

Form **990**
 Department 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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
 COMMUNITY SERVICE ALLIANCE

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
 4001 TRENT AVE

City or town, state or province, country, and ZIP or foreign postal code
 CLEVELAND, OH 44109

D Employer identification number
 20-1418132

E Telephone number
 (216) 939-0610

F Name and address of principal officer:
 WILLIAM DILLINGHAM
 4001 TRENT ROAD
 CLEVELAND, OH 44109

G Gross receipts \$ 317,996

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 ▶

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

J Website: ▶ WWW.COMSERVEALLIANCE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2004 **M** State of legal domicile: OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 TO BE A CATALYST OF SUBSIDIZED LOW-RENT HOUSING, TRAINING AND TRANSITIONAL JOB OPPORTUNITIES FOR HOMELESS MEN SO THAT SHELTER POPULATION AND ACCOMPANYING PUBLIC COSTS ARE REDUCED.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	15
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	2
6 Total number of volunteers (estimate if necessary)	72
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	197,606	191,678
9 Program service revenue (Part VIII, line 2g)	116,292	118,133
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,340	1,541
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	315,238	311,352
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	158,179	160,211
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 7,094		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	176,912	184,028
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	335,091	344,239
19 Revenue less expenses. Subtract line 18 from line 12	-19,853	-32,887

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	365,283	329,964
21 Total liabilities (Part X, line 26)	28,436	24,297
22 Net assets or fund balances. Subtract line 21 from line 20	336,847	305,667

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: *****
 Date: 2020-07-11

TIM GLEASON EXECUTIVE DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: 2020-07-09
 Check if self-employed PTIN: P00169705

Firm's name ▶ H & J CERTIFIED PUBLIC ACCOUNTANTS INC Firm's EIN ▶ 34-1602442

Firm's address ▶ 7555 FREDLE DR STE 110 Phone no. (440) 951-2997
 CONCORD, OH 44077

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO BE A CATALYST OF SUBSIDIZED LOW-RENT HOUSING, TRAINING AND TRANSITIONAL JOB OPPORTUNITIES FOR HOMELESS MEN SO THAT SHELTER POPULATION AND ACCOMPANYING PUBLIC COSTS ARE REDUCED.

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 \$ 314,113 including grants of \$) (Revenue \$ 118,133)
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 ▶ 314,113

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying activities, financial reporting, and asset management.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>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</p>		2a	2		
<p>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)</p>		2b		Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>		3a			No
<p>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></p>		3b			
<p>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)? . . .</p>		4a			No
<p>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).</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>		5a			No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>		5b			No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>		5c			
<p>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?</p>		6a			No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>		6b			
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>					
<p>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?</p>		7a		Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>		7b		Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>		7c			No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>		7d			
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>		7e			No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>		7f			No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>		7g			
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>		7h			
<p>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?</p>		8			
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>		9a			
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>		9b			
<p>10 Section 501(c)(7) organizations. Enter:</p>					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>		10a			
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>		10b			
<p>11 Section 501(c)(12) organizations. Enter:</p>					
<p>a Gross income from members or shareholders</p>		11a			
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)</p>		11b			
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>		12a			
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p>		12b			
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>					
<p>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.</p>		13a			
<p>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</p>		13b			
<p>c Enter the amount of reserves on hand</p>		13c			
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>		14a			No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>		14b			
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>		15			No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>		16			No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] Own website [] Another's website [x] 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:
▶TIM GLEASON 4001 TRENT ROAD CLEVELAND, OH 44109 (216) 939-0610

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM DILLINGHAM PRESIDENT	5.00	X		X				0	0	0
(2) TIM RANKIN TREASURER	5.00	X		X				0	0	0
(3) STEVE RAGAN PAST PRESIDE	5.00	X		X				0	0	0
(4) BENJAMIN BAKER DIRECTOR	1.00	X						0	0	0
(5) DR CHARLES DULL DIRECTOR	1.00	X						0	0	0
(6) BILL GRULICH DIRECTOR	1.00	X						0	0	0
(7) BARBARA JACOBUS DIRECTOR	1.00	X						0	0	0
(8) MARA KAMPE DIRECTOR	1.00	X						0	0	0
(9) ALLISON MORFORD DIRECTOR	1.00	X						0	0	0
(10) RYAN NEUMEYER DIRECTOR	1.00	X						0	0	0
(11) ARTIE PARKS DIRECTOR	1.00	X						0	0	0
(12) ERIC PETERSON DIRECTOR	1.00	X						0	0	0
(13) BRYAN SCHOPMEYER DIRECTOR	1.00	X						0	0	0
(14) ADAM STALDER DIRECTOR	1.00	X						0	0	0
(15) DONALD STARK DIRECTOR	1.00	X						0	0	0
(16) TIM GLEASON EXECUTIVE DI	40.00			X				74,419	0	21,752

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total	74,419	21,752
c Total from continuation sheets to Part VII, Section A		
d Total (add lines 1b and 1c)	74,419	21,752

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 ▶

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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 ▶

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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	1a Federated campaigns	1a	30,000				
	b Membership dues	1b					
	c Fundraising events	1c	9,906				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	151,772				
	g Noncash contributions included in lines 1a - 1f: \$ _____						
	h Total. Add lines 1a-1f			191,678			
Program Service Revenue	2a TENANT RENTAL INCOME	Business Code					
		531110	112,286	112,286			
	b PROGRAM REVENUE	624310	5,847	5,847			
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			118,133				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,541			1,541	
	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					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 9,906 of contributions reported on line 1c). See Part IV, line 18	a	6,644				
		b Less: direct expenses	b	6,644			
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			311,352	118,133		1,541	

