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

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

► Information about Form 990 and its instructions is at www.urs.gov/form990 tax year beginning JUL 1, 2013 and ending JUN 30,

Inspection

| Α | For t | ne 2013 calendar year, or tax year beginning $JUL 1, 2013$ and ending | JUN 30, 2014 | | | | | | |
|--|---------------------|---|-------------------------------|---------------------------------|--|--|--|--|--|
| В | Check applica | C Name of organization | D Employer identifi | cation number | | | | | |
| | Add | COMMUNITY MENTAL HEALTHCARE INC. | | | | | | | |
| | Nam Char | ge Doing Business As | 34-1 | 135374 | | | | | |
| Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number | | | | | | | | | |
| Terminated 201 HOSPITAL DRIVE (330)343- | | | | | | | | | |
| X | Ame | | G Gross receipts \$ | 3,896,256. | | | | | |
| L | App tron pend | DOVER, OH 44022 | H(a) Is this a group re | | | | | | |
| | | F Name and address of principal officer: U • U • BURUSKI | for subordinates | · == == | | | | | |
| | | SAME AS C ABOVE | H(b) Are all subordinates in | | | | | | |
| | | tempt status: X 501(c)(3) 501(c)() | | list. (see instructions) | | | | | |
| | | | H(c) Group exemption | M State of legal domicile: OH | | | | | |
| | art I | | ear of formation. 1775 | vi State of Jegar domicile. Off | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities. PROVIDE 1 | MENTAL HEALTH | CARE | | | | | |
| ဥ | Ι. | SERVICES TO THE COMMUNITY. | | | | | | | |
| Activities & Governance | 2 | Check this box If the organization discontinued its operations or disposed of m | ore than 25% offits net ass | sets. | | | | | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | 1VCD 3 | 10 | | | | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 6 4 | 10 | | | | | |
| ŝ | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2) FEB. 0 | 6.2017 <u> 9</u> | 99 | | | | | |
| Viţi | 6 | Total number of volunteers (estimate if necessary) | <u> </u> | 0 | | | | | |
| ¢cti | 7 a | Total unrelated business revenue from Part VIII, column (C), line 12 | N. UT 7a | 0. | | | | | |
| | Ļ | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | | | | | |
| | _ | | Prior Year | Current Year | | | | | |
| ē | 8 | Contributions and grants (Part VIII, line 1h) | 334,801. 3,309,823. | 344,556. 3,545,904. | | | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | 4,881. | 4,330. | | | | | |
| Re | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,001. | 4,550. | | | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,649,505. | 3,894,790. | | | | | |
| _ | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0. | 918. | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. | | | | | |
| s | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 2,627,088. | 2,983,350. | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. | | | | | |
| ē | ь | Total fundraising expenses (Part IX, column (D), line 25) | | | | | | | |
| Ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,354,364. | 981,373. | | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,981,452. | 3,965,641. | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | -331,947. | -70,851. | | | | | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year | | | | | |
| Sset | 20 | Total assets (Part X, line 16) | 1,729,762. | 1,655,930. | | | | | |
| | 21 | Total liabilities (Part X, line 26) | 245,773. 1,483,989. | 242,792. 1,413,138. | | | | | |
| | 22 rt | Net assets or fund balances. Subtract line 21 from line/20 | 1,403,909. | 1,413,130. | | | | | |
| | | alties of perjury, I declare that I have examined this return, including accompanying schedules and stat | ements, and to the hest of my | knowledge and helief it is | | | | | |
| | | ct, and complete. Declaration of preparer (other than efficer) is based on all information of which prepa | | intowicogo and bollet, it is | | | | | |
| | 00.10 | · MALPEIS | last rias uny información | | | | | | |
| <i>Œ</i> Sigr | 1 | Signature of officer | Date | \ | | | | | |
| Here | | J.J. BOROSKI, EXEUCTIVE DIRECTOR | 1-36 | 1-17 | | | | | |
| .0. | | Type or print name and title | | | | | | | |
| , | | Print/Type preparer's name Preparer's signature | Date Check | PTIN | | | | | |
| Paid | | TODD MIZER, CPA TODD MIZER, CPA | 01/24/17 self-employ | | | | | | |
| Prep | | Firm's name REA & ASSOCIATES, INC. | Firm's EIN | 34-1310124 | | | | | |
| Use | Only | Firm's address PO BOX 1020 | | 0 000 6674 | | | | | |
| | | NEW PHILADELPHIA, OH 44663-5120 | Phone no. 33 | 0-339-6651 | | | | | |
| May | the I | AS discuss this return with the preparer shown above? (see instructions) | | X Yes No | | | | | |

