,037	MANAGEMENT FEE RECORDED
(20)	WYANDOTTE CSI NON-PROFIT HOUSING CORP	D	351,137	COST
(21)	WYANDOTTE CSI NON-PROFIT HOUSING CORP	Q	105,352	REIMBURSED EXPENSES
(22)	GOLDEN RING 2 LLC	L	349,586	DEVELOPER FEE RECORDED