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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
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	74,419	68,838	3,721	1,860
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	44,315	40,972	2,236	1,107
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	438	427		11
9 Other employee benefits	31,897	29,505	1,595	797
10 Payroll taxes	9,142	8,455	457	230
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	8,739		8,739	
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)	9,735	9,735		
12 Advertising and promotion	6,886	2,295	2,296	2,295
13 Office expenses	4,390	3,863	439	88
14 Information technology	552	552		
15 Royalties				
16 Occupancy	99,926	97,831	1,676	419
17 Travel	2,592	2,592		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,329	1,329		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	15,982	15,582	320	80
23 Insurance	10,991	10,091	900	
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 TELEPHONE	8,293	7,671	415	207
b PROGRAM SUPPLIES	7,538	7,538		
c BAD DEBTS	4,775	4,775		
d MISSION SERVICE	2,062	2,062		
e All other expenses	238		238	
25 Total functional expenses. Add lines 1 through 24e	344,239	314,113	23,032	7,094
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 Sheet

Check 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	2,123	1	7,840
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	30,000	3	35,000
	4 Accounts receivable, net	8,694	4	11,441
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	10,048	9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	340,033		
	b Less: accumulated depreciation	148,397		
		207,619	10c	191,636
	11 Investments—publicly traded securities	106,799	11	84,047
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	365,283	16	329,964	
Liabilities	17 Accounts payable and accrued expenses	18,591	17	9,358
	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	9,845	23	9,939
	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	5,000
	26 Total liabilities. Add lines 17 through 25	28,436	26	24,297
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	200,048	27	176,620
	28 Temporarily restricted net assets	33,299	28	25,547
	29 Permanently restricted net assets	103,500	29	103,500
	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	336,847	33	305,667	
34 Total liabilities and net assets/fund balances	365,283	34	329,964	

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	311,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	344,239
3	Revenue less expenses. Subtract line 2 from line 1	3	-32,887
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	336,847
5	Net unrealized gains (losses) on investments	5	1,707
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	305,667

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Software ID:**Software Version:****EIN:** 20-1418132**Name:** COMMUNITY SERVICE ALLIANCE