| Porn Ra | n 990 (2013) COMMUNITY MENTAL HEALTHCARE INC. | 34-1135374 | Page 2 |
|------------|--|------------|-----------|
| | Check if Schedule O contains a response or note to any line in this Part III | | |
| 1 | Briefly describe the organization's mission: PROVIDE MENTAL HEALTHCARE SERVICES TO THE COMMUNITY. | | |
| | | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O | Yes | X No |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. | Yes | X No |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as in Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported. | | nd |
| 4a | DIRECT SERVICES - PROVIDE OUTPATIENT, INPATIENT, PARTIAL HOSPITALIZATION (CHILDREN & ADULTS GERIATRICS) AND CASE I | MANAGEMENT | 904. |
| | FUNCTIONS. | | |
| | | | |
| | | | |
| | | | |
| 4b | (Code) (Expenses \$ 25,506. including grants of \$) (Revenue SUPPORT SERVICES - PROVIDES FOR CLIENT TRANSPORTATION AND SERVICES. | |) |
| | | | |
| | | | |
| | | | |
| | | | |
| 4c | (Code) (Expenses \$) (Revenue) | ie \$ |) |
| | | | |
| | | | |
| | | | |
| | | | |
| 4d | , , , , , , , , , , , , , , , , , , , | | |
| 4- | (Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 3,586,629 • | | |
| 46 | Total program service expenses ► 3,586,629. | - 0 | 90 (2012) |

10-29-13

COMMUNITY MENTAL HEALTHCARE INC. 34-1135374 <u>Page</u> **3** Part IV Checklist of Required Schedules Yes_ No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? X 2 2 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes." complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Х 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to 6 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? Х If "Yes," complete Schedule D. Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V X 10 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VIII 11¢ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX Х Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? Х 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes." complete Schedule G. Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2013)

19

20a

X

Х

complete Schedule G. Part III

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

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

| | | | Yes | No |
|-----|--|------|-----------|-----------------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, |] | | Ì |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u>x</u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 248 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | ļ | | ļ |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | l , | | |
| | Schedule K. If "No", go to line 25a | 24a | | <u> </u> |
| ŧ | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| • | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease |] | | |
| | any tax-exempt bonds? | 24c | | <u></u> |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 258 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | ٦, |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a_ | | <u> </u> |
| k | s the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and |] | | } |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | _V |
| ~~ | Schedule L, Part I | 25b_ | | <u> </u> |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | 1 | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | 0.0 | | х |
| 27 | complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | 26 | | |
| 21 | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | ll lat is | · 🥞 |
| | instructions for applicable filing thresholds, conditions, and exceptions): | 1 | | |
| a | | 28a | | Х |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| c | | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | <u> </u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | <u> </u> |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | ₹. |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | - T |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | - | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | х |
| ٥٤. | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | - | |
| U | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 35b | | |
| 36 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 330 | | |
| 30 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 26 | | x |
| 37 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | ^^ |
| J, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | ľ | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | 3/ | | |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | x | |
| _ | TOWN IN CONTROLS are required to complete ochadula o | | 990 | (2013) |
| | | | | ,-v · U) |

