

Form 990

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

A For the 2017 calendar year, or tax year beginning JAN 1, 2018 and ending JUN 30, 2018

Form header section including B (Check if applicable), C (Name of organization: COMMUNITY SUPPORT SERVICES INC), D (Employer identification number: 23-7029146), E (Telephone number: 330-253-9388), F (Name and address of principal officer: ROBERT STOKES), G (Gross receipts: 9,395,670), H(a) (Is this a group return for subordinates?), H(b) (Are all subordinates included?), H(c) (Group exemption number), I (Tax-exempt status: 501(c)(3)), J (Website: WWW.CSSBH.ORG), K (Form of organization: Corporation), L (Year of formation: 1969), M (State of legal domicile: OH)

Part I Summary

Table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Liabilities. Rows include mission statement (PROVIDES COMPREHENSIVE SERVICES TO INDIVIDUALS WITH SEVERE MENTAL ILLNESS), revenue breakdown (Total revenue: 9,395,670), expense breakdown (Total expenses: 9,394,459), and net assets (Total assets: 12,455,922; Total liabilities: 7,896,723).

SCANNED JUL 30 2019

RECEIVED APR 20 2019 OGDEN, UT IRS-321

Part III Statement of Program Service Accomplishments

Part III of Schedule O contains information about the organization's programs and services.

ABDOR

Part IV Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A
- 2 Is the organization required to complete *Schedule B, Schedule of Contributors*?
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office?

	Yes	No
1	X	
2	X	
3		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
20b		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24c		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24d		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
25b		
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28a		

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

Table with 3 columns: Question (1a-2b), Yes, No. 1a: 0, 1b: 0, 1c: [X], 2a: 0, 2b: [X].

Note: If the sum of lines 1a and 2a is greater than 250, you may be required to file (see instructions)

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 [] A church... 2 [] A school... 3 [] A hospital... 4 [] A medical research... 5 [] An organization for college... 6 [] A federal, state, or local government... 7 [X] An organization that normally receives a substantial part of its support from a governmental unit... 8 [] A community trust... 9 [] An agricultural research... 10 [] An organization that normally receives (1) more than 33 1/3% of its support from contributions... 11 [] An organization organized and operated exclusively to test for public safety... 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... a [] Type I... b [] Type II... c [] Type III functionally integrated... d [] Type III non-functionally integrated... e [] Check this box if the organization received a written determination from the IRS... f Enter the number of supported organizations

07

[]

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

Check if Schedule O contains a response 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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **OH**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **ROBERT STOKES - 330-253-9388**
150 CROSS STREET, AKRON, OH 44311

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ERIN WOJNO DIRECTOR	1.00	X						0.	0.	0.
(19) MARISSA ZILCH DIRECTOR	1.00	X						0.	0.	0.
(20) ROBERT STOKES PRESIDENT/CEO	40.00			X				0.	0.	0.
(21) TRACI PROHASKA CFO	40.00			X				0.	0.	0.
(22) FRANK SEPETAUC COO	40.00			X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	878,016.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	66,002.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		944,018.			
	Program Service Revenue	2 a PATIENT SERVICE REVENUE	Business Code 900099	7,866,886.	7,866,886.	
b RENT		900099	206,589.	206,589.		
c CLEAN SWEEP JOB TRAINI		900099	148,906.	148,906.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			8,222,381.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		15,040.		15,040.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a 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						
9 a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a 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				
11 a MISCELLANEOUS REV	900099	214,231.	214,231.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		214,231.				
12 Total revenue. See instructions.		9,395,670.	8,436,612.	0.	15,040.	

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

(A)

(B)

(C)

(D)

Part X₁ Balance Sheet

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

(A)
Beginning of year

(B)
End of year

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,395,670.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,394,459.
3	Revenue less expenses Subtract line 2 from line 1	3	1,211.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,548,717.
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	9,271.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-4,559,199.

Part XII Financial Statements and Reporting

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

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

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

COMMUNITY SUPPORT SERVICES INC

Employer identification number

23-7029146

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

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 7 or 8 of Part I of the return for the year ended 12/31/17.)

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

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09240329 765826 7015278

2017.05050 COMMUNITY SUPPORT SERVICE 70152782

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Part IV Supporting Organizations *(continued)*

- 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.*

	Yes	No
11a	<input type="checkbox"/>	<input type="checkbox"/>
11b	<input type="checkbox"/>	<input type="checkbox"/>
11c	<input type="checkbox"/>	<input type="checkbox"/>

Section B. Type I Supporting Organizations

- 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

	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (explain in Part VI) 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)		
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		(A) Prior Year	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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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)

PART II

CHANGED FROM A CALENDAR YEAR END TO A FISCAL YEAR END. AMOUNTS IN

CURRENT 2017 COLUMN IS FOR SHORT YEAR 1/1/18-6/30/18.

Multiple horizontal lines for supplemental information.

SCHEDULE 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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization **COMMUNITY SUPPORT SERVICES INC** Employer identification number **23-7029146**

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 a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c

1 Cash - non-interest-bearing	1,750.	1	1,752.
2 Savings and temporary cash investments	1,078,951.	2	915,263.
3 Pledges and grants receivable, net	177,088.	3	156,624.
4 Accounts receivable, net	1,363,196.	4	2,594,876.
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete			

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	751,176.
1d	740,796.
1e	717,910.
1f	774,062.