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY SERVICE ALLIANCE (CSA) HAS BEEN PROVIDING HOUSING, JOB ASSISTANCE, AND PERSONAL, BEHAVIORAL AND SPIRITUAL SUPPORT FOR MEN TRANSITIONING FROM POVERTY, HOMELESSNESS AND ADDICTION FOR ALMOST 15 YEARS. THE MISSION OF CSA IS TO BE A CATALYST FOR LASTING RELATIONSHIPS BETWEEN PEOPLE EMERGING OUT OF HOMELESSNESS AND PEOPLE WILLING TO PARTICIPATE IN THEIR TRANSFORMATION. WE CARRY OUT THAT MISSION BY PROVIDING AFFORDABLE, SHORT-TERM SUPPORTIVE HOUSING, IDENTIFYING AND SECURING LOCAL WORK EXPERIENCE AND EMPLOYMENT OPPORTUNITIES, AND OFFERING TRAINING THAT FOSTERS PERSONAL, BEHAVIORAL AND SPIRITUAL SUPPORT AND DEVELOPMENT, ALL TO PROMOTE THE EVENTUAL INDEPENDENCE AND SELF-SUFFICIENCY OF THE MEN WE SERVE. WE ASSIST THE MEN WE SERVE TO REALIZE THEIR FULL POTENTIAL BY RELYING ON CHRISTIAN-BASED PRINCIPLES TO PROVIDE HOUSING AND JOB ASSISTANCE, AND ADDRESS THE ADDITIONAL ISSUES - PRIMARILY SUBSTANCE ABUSE, ADDICTION AND RECOVERY - WHICH ARE PREVENTING THEM FROM LEADING PRODUCTIVE LIVES WITHIN OUR COMMUNITY. CSA'S VISION IS TO ENGAGE EIGHT KEY COMMUNITIES - FOUNDATIONS, BUSINESSES, SERVICE PROVIDERS, LOCAL GOVERNMENT, FAITH COMMUNITIES, LANDLORDS, NEIGHBORHOOD RESIDENTS, AND THE HOMELESS - TOGETHER IN PARTNERSHIP TO SERVE CLEVELAND NEIGHBORHOODS AND EACH OTHER IN WAYS THAT HAVE NEVER BEFORE BEEN POSSIBLE. WE SERVE AS A CATALYST AMONG THESE KEY PARTNERS TO MAXIMIZE EACH IN A WAY THAT BUILDS UP THE OVERALL COMMUNITY AND ITS RESIDENTS, PROVIDES THE MEN WE SERVE WITH OPPORTUNITIES TO TRANSFORM THEIR LIVES, AND FOSTERS A BROAD SENSE OF COMMUNITY COLLABORATION, COOPERATION AND CHARITY. THE "HOME" IS ARGUABLY THE CENTRAL MOST IMPORTANT AND INFLUENTIAL FACTOR CONTRIBUTING TO A PERSON'S PERSPECTIVE OF THE WORLD AND THEIR PLACE IN IT. WHEN A HOME IS UNSTABLE, UNAFFORDABLE OR OTHERWISE THREATENED, PEOPLE GROW FEARFUL FOR THEIR FUTURE. IN URBAN COMMUNITIES, AFFORDABLE HOUSING HAS BECOME ONE OF THE BIGGEST CONCERNS, CONTRIBUTING TO DESTABILIZED NEIGHBORHOODS AND REINFORCING THE EFFECTS OF POVERTY. BY STARTING WITH "HOME- AND THEN ADDING EMPLOYMENT TO THE PACKAGE, WE BELIEVE WE CAN CHANGE LIVES, RENEW NEIGHBORHOODS AND TRANSFORM A CITY. OVER THE YEARS, CSA HAS DEVELOPED A COMPREHENSIVE PROGRAM DESIGNED TO ACCOMPLISH EXACTLY THAT GOAL. CSA IMPLEMENTED THE HOUSING COMPONENT OF OUR MISSION IN 2005 WITH THE CREATION OF PROCOP HOUSE, THE FORMER CONVENT AT ST. PROCOP CHURCH ON CLEVELAND'S WEST SIDE. IT IS A 22-ROOM HOUSE THAT MEETS THE HOUSING, JOB ASSISTANCE, AND PERSONAL, BEHAVIORAL AND SPIRITUAL NEEDS OF THE MEN WE SERVE. THE SUCCESS WE HAD WITH PROCOP HOUSE, COMBINED WITH A CONTINUED NEED FOR THE SERVICES WE PROVIDE, LED CSA TO OPEN A SECOND HOUSING PROGRAM - FULTON HOUSE - TO FURTHER ENHANCE THE MISSION OF THE ORGANIZATION AND REACH OUT TO MORE INDIVIDUALS IN NEED. FULTON HOUSE IS A 13-ROOM HOUSING PROGRAM DEVELOPED TO MEET THE NEEDS OF VETERANS EMERGING FROM HOMELESSNESS. THROUGH FULTON HOUSE, CSA PROVIDES AN ORGANIZED APPROACH TO ADDRESS VETERANS' HOUSING, EMPLOYMENT, AND PERSONAL AND BEHAVIORAL NEEDS, AND WORKS IN PARTNERSHIP WITH THE VA AND OTHER EXISTING PROVIDERS TO CONNECT THESE MEN WITH A WIDE RANGE OF ADDITIONAL SUPPORT SERVICES, INCLUDING BUT NOT LIMITED TO FINANCIAL LITERACY AND CREDIT REPAIR SERVICES, LEGAL SERVICES, MEDICAL, HEALTH AND MENTAL HEALTH RESOURCES, FOOD AND NUTRITION PROGRAMS, FAMILY AND CHILDREN'S SERVICES, AND OTHER SOCIAL SERVICES AND SUPPORT. A SHORT TIME LATER, WE NOTICED A NUMBER OF RESIDENTS WHO WERE STAYING WITH CSA FOR LONGER PERIODS THAN OUR AVERAGE STAY OF 11-14 MONTHS. WHILE OUR GOAL IS TO ENCOURAGE, SUPPORT AND BE A PART OF THE TRANSITION TO PERMANENT, INDEPENDENT HOUSING, SOME MEN, FOR A VARIETY OF REASONS, ARE NOT FULLY PREPARED TO MAKE THAT TRANSITION AS QUICKLY. THE CHALLENGES THEY EXPERIENCE ARE OFTEN FINANCIAL IN SCOPE, AND REQUIRE THE RESIDENT TO PAY OFF PRIOR DEBTS, GET ON TRACK WITH CHILD SUPPORT, OR SIMPLY SAVE ENOUGH MONEY TO MANAGE A BUDGET ON THEIR OWN. THE BARRIERS CAN ALSO BE PERSONAL IN NATURE, AND FREQUENTLY INVOLVE ISSUES OF TRUST, INSECURITY, AND FEAR AND ANXIETY OF BEING ON THEIR OWN - SOMETHING MANY OF THESE MEN HAVE NOT HAD TO FACE FOR A LONG PERIOD OF TIME. IN RESPONSE, THE BOARD OF DIRECTORS BEGAN DISCUSSIONS ABOUT A THIRD HOUSING SITE THAT WOULD ADDRESS THE NEEDS OF MEN WHO REQUIRE THE SUPPORT OF CSA FOR A LONGER STAY. AN OPPORTUNITY PRESENTED ITSELF TO RENOVATE A VACANT MULTI-FAMILY HOME ON CLEVELAND'S WEST SIDE AND CONVERT IT INTO A FACILITY TO ADDRESS