| a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable b Enter the number of Forms W2G included in line 1a Enter 0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. filled for the calendary year anding with or within the year covered by this return b I at bast 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) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary year, did the organization file all required federal employment tax returns? 3b If "Yes," has it filed a Form 990 Tor this year? If "No," io line 3b, provide an expleation on Schedule O 3d At any time during the calendary year, did the organization have unitrests 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)? 5d If "Yes," the time 3 or 5b, did the organization have an intresst in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account)? 5d Was the organization and the foreign country: So was the organization have annual gross receipts that at the sort of any time during the tax year? 5d Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization or of the signature of the organization file form 8886-T? 5d Did the organization network or the walke of the goods or services provided to the payor? 5d If "Yes," to line 5 or 5b, did the organization file form 8886-T? 7d Organizations that may receive deductible contributions under section 170(c) | 'Ra | Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|--|----------|--|------------------------------|-----------------|-------------|-----------------|
| tall Eiter the number reported in Box 3 of Form 1096. Enter 0-1 not applicable be Eiter the number of Forms WaS (ancluded in the ital Eiters 0-1 not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with many with the system with the payor of the complex of the | | Check if Schedule O contains a response or note to any line in this Part V | | | | |
| b Effect the number of Forms W2G unduckd in line 1a. Enter-0-finic applicable Oth the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winner? 2 First the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the celendar year ending with or within the year covered by this return 5 If I all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 S X Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 D I if I wee, in sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 D I if I wee, in sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 4 A A 1 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 accounts. 5 Was the organization a party to a prohibitiof tax shefter transaction at any time during the tax year? 5 Ween instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 Was the organization a party to a prohibitiof tax shefter transaction at any time during the tax year? 5 Ween instructions that were not tax deductible of the sheft returns account any other transaction? 6 Was the organization include with every selectation an express statement that such contributions or grifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If I week if the organization entity is a definition of qualified intellectual property for which it was required to the payor? 9 If the organization receive any funds, directly or indirectly, to pe promume on a personal benefit contract? 9 If the organization receive any funds, directly or in | | Enter the assert of a Res O of Ferry 1000 Feter O of set and both | 1 . 1 | F (88) - 3 | Yes | No |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamthing) without payments or with the year own within the year covered by this return 3 Ester the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, field for the calendary year ending with or within the year covered by this return 3 If all least one is reported on line 2a, do the organization field all required federal employment tax returns? 3 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a_relie see instructions) 3 Did the organization lines in a relief at 15 not 2a, you may be required to a_relief see instructions. 3 Did If Yes, 1 has it field a form 990-1 for this year? If Yes, 1 has it field a form 990-1 for this year? If Yes, 1 has it field a form 990-1 for this year? If Yes, 1 has it field a form 990-1 for this year? If Yes, 1 has it field a form 990-1 for this year? If Yes, 1 has it field a form 990-1 for this year? If Yes, 1 has 90, provide an explanation in Schedule O 3 A Tarn yither of the fine or possible year, did the organization has year interest in, or a signature or other authority over, a financial account; a financial account, or other financial account; or other financial accounts. 4 Did If Yes, 1 do the foreign country. 5 Was the organization on a provision of Form TD F 90-22.1, Report of Foreign Bank, and Financial accounts. 5 Did any time and year of the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did If Yes, 1 did the organization has been form 3886-17. 5 Did any time of the organization in the organization field in the year year. 5 Did If Yes, 1 did the organization in the organization field in the year year. 6 Did If Yes, 1 did the organization in the organization field in the year year. 7 Did If Yes, 1 did the organization or the year year year. 8 Did If Yes, 1 did the organization organization in ordanization or organization in the year year. 9 Did | 1a | • | | 러 : | | |
| a Enter the number of employees reported on Form W.3, Transential of Wage and Tax Statements. Bell of the calendar year ending with or within the year covered by this return I led for the calendar year ending with or within the year covered by this return Wort. If the sum of least is a sum of least a s | D | | | 쒸 | | |
| 2a Bratt the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 99 b If all least one is reported on line 2a, did the organization file all irrequired federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to ending the restrictions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-Tri or this year? If *No," to line 3b, provide an explanation in Schedule O 4a At any time during the celerad year, did the organization have an intresset, 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 accountry? 4a X b If "Yes," there the name of the foreign country! ►No. See instructions for filing requirements for Form TD F 90/22.1, Report of Foreign Bank and Financial Accounts. 3b Was the organization have the organization have stateler transaction at any time during the tax year? 5 b Dd any taxable party northly the organization file Form 886-T? 5 b Dd any taxable party northly the organization file Form 886-T? 6 b Dd any taxable party northly the organization file Form 886-T? 6 b If "Yes," the time 5a or 5b, did the organization file Form 886-T? 6 b If "Yes," the time 5a or 5b, did the organization file Form 886-T? 6 b If "Yes," the file organization necesses of \$75 made party to a prohibited tax shelter transaction? 5 b If "Yes," the file organization necesses a payment in excess of \$75 made party as contribution and partyly for goods and services provided to the payor? 5 b If "Yes," indicate the number of Forms 8282 filed during the year 6 b If "Yes," indicate the number of Forms 8282 filed during the year 7 b Dd the organization releaved a contribution of qualified intellectual property, did the organization file Form 899 as required? 7 b If the organization releaved a contribution of care, boats, arphanation, the organization file | C | | eportable garning | 10 | X | 3.00 |