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 on 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
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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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

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. (Col. (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) NOTE RECEIVABLE & ACCRUED INTEREST RECEIVABLE	3,520,468.
(2) OTHER ASSETS	94,172.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NONQUALIFIED DEFERRED COMP PLAN	1,226,338.
(3) INTEREST RATE SWAP	11,612.
(4)	
(5)	
(6)	
(7)	

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

0 216 204

Part XIII Supplemental Information (continued)

CLASSIFIED AS A PRIVATE FOUNDATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE -179,466.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT PROVISION -179,466.

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.

07

PART V, LINE 4

THE FUND SHALL BE USED FOR THE PROVISION OF BEHAVIORAL HEALTH SERVICES AND OPERATING FACILITIES FOR CITIZENS OF SUMMIT COUNTY AND THE SURROUNDING REGION, WHO ARE MOST IN NEED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

COMMUNITY SUPPORT SERVICES INC

Employer identification number
23-7029146

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT FOR RECOVERY SERVICES TO ENHANCE THE QUALITY OF LIFE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

PROVIDES AN OPERATING SUBSIDY AND OR ASSISTANCE WITH STARTUP COSTS
ASSOCIATED WITH THE ACQUISITION OF INDEPENDENT RENTAL HOUSING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ACTIVITIES AND THERAPIES WHICH PROMOTE RESTORATION OR IMPROVEMENT IN
THE INDIVIDUAL'S LEVEL OF FUNCTIONING THROUGH THE DEVELOPMENT OF
EMPLOYMENT KNOWLEDGE, SKILLS-, CAPACITIES, AND EMPLOYMENT. INCLUDES
-VOCATIONAL SUPPORT ACTIVITIES, JOB CLUB, JOB SEARCH ASSISTANCE, JOB
SAVE, VOCATIONAL EVALUATION, - TRAVEL TRAINING-, JOB PLACEMENT, JOB
COACHING, -AND LONG TERM FOLLOW ALONG. THE PROGRAM FOLLOWS THE
SUPPORTED EMPLOYMENT EVIDENCE-BASED PRACTICE MODEL.

EXPENSES \$ 66,718. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,267,460.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 WAS REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD. THE FINANCE
COMMITTEE REPORTED ON THAT REVIEW BACK TO THE FULL AGENCY BOARD OF
DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY ALL EMPLOYEES AND DIRECTORS ARE REQUIRED TO SIGN THE CONFLICT OF
INTEREST POLICY. THE POLICY COVERS ALL BOARD DIRECTORS. THE POLICY IS
MONITORED BY THE EXECUTIVE ADMINISTRATIVE ASSISTANT AND THE BOARD OF

city, and state

Name of the organization

COMMUNITY SUPPORT SERVICES INC

Employer identification number

23-7029146

DIRECTORS. THE BOARD OF DIRECTORS DETERMINES IF A CONFLICT EXISTS AND
REVIEWS CONFLICTS THAT DO ARISE.

FORM 990, PART VI, SECTION B, LINE 15:

CEO COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF
DIRECTORS SALARY PART VI, COMPARISONS ARE MADE WITH LOCAL EXECUTIVE
DIRECTORS OF COMPARABLE AGENCY SIZE, COMPARISON SECTION B, TO SUMMIT COUNTY
ADM BOARD SUGGESTED COMPENSATION SCALE AND THE STATE ASSOCIATION'S WAGES
SURVEY RESULTS A CONTRACTED THIRD PARTY CONSULTANT IS USED FOR THE
CONDUCTING OF A POINT FACTOR ANALYSIS AND COMPETITIVE MARKET-BASED
ANALYSIS/DEVELOPMENT OF WAGE RANGES

FORM 990, PART VI, SECTION C, LINE 19:

ANNUALLY ALL EMPLOYEES AND DIRCTORS ARE REQUIRED TO SIGN THE CONFLICT OF
INTEREST POLICY. THE POLICY COVERS ALL BOARD OF DIRECTORS. THE POLICY IS
MONITORED BY THE EXECUTIVE ADMINISTRATIVE ASSISTANT AND THE BOARD OF
DIRECTORS. THE BOARD OF DIRECTORS DETERMINES IF A CONFLICT EXISTS AND
REVIEWS CONFLICTS THAT DO ARISE.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization

COMMUNITY SUPPORT SERVICES INC

Employer identification number

23-7029146

CHANGE IN INTEREST IN ASSETS HELD AT FOUNDATION	-250.
GAIN ON SWAP DERIVATIVE	-13,252.
INVESTMENT IN RELATED PARTY LOSS	22,773.
TOTAL TO FORM 990, PART XI, LINE 9	9,271.

PART XII LINE 2C

SHORT YEAR PERIOD 1/1/18-6/30/18.

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

Schedule A (Form 990 or 990-EZ) 2017

d "Yes" on Form 990, Part IV, line 34, 35b, or 36

Did one or more related organizations listed in Parts II-IV?		Yes	No
	1a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1c	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1d	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1e	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1f	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1g	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1h	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1i	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1j	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1k	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1l	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1m	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1n	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1o	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1p	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1q	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1r	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	1s	<input checked="" type="checkbox"/>	<input type="checkbox"/>

ion(s)
on(s)

Just complete this line, including covered relationships and transaction thresholds

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

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PRISM HEALTH LLC

EIN: 27-3120098

150 CROSS STREET

AKRON, OH 44311

PRIMARY ACTIVITY: CHARITABLE

DIRECT CONTROLLING ENTITY: N/A

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

COMMUNITY AND FAMILY STORAGE LLC

EIN: 47-3943717

150 CROSS STREET

AKRON, OH 44311

PRIMARY ACTIVITY: CHARITABLE

DIRECT CONTROLLING ENTITY: N/A