THIS NEED. THE BOARD SEIZED THE OPPORTUNITY, AND THE PLAN TO RENOVATE THE HOUSE INTO A SIX-ROOM LONGER STAY HOUSING SITE CAME TO FRUITION IN THE FALL OF 2013 WHEN CSA FORMALLY DEDICATED SANDY'S HOUSE - NAMED IN MEMORY OF MRS. SANDRA SULLIVAN, ONE OF THE FOUNDING BOARD MEMBERS OF CSA, A LOVING AND LONG-TIME SUPPORTER OF OUR MISSION, AND A SELFLESS ADVOCATE FOR DISADVANTAGED AND UNDERSERVED POPULATIONS THROUGHOUT OUR COMMUNITY. AS WE CONTINUED TO ASSESS THE IMPACT OF OUR PROGRAM AND THE ONGOING COMMUNITY NEED FOR OUR SERVICES, CSA WORKED IN CONJUNCTION WITH THE NEHEMIAH COLLABORATIVE, A FAITH-INSPIRED EFFORT TO ADDRESS HOUSING ON CLEVELAND'S WEST SIDE, TO PLAN FOR OUR FOURTH HOUSING SITE. THE NEHEMIAH COLLABORATIVE IS A PARTNERSHIP OF CSA, BUILDING HOPE IN THE CITY, FAMILY MINISTRY CENTER AND SCRANTON ROAD COMMUNITY DEVELOPMENT CORPORATION WHICH SEEKS TO RESTORE HOMES AS A UNIQUE TOOL FOR PERSONAL, ECONOMIC AND COMMUNITY RESTORATION. CSA'S NEWEST SITE IS LOCATED ON TROWBRIDGE AVENUE, JUST A FEW HOMES FROM WHERE FULTON HOUSE AND SANDY'S HOUSE ARE CURRENTLY LOCATED. THE PREVIOUSLY ABANDONED TWO-FAMILY HOME WAS BUILT IN 1903, AND WAS SECURED BY NEHEMIAH COLLABORATIVE THROUGH A PARTNERSHIP WITH THE CUYAHOGA LAND BANK. THE SITE HAS BEEN TRANSFORMED INTO CSA'S FOURTH LOCATION - BILL'S HOUSE, NAMED IN HONOR OF BILL DILLINGHAM, A FOUNDING BOARD MEMBER OF CSA, ITS CURRENT BOARD PRESIDENT, AND A U.S. ARMY VETERAN. THE NEWEST LOCATION WILL PROVIDE SUPPORTIVE HOUSING FOR SEVEN VETERANS STRUGGLING WITH HOMELESSNESS, POVERTY AND ADDICTION. THE HOUSE WAS OPENED IN THE FALL OF 2019. ON THE PROGRAM SIDE, CSA DOES NOT DUPLICATE PROGRAMS OR SERVICES THAT ALREADY EXIST IN THE COMMUNITY. RATHER, OUR GOAL IS TO CONNECT THE MEN WE SERVE WITH A VARIETY OF EXISTING COMMUNITY RESOURCES, ALIGNED WITH THEIR INDIVIDUAL NEEDS. WE BELIEVE OUR MODEL IS UNIQUE, AND SINCE OUR INCEPTION CLOSE TO 15 YEARS AGO, OUR APPROACH HAS HELPED MORE THAN 2,000 INDIVIDUALS WITH HOUSING, EMPLOYMENT, AND PERSONAL AND SOCIAL SUPPORT. WHAT WE ARE MOST PROUD OF ARE THE POSITIVE OUTCOMES WE CAN SHOW - MORE THAN 70% OF THE MEN WE SERVE SUCCESSFULLY MOVE ON TO PERMANENT, INDEPENDENT HOUSING WITH A CONSISTENT RECORD OF SOBRIETY, A FULL OR PART-TIME JOB, A RENEWED PERSONAL FAITH, AND THE BEHAVIORS AND SKILLS NEEDED TO REMAIN PRODUCTIVE, DRUG-FREE, CONTRIBUTING MEMBERS OF SOCIETY. IN ADDITION TO THE HOUSING COMPONENT OF THE PROGRAM, WE ACTIVELY WORK WITH OUR RESIDENTS TO ASSIST THEM WITH IDENTIFYING AND SECURING LOCAL WORK EXPERIENCE AND EMPLOYMENT OPPORTUNITIES. HAVING AN OPPORTUNITY TO WORK HARD AT WORK WORTH DOING HAS BEEN AN INTEGRAL PART OF THE CSA MISSION SINCE OUR INCEPTION. OUR GOAL WAS TO DEVELOP AND EXPAND THE AGENCY'S WORK EXPERIENCE AND EMPLOYMENT PROGRAM, AND WORK WITH EXISTING AND PROSPECTIVE EMPLOYER PARTNERS, AS WELL AS RESIDENTS AND ALUMNI, TO DEVELOP THE PROGRAM AS AN EFFECTIVE TOOL TO HELP MEN TRANSITION FROM POVERTY AND HOMELESSNESS TO EMPLOYMENT, INDEPENDENCE AND SELF-SUFFICIENCY. SINCE REFOCUSING THE PROGRAM SEVERAL YEARS AGO, WE HAVE MADE TREMENDOUS STRIDES IN ACCOMPLISHING OUR GOAL. CSA HIRED AN EMPLOYMENT DEVELOPMENT COORDINATOR TO LEAD THE EFFORT, AND WE RENEWED RELATIONSHIPS WITH EXISTING EMPLOYER PARTNERS AND ADDED NEW EMPLOYERS TO THE PROGRAM. WE NOW HAVE RELATIONSHIPS WITH COMPANIES INCLUDING ADVANCED SECONDARIES, ADMIRAL PRODUCTS, BISHOP CONSTRUCTION, BLUE RIBBON MEATS, BUCKEYE BUSINESS PRODUCTS, HURON POINT TAVERN, MR. HERO, N.A.R.I., SHAIJA'S PARKING, TRUE FREEDOM MINISTRIES, WAREHOUSE DISTRICT PARKING, AND WERNER G. SMITH, ALONG WITH SEVERAL LOCAL TEMP AGENCIES. AND ADDITIONAL RELATIONSHIPS ARE BEING DEVELOPED ALL THE TIME. AS IMPORTANTLY, WE CONTINUE TO SUCCESSFULLY PLACE MORE RESIDENTS AND ALUMNI INTO A VARIETY OF FULL-TIME AND PART-TIME WORK EXPERIENCE OPPORTUNITIES TO HELP THEM FURTHER THEIR OWN GOALS AND BETTER PREPARE THEM FOR THE NEXT STEPS IN THEIR JOURNEYS. ON AVERAGE, OUR WORK EXPERIENCE PROGRAM PLACES MORE THAN 60 INDIVIDUALS ANNUALLY INTO PART-TIME OR FULL-TIME EMPLOYMENT OPPORTUNITIES. IN OTHER WORDS, WE ARE PROVIDING THE CHANCE FOR OUR MEN TO WORK HARD AT WORK WORTH DOING. OVER THESE PAST SEVERAL YEARS, CSA HAS GROWN THE ORGANIZATION'S ABILITY TO SERVE MEN IN OUR COMMUNITY WHO NEED US THE MOST - MEN WHO ARE HOMELESS, IMPOVERISHED, STRUGGLING WITH ADDICTION, MARGINALIZED. FOUR HOUSES ~ PROCOP HOUSE, FULTON HOUSE, SANDY'S HOUSE AND BILL'S HOUSE ~ AND THE CAPACITY TO MEET THE NEEDS OF 48 MEN A CONTINUUM OF HOUSING TO ADDRESS SHORT-TERM AND LONG-TERM NEED