| siled for the calendary year ending with or within the year covered by this return b if all texts one is reported on the 24, dit the organization file all required federal employment tax returns? Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) b if Yes, ** has if filed a Form 990-17 for this year? 'I **\0,0° to like 950-18 for the year? 'I **\0,0° to like 950-18 for this year? 'I *\0,0° to like 950-18 for this year of the year year that 1 was or is a party to a prohibited tax shelter transaction? 'I *\0,0° to like 950-18 for year year year year year year year yea | 29 | | 1 1 | - 10 | 13.50 | |
| b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required tofile (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If Yes, *has it filed a Form 90-1 for this year? If *No,* to line 3b, provide an explanation in Schedule O 4a At any time duming the calendaryear, did the organization have an interestin, 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)? 5b If Yes, *Inder the name of the foreign country. If Yes, *Inder the name of the foreign country. Yes a was the organization and the foreign country. Yes as enstructions for filing requirements for Form TDF 902.1, Report of Foreign Bank and Financial Accounts. 8b Was the organization aparty to a prohibited tax shelter transaction? 6c Vary Vasable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c Vary Vasable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c Vary 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. 8c Vary Organizations that may receive deductible as charitable contributions. 8c Vary Organizations that may receive deductible contributions under section 170(c). 8c Vary Organizations that may receive deductible contributions under section 170(c). 8c Vary Organizations that may receive deductible contributions under section 170(c). 8c Vary Organizations that may receive deductible contributions of the value of the goods or services provided? 8c Vary Organizations that may receive deductible contributions under section 170(c). 8c Vary Organizations that may receive deductible contributions under section 17 | Za | | 22 9 | 9 | | |
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| 3a | - | | • | | | 24 3 663 |
| b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 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, securines account, or other financial account)? 5b If "Yes," enter the name of the foreign country: > 5ce instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts. 5ce Was the organization a party to a prohibited tax shelter transaction of any time during the tax year? 5ce July Was the organization a party to a prohibited tax shelter transaction? 5c July Was the organization aparty to a prohibited tax shelter transaction? 5c July Was 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? 6c July Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c July Was the organization include with every solicitation an express statement that such contributions or grifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "Indicate the number of Forms 8282 filed during the year 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 1d If Yes, "Indicate the number of Forms 8282 filed during the year 9 Did the organization and the property for indirectly, on a personal benefit contract? 17 July Was organization with the supporting organization in the Form 8999 as required? 18 Sponsoring organization maintaining donor advised funds and section 50f4(3) apporting organization. Be Form 1098-07 19 Sponsoring organizations maintaining donor advised funds and section 50f4(3 | За | • | | | 1 2 2 2 | |
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| If "Yes," enter the name of the foreign country; \(\) See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 30 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 41 D Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 52 D D design 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 chanitable contributions? 53 D If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible as chanitable contributions under section 170(c). 54 D If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible. 75 Organizations that may receive deductible contributions under section 170(c). 86 D If "Yes," indicate the number of Forms 8282 filed during the year as party to a contribution sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 76 D If the organization received a contribution of qualified intellectual property, did the organization received a contribution of qualified intellectual property, did the organization file a Form 1099 C? 87 Sponsoring organizations maintaining donor advised funds and section 509(s)(3) supporting organizations. Did the supporting organizations make a distribution to a donor, donor advised funds. 98 Did the organization make a distribution is advised funds. 104 be organization make any taxable distributions under section 4966? 105 Section 501(c)(7) organizations. Enter Initiation fees and capatit contributions included on Part VIII, line 12 (organization seems and capatit contributions included on Part VIII, line 12 (organization seems the sources (Do not net amounts due or paid to other sour | | | | | | |
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| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? of 17'yes," to line 5a or 5b, did the organization file Form 8896-T7 a Does the organization have annual gross receipt that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1084-07. 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 506(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? B Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Instation fees and capital contributions under section 4966? B Gross recome from members or shareholders B Gross recome from members or shareholders 11a | | | Accounts. | |]{s : | |
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| d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11a 15 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health plans in more than one state? 15 Note. See the instructions for additional information the organization must report on Schedule O. 15 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 in more than one state? 15 Note. See the instructions for addition | С | | as required | | | |
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| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | · · · · | _13c | 46.34 | * . * 1 | - |
| | | | | | | ├ <u>^</u> |
| | <u>a</u> | <u>πες, πας τι πίεσ α Form 720 το report these payments? If "No," provide an explanation in Schedul</u> | e O | | gan | (2012) |