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 the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
COMMUNITY SERVICE ALLIANCE

Employer identification number
20-1418132

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 **section 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		
Total						

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

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	167,733	184,612	188,959	197,606	191,678	930,588
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	167,733	184,612	188,959	197,606	191,678	930,588
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). . .						59,747
6	Public support. Subtract line 5 from line 4.						870,841

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4. . .	167,733	184,612	188,959	197,606	191,678	930,588
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	3,313	9,291	1,388	1,340	1,541	16,873
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.). . .		100				100
11	Total support. Add lines 7 through 10						947,561
12	Gross receipts from related activities, etc. (see instructions)					12	548,797

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 2018 (line 6, column (f) divided by line 11, column (f))	14	91.900 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	88.800 %

16a 33 1/3% support test—2018. 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

b 33 1/3% support test—2017. 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

17a 10%-facts-and-circumstances test—2018. 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

b 10%-facts-and-circumstances test—2017. 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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6	Total. Add lines 1 through 5 . . .						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons . . .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .						
c	Add lines 7a and 7b. . .						
8	Public support. (Subtract line 7c from line 6.) . . .						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6. . .						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .						
c	Add lines 10a and 10b. . .						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
13	Total support. (Add lines 9, 10c, 11, and 12.) . . .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .		
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).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> 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.		
a	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? <i>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.</i>		
b	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? <i>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.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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):	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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 100

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2018
Open to Public Inspection

▶ 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 the latest information.

Name of the organization
COMMUNITY SERVICE ALLIANCE

Employer identification number
20-1418132

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? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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 7/25/06, 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? Yes 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)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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:
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	103,500	103,500	103,500	103,500	103,500
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	103,500	103,500	103,500	103,500	103,500

- 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 ▶ 100.000 %
 - 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 |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| 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		192,287	69,448	122,839
c Leasehold improvements				
d Equipment		30,450	26,596	3,854
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				126,693

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. (Column (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. (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)	
(2)	
(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	
SHORT-TERM ADVANCE	5,000
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 5,000

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	
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	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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	
3	Subtract line 2e from line 1		3	
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	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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: 20-1418132

Name: COMMUNITY SERVICE ALLIANCE

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	INVESTMENT INCOME REALIZED FROM ENDOWMENT FUNDS IS USED IN TO FULFILL CSA'S MISSION-RELATED PROGRAM ACTIVITIES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	CSA IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AS A CHARITABLE ORGANIZATION WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 509(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. CSA CURRENTLY HAS NO UNRELATED BUSINESS INCOME. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED. CSA'S POLICY IS TO RECORD A LIABILITY FOR ANY TAX POSITION TAKEN THAT IS BENEFICIAL TO CSA, INCLUDING PENALTIES AND INTEREST, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN WILL BE OVERTURNED BY A TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF JUNE 30, 2018 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.

SCHEDULE G
(Form 990 or 990-EZ)

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization
COMMUNITY SERVICE ALLIANCE

Employer identification number
20-1418132

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		SPECIAL EVENTS (event type)	(event type)	(total number)	Total events (add col. (a) through col. (c))
1	Gross receipts	16,550			16,550
2	Less: Contributions	9,906			9,906
3	Gross income (line 1 minus line 2)	6,644			6,644
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	595			595
	7 Food and beverages	2,219			2,219
	8 Entertainment	300			300
	9 Other direct expenses	3,530			3,530
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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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

2018

Open to Public Inspection

Name of the organization
COMMUNITY SERVICE ALLIANCE

Employer identification number
20-1418132

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>COMMUNITY SERVICE ALLIANCE (CSA) HAS BEEN PROVIDING HOUSING, JOB ASSISTANCE, AND PERSONAL, BEHAVIORAL AND SPIRITUAL SUPPORT FOR MEN TRANSITIONING FROM POVERTY, HOMELESSNESS AND ADDICTION FOR ALMOST 15 YEARS. THE MISSION OF CSA IS TO BE A CATALYST FOR LASTING RELATIONSHIPS BETWEEN PEOPLE EMERGING OUT OF HOMELESSNESS AND PEOPLE WILLING TO PARTICIPATE IN THEIR TRANSFORMATION. WE CARRY OUT THAT MISSION BY PROVIDING AFFORDABLE, SHORT-TERM SUPPORTIVE HOUSING, IDENTIFYING AND SECURING LOCAL WORK EXPERIENCE AND EMPLOYMENT OPPORTUNITIES, AND OFFERING TRAINING THAT FOSTERS PERSONAL, BEHAVIORAL AND SPIRITUAL SUPPORT AND DEVELOPMENT, ALL TO PROMOTE THE EVENTUAL INDEPENDENCE AND SELF-SUFFICIENCY OF THE MEN WE SERVE. WE ASSIST THE MEN WE SERVE TO REALIZE THEIR FULL POTENTIAL BY RELYING ON CHRISTIAN-BASED PRINCIPLES TO PROVIDE HOUSING AND JOB ASSISTANCE, AND ADDRESS THE ADDITIONAL ISSUES - PRIMARILY SUBSTANCE ABUSE, ADDICTION AND RECOVERY - WHICH ARE PREVENTING THEM FROM LEADING PRODUCTIVE LIVES WITHIN OUR COMMUNITY. CSA'S VISION IS TO ENGAGE EIGHT KEY COMMUNITIES - FOUNDATIONS, BUSINESSES, SERVICE PROVIDERS, LOCAL GOVERNMENT, FAITH COMMUNITIES, LANDLORDS, NEIGHBORHOOD RESIDENTS, AND THE HOMELESS - TOGETHER IN PARTNERSHIP TO SERVE CLEVELAND NEIGHBORHOODS AND EACH OTHER IN WAYS THAT HAVE NEVER BEFORE BEEN POSSIBLE. WE SERVE AS A CATALYST AMONG THESE KEY PARTNERS TO MAXIMIZE EACH IN A WAY THAT BUILDS UP THE OVERALL COMMUNITY AND ITS RESIDENTS, PROVIDES THE MEN WE SERVE WITH OPPORTUNITIES TO TRANSFORM THEIR LIVES, AND FOSTERS A BROAD SENSE OF COMMUNITY COLLABORATION, COOPERATION AND CHARITY. THE "HOME" IS ARGUABLY THE CENTRAL MOST IMPORTANT AND INFLUENTIAL FACTOR CONTRIBUTING TO A PERSON'S PERSPECTIVE OF THE WORLD AND THEIR PLACE IN IT. WHEN A HOME IS UNSTABLE, UNAFFORDABLE OR OTHERWISE THREATENED, PEOPLE GROW FEARFUL FOR THEIR FUTURE. IN URBAN COMMUNITIES, UNAFFORDABLE HOUSING HAS BECOME ONE OF THE BIGGEST CONCERNS, CONTRIBUTING TO DESTABILIZED NEIGHBORHOODS AND REINFORCING THE EFFECTS OF POVERTY. BY STARTING WITH "HOME- AND THEN ADDING EMPLOYMENT TO THE PACKAGE, WE BELIEVE WE CAN CHANGE LIVES, RENEW NEIGHBORHOODS AND TRANSFORM A CITY. OVER THE YEARS, CSA HAS DEVELOPED A COMPREHENSIVE PROGRAM DESIGNED TO ACCOMPLISH EXACTLY THAT GOAL. CSA IMPLEMENTED THE HOUSING COMPONENT OF OUR MISSION IN 2005 WITH THE CREATION OF PROCOP HOUSE, THE FORMER CONVENT AT ST. PROCOP CHURCH ON CLEVELAND'S WEST SIDE. IT IS A 22-ROOM HOUSE THAT MEETS THE HOUSING, JOB ASSISTANCE, AND PERSONAL, BEHAVIORAL AND SPIRITUAL NEEDS OF THE MEN WE SERVE. THE SUCCESS WE HAD WITH PROCOP HOUSE, COMBINED WITH A CONTINUED NEED FOR THE SERVICES WE PROVIDE, LED CSA TO OPEN A SECOND HOUSING PROGRAM - FULTON HOUSE - TO FURTHER ENHANCE THE MISSION OF THE ORGANIZATION AND REACH OUT TO MORE INDIVIDUALS IN NEED. FULTON HOUSE IS A 13-ROOM HOUSING PROGRAM DEVELOPED TO MEET THE NEEDS OF VETERANS EMERGING FROM HOMELESSNESS. THROUGH FULTON HOUSE, CSA PROVIDES AN ORGANIZED APPROACH TO ADDRESS VETERANS' HOUSING, EMPLOYME</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>NT, AND PERSONAL AND BEHAVIORAL NEEDS, AND WORKS IN PARTNERSHIP WITH THE VA AND OTHER EXISTING PROVIDERS TO CONNECT THESE MEN WITH A WIDE RANGE OF ADDITIONAL SUPPORT SERVICES, INCLUDING BUT NOT LIMITED TO FINANCIAL LITERACY AND CREDIT REPAIR SERVICES, LEGAL SERVICES, MEDICAL, HEALTH AND MENTAL HEALTH RESOURCES, FOOD AND NUTRITION PROGRAMS, FAMILY AND CHILDREN'S SERVICES, AND OTHER SOCIAL SERVICES AND SUPPORT. A SHORT TIME LATER, WE NOTICED A NUMBER OF RESIDENTS WHO WERE STAYING WITH CSA FOR LONGER PERIODS THAN OUR AVERAGE STAY OF 11-14 MONTHS. WHILE OUR GOAL IS TO ENCOURAGE, SUPPORT AND BE A PART OF THE TRANSITION TO PERMANENT, INDEPENDENT HOUSING, SOME MEN, FOR A VARIETY OF REASONS, ARE NOT FULLY PREPARED TO MAKE THAT TRANSITION AS QUICKLY. THE CHALLENGES THEY EXPERIENCE ARE OFTEN FINANCIAL IN SCOPE, AND