332005 10-29-13

Form 990 (2013) COMMUNITY MENTAL HEALTHCARE INC. 34-1135374 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to line 2 throu

| | to the sa, of the below, accorde the challenges, processes, of changes in concede C. Get indudenties | | | |
|------------|---|--------------------|-----------------|----------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | X |
| <u>Sec</u> | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 10 | 3 , 3, 1, 1 | | 3.7.8 |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | 10.5 |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | 3 |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b 10 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | <u></u> | 884 | (. K |
| | officer, director, trustee, or key employee? | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | <u> </u> |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | _5 | | X |
| 6 | Did the organization have members or stockholders? | _6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | i i | | |
| | more members of the governing body? | 7a | | <u>X</u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | W. Y. E. W. | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | \$ 55- 1 | | |
| а | The governing body? | 8a | X | |
| b | , | 8b | Х | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | |
| | organization's mailing address? If "Yes." provide the names and addresses in Schedule O | 9 | | <u> </u> |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | |
| | | | Yes | _No_ |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | <u> </u> |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | 1 | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | 77 | |
| 11a | | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 1 × × | | (A. 12) |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | ا ۔ ا | v | |
| | ın Schedule O how this was done | 12c | X | |
| | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | 36 3. |
| 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? | 45 | v | |
| | The organization's CEO, Executive Director, or top management official | 15a | X | X |
| D | Other officers or key employees of the organization | 15b | B - 3 S - | |
| 16- | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | |
| | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | 46- | **** | X |
| | taxable entity during the year? | 16a | 22 4 4 7 | |
| D | 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 | 401 | 1.44k | - C |
| 306 | exempt status with respect to such arrangements? tion C. Disclosure | 16b | | |
| | | | - | |
| | List the states with which a copy of this Form 990 is required to be filed OH | | | |
| | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) as for public representation indicate how you made those cycleble. Check all that each | allable | | |
| | 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) | _ | | |
| | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and | tinano | ıaı | |
| | statements available to the public during the tax year. | | | |
| | State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of | n: 📂 | | |
| | CARL DRAHER, FISCAL MANAGER - 330-343-6631 201 HOSPITAL DRIVE, DOVER, OH 44622 | | | |
| | TOT HODITIAN DELAN, DOARY OH 44022 | | _ | |