REQUIRE THE RESIDENT TO PAY OFF PRIOR DEBTS, GET ON TRACK WITH CHILD SUPPORT, OR SIMPLY SAVE ENOUGH MONEY TO MANAGE A BUDGET ON THEIR OWN. THE BARRIERS CAN ALSO BE PERSONAL IN NATURE, AND FREQUENTLY INVOLVE ISSUES OF TRUST, INSECURITY, AND FEAR AND ANXIETY OF BEING ON THEIR OWN - SOMETHING MANY OF THESE MEN HAVE NOT HAD TO FACE FOR A LONG PERIOD OF TIME. IN RESPONSE, THE BOARD OF DIRECTORS BEGAN DISCUSSIONS ABOUT A THIRD HOUSING SITE THAT WOULD ADDRESS THE NEEDS OF MEN WHO REQUIRE THE SUPPORT OF CSA FOR A LONGER STAY. AN OPPORTUNITY PRESENTED ITSELF TO RENOVATE A VACANT MULTI-FAMILY HOME ON CLEVELAND'S WEST SIDE AND CONVERT IT INTO A FACILITY TO ADDRESS THIS NEED. THE BOARD SEIZED THE OPPORTUNITY, AND THE PLAN TO RENOVATE THE HOUSE INTO A SIX-ROOM LONGER STAY HOUSING SITE CAME TO FRUITION IN THE FALL OF 2013 WHEN CSA FORMALLY DEDICATED SANDY'S HOUSE - NAMED IN MEMORY OF MRS. SANDRA SULLIVAN, ONE OF THE FOUNDING BOARD MEMBERS OF CSA, A LOVING AND LONG-TIME SUPPORTER OF OUR MISSION, AND A SELFLESS ADVOCATE FOR DISADVANTAGED AND UNDERSERVED POPULATIONS THROUGHOUT OUR COMMUNITY. AS WE CONTINUED TO ASSESS THE IMPACT OF OUR PROGRAM AND THE ONGOING COMMUNITY NEED FOR OUR SERVICES, CSA WORKED IN CONJUNCTION WITH THE NEHEMIAH COLLABORATIVE, A FAITH-INSPIRED EFFORT TO ADDRESS HOUSING ON CLEVELAND'S WEST SIDE, TO PLAN FOR OUR FOURTH HOUSING SITE. THE NEHEMIAH COLLABORATIVE IS A PARTNERSHIP OF CSA, BUILDING HOPE IN THE CITY, FAMILY MINISTRY CENTER AND SCRANTON ROAD COMMUNITY DEVELOPMENT CORPORATION WHICH SEEKS TO RESTORE HOMES AS A UNIQUE TOOL FOR PERSONAL, ECONOMIC AND COMMUNITY RESTORATION. CSA'S NEWEST SITE IS LOCATED ON TROWBRIDGE AVENUE, JUST A FEW HOMES FROM WHERE FULTON HOUSE AND SANDY'S HOUSE ARE CURRENTLY LOCATED. THE PREVIOUSLY ABANDONED TWO-FAMILY HOME WAS BUILT IN 1903, AND WAS SECURED BY NEHEMIAH COLLABORATIVE THROUGH A PARTNERSHIP WITH THE CUYAHOGA LAND BANK. THE SITE HAS BEEN TRANSFORMED INTO CSA'S FOURTH LOCATION - BILL'S HOUSE, NAMED IN HONOR OF BILL DILLINGHAM, A FOUNDING BOARD MEMBER OF CSA, ITS CURRENT BOARD PRESIDENT, AND A U.S. ARMY VETERAN. THE NEWEST LOCATION WILL PROVIDE SUPPORTIVE HOUSING FOR SEVEN VETERANS STRUGGLING WITH HOMELESS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 2, PART III, LINE 4A</p>	<p>NESS, POVERTY AND ADDICTION. THE HOUSE WAS OPENED IN THE FALL OF 2019. ON THE PROGRAM SIDE , CSA DOES NOT DUPLICATE PROGRAMS OR SERVICES THAT ALREADY EXIST IN THE COMMUNITY. RATHER, OUR GOAL IS TO CONNECT THE MEN WE SERVE WITH A VARIETY OF EXISTING COMMUNITY RESOURCES, A LIGNED WITH THEIR INDIVIDUAL NEEDS. WE BELIEVE OUR MODEL IS UNIQUE, AND SINCE OUR INCEPTIO N CLOSE TO 15 YEARS AGO, OUR APPROACH HAS HELPED MORE THAN 2,000 INDIVIDUALS WITH HOUSING, EMPLOYMENT, AND PERSONAL AND SOCIAL SUPPORT. WHAT WE ARE MOST PROUD OF ARE THE POSITIVE O UTCOMES WE CAN SHOW - MORE THAN 70% OF THE MEN WE SERVE SUCCESSFULLY MOVE ON TO PERMANENT, INDEPENDENT HOUSING WITH A CONSISTENT RECORD OF SOBRIETY, A FULL OR PART-TIME JOB, A RENE WED PERSONAL FAITH, AND THE BEHAVIORS AND SKILLS NEEDED TO REMAIN PRODUCTIVE, DRUG-FREE, C ONTRIBUTING MEMBERS OF SOCIETY. IN ADDITION TO THE HOUSING COMPONENT OF THE PROGRAM, WE AC TIVELY WORK WITH OUR RESIDENTS TO ASSIST THEM WITH IDENTIFYING AND SECURING LOCAL WORK EXP ERIENCE AND EMPLOYMENT OPPORTUNITIES. HAVING AN OPPORTUNITY TO WORK HARD AT WORK WORTH DOI NG HAS BEEN AN INTEGRAL PART OF THE CSA MISSION SINCE OUR INCEPTION. OUR GOAL WAS TO DEVEL OP AND EXPAND THE AGENCY'S WORK EXPERIENCE AND EMPLOYMENT PROGRAM, AND WORK WITH EXISTING AND PROSPECTIVE EMPLOYER PARTNERS, AS WELL AS RESIDENTS AND ALUMNI, TO DEVELOP THE PROGRAM AS AN EFFECTIVE TOOL TO HELP MEN TRANSITION FROM POVERTY AND HOMELESSNESS TO EMPLOYMENT, INDEPENDENCE AND SELF-SUFFICIENCY. SINCE REFOCUSING THE PROGRAM SEVERAL YEARS AGO, WE HAVE MADE TREMENDOUS STRIDES IN ACCOMPLISHING OUR GOAL. CSA HIRED AN EMPLOYMENT DEVELOPMENT CO ORDINATOR TO LEAD THE EFFORT, AND WE RENEWED RELATIONSHIPS WITH EXISTING EMPLOYER PARTNERS AND ADDED NEW EMPLOYERS TO THE PROGRAM. WE NOW HAVE RELATIONSHIPS WITH COMPANIES INCLUDI NG ADVANCED SECONDARIES, ADMIRAL PRODUCTS, BISHOP CONSTRUCTION, BLUE RIBBON MEATS, BUCKEYE BUSINESS PRODUCTS, HURON POINT TAVERN, MR. HERO, N.A.R.I., SHAI'A'S PARKING, TRUE FREEDOM M INISTRIES, WAREHOUSE DISTRICT PARKING, AND WERNER G. SMITH, ALONG WITH SEVERAL LOCAL TEMP AGENCIES. AND ADDITIONAL RELATIONSHIPS ARE BEING DEVELOPED ALL THE TIME. AS IMPORTANTLY, W E CONTINUE TO SUCCESSFULLY PLACE MORE RESIDENTS AND ALUMNI INTO A VARIETY OF FULL-TIME AND PART-TIME WORK EXPERIENCE OPPORTUNITIES TO HELP THEM FURTHER THEIR OWN GOALS AND BETTER P REPARE THEM FOR THE NEXT STEPS IN THEIR JOURNEYS. ON AVERAGE, OUR WORK EXPERIENCE PROGRAM PLACES MORE THAN 60 INDIVIDUALS ANNUALLY INTO PART-TIME OR FULL-TIME EMPLOYMENT OPPORTUNIT IES. IN OTHER WORDS, WE ARE PROVIDING THE CHANCE FOR OUR MEN TO WORK HARD AT WORK WORTH DO ING. OVER THESE PAST SEVERAL YEARS, CSA HAS GROWN THE ORGANIZATION'S ABILITY TO SERVE MEN IN OUR COMMUNITY WHO NEED US THE MOST - MEN WHO ARE HOMELESS, IMPOVERISHED, STRUGGLING WIT H ADDICTION, MARGINALIZED. FOUR HOUSES ~ PROCOP HOUSE, FULTON HOUSE, SANDY'S HOUSE AND BIL L'S HOUSE ~ AND THE CAPACITY TO MEET THE NEEDS OF 48 MEN A CONTINUUM OF HOUSING TO ADDRESS SHORT-TERM AND LONG-TERM NEED</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	PRIOR TO FILING WITH THE IRS, THE FORM 990 (AS COMPLETED BY THE ORGANIZATION'S CERTIFIED PUBLIC ACCOUNTANT) IS PRESENTED TO THE TREASURER AND EXECUTIVE DIRECTOR FOR REVIEW AND APPROVAL. THE FORM 990 IS THEN DISTRIBUTED TO THE FULL BOARD OF DIRECTORS ELECTRONICALLY FOR REVIEW. THE DIRECTORS ARE PROVIDED WITH AT LEAST FIVE BUSINESS DAYS TO REVIEW THE FORM, WITH ANY COMMENTS AND QUESTIONS ADDRESSED AS NEEDED. A BOARD OFFICER THEN AUTHORIZES THE FINAL FILING OF THE 990 BY SIGNING FORM 8879-EO AND THE 990 IS ELECTRONICALLY SUBMITTED TO THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	<p>EACH YEAR, THE BOARD MEMBERS ARE ASKED TO REVIEW THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. AMONG OTHER THINGS, THE POLICY MAKES CLEAR THAT ALL DECISIONS OF THE BOARD, OFFICERS, AND EMPLOYEES OF THE ORGANIZATION ARE MADE SOLELY ON THE BASIS OF A DESIRE TO PROMOTE THE BEST INTEREST OF THE ORGANIZATION AND THE PUBLIC GOOD. THE CONFLICT OF INTEREST STATEMENT REQUESTS BOARD MEMBERS TO IDENTIFY TO THE BEST OF THEIR KNOWLEDGE AFFILIATIONS WITH ORGANIZATIONS THAT MAY BE POTENTIALLY RELATED TO THE FINANCIALS OR OTHER SUBSTANTIVE OPERATIONS OF THE ORGANIZATION. THEY ARE ALSO ASKED TO IDENTIFY CIRCUMSTANCES INVOLVING EITHER THEMSELVES, OR A MEMBER OF THEIR EXTENDED FAMILY, THAT MAY BE CONSTRUED AS A CONFLICT OF INTEREST. AT THE STAFF LEVEL, THE ORGANIZATION'S PERSONNEL ALSO ENSURE THAT THERE ARE NO CONFLICTS OF INTEREST WHEN CONSIDERING THE ENGAGEMENT OF A NEW VENDOR. IF A POTENTIAL CONFLICT IS IDENTIFIED, APPROPRIATE STEPS ARE TAKEN TO BOTH ASSESS THE NATURE OF THE POTENTIAL CONFLICT AND, SUBSEQUENTLY, TO ENSURE THAT THE POSSIBILITY OF AN ACTUAL CONFLICT IS MITIGATED. SUCH MITIGATION IS MANAGED AND THE LETTER AND SPIRIT OF THE CONFLICTS POLICY ARE UPHELD.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	THE EXECUTIVE COMMITTEE ANNUALLY EVALUATES THE PERFORMANCE OF THE EXECUTIVE DIRECTOR. COMPENSATION IS BASED ON PERFORMANCE AND COMPARED TO OTHER AREA MISSION-COMPARABLE ORGANIZATIONS OF SIMILAR SIZE. THE BOARD HAS ADOPTED THE IRS-WRITTEN "REBUTTABLE PRESUMPTION" CHECKLIST WHICH IS COMPLETED CONTEMPORANEOUS WITH THE PERFORMANCE REVIEW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION FOR STAFF WITHIN THE ORGANIZATION IS DETERMINED BY THE EXECUTIVE DIRECTOR. THE LEVEL OF COMPENSATION IS SET BASED ON PERFORMANCE AND IN RELATION TO OTHER AREA MISSION-COMPARABLE ORGANIZATIONS OF SIMILAR SIZE. THIS COMPENSATION IS A COMPONENT OF THE BUDGET, WHICH IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE AND ALSO BY THE BOARD AS A WHOLE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, FORM 1023, FORM 990 CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990, WITHOUT SCHEDULE B) CAN ALSO BE FOUND ON SEVERAL PUBLICLY-ACCESSIBLE WEBSITES.