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

| | organization compensate | | | | | sate | | (F) | | | | |
|------------------------------|-------------------------|--|-----------------------|------------|--|------------------------------|--------------|---------------------|----------------------------------|-----------------------|--|--|
| (A) | (B) | | | | C) | | | (D) | | | | |
| Name and Title | Average | Position (do not check more than one | | | | | one | Reportable | Reportable | Estimated | | |
| | hours per | box, unless person is bot officer and a director/trus | | | | | compensation | compensation | amount of | | | |
| | week | | | | | | , | from | from related | other | | |
| | (list any hours for | individual trustee or director | | | | _ | | the organization | organizations (W-2/1099-MISC) | compensation from the | | |
| | related |) 10 a: | age | | | sate | | (W-2/1099-MISC) | (***271033141100) | organization | | |
| | organizations | truste | al tru: | | yee | l a | | () | | and related | | |
| | below | idual | ution | 5 5 | og m: | stc. | e. | | | organizations | | |
| | line) | Indiv | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | | | |
| (1) JENNIFER THOMAS | 2.00 | | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. | | |
| (2) GERRY MROCZKOWSKI | 2.00 | | | | ŀ | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. | | |
| (3) GARY ROE | 2.00 | | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. | | |
| (4) JOSEPH RUSZNAK | 2.00 | | | | | | | _ | _ | _ | | |
| DIRECTOR | | X | | <u> </u> | <u> </u> | ļ | | 0. | 0. | 0. | | |
| (5) ZOANN FULP | 2.00 | | | | | | | _ | | _ | | |
| DIRECTOR | | X | | | | _ | | 0. | 0. | 0. | | |
| (6) PAT WARTHER | 2.00 | | | | | | | | • | _ | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. | | |
| (7) COLBY BYROM | 2.00 | 7.7 | | | | | | 0 | 0 | , | | |
| DIRECTOR | 2 00 | X | | | | | | 0. | 0. | 0. | | |
| (8) JACK EDWARDS DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. | | |
| (9) SHANE GUNNOE | 2.00 | 4 | \dashv | | | Н | | <u> </u> | <u></u> | <u> </u> | | |
| DIRECTOR | 2.00 | x | | | | | | 0. | 0. | 0. | | |
| (10) J J BOROSKI | 40.00 | 4 | | _ | | H | | 0. | 0. | | | |
| EXECUTIVE DIRECTOR | 40.00 | | | х | | | | 79,742. | 0. | 0. | | |
| (11) JANIE HUFFMAN | 2.00 | | | Λ | | | | 13,142. | | <u></u> | | |
| SECRETARY | 2.00 | | | X | | | | 0. | 0. | 0. | | |
| (12) CRAIG LAUGHLIN | 2.00 | | \vdash | 42 | | \vdash | | | | <u>0.</u> | | |
| VICE CHAIRPERSON | 2.00 | | | X | | | | 0. | 0. | 0. | | |
| (13) ERIC RILEY | 2.00 | | | 41 | \vdash | | | | | | | |
| CHAIRPERSON | 2.00 | | , | х | | | | 0. | 0. | 0. | | |
| (14) GEORGE MOSES | 30.00 | | | | | - | | | | | | |
| PSYCHIATRIST | | | | | | x | | 237,150. | 0. | 0. | | |
| | _ | | $\vdash \vdash$ | | \vdash | | | 2011200 | | | | |
| | | | | | 1 | | | | | | | |
| | | - | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

Form 990 (2013)

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---------------------|
| CARMEL SHAW-NIEVES MD PO BOX 780, ST CLAIRSVILLE, OH 43950 | PSYCHIATRY | 208,560. |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to tho \$100,000 of compensation from the organization ▶ | se listed above) who received more than | |

Form 990 (2013)

1b Sub-total

Name and title

| P | art, | VII | | | | | | | |
|-------------------------------|----------------|----------|--|-------------------|-------------------------|---|-------------------------|--|---------------------------------|
| % .0 | `. \ \\ | . | Check if Schedule O cont | ains a response | or note to any lir | ne in this Part VIII (A) | (B) | (C) | (D) |
| | - | | | | | Total revenue | Related or | Unrelated | Revenue excluded from tax under |
| | 1. | 1 | | | | | exempt function revenue | business revenue | sections 512 - 514 |
| S 6 | 4 1 | l a | Federated campaigns | 1a | · | | | 10.01.00 3. 33.002.63 | 312 - 314 |
| ran . | | b | | 1b | | | | | |
| Ω, | Í | С | Fundraising events | 1c | | 1 | | | |
| Gift. | d | d | Related organizations | 1d | | | | | |
| .5 | | е | Government grants (contribute | ions) 1e | 304,495. | | | | |
| ţi | 3 | f | All other contributions, gifts, gran | | | | | | |
| 혈 | 1 | | similar amounts not included above | ve 1f | 40,061. | | | | |
| Contributions | 3 | - | Noncash contributions included in lines | 1a-1f \$ | | 244 556 | | | |
| 0 6 | 1 | <u>n</u> | Total, Add lines 1a-1f | | Dusin and Carlo | 344,556. | | | |
| 4 | ١, | a a | PROGRAM SERVICE | REVENII | Business Code 900099 | 3,545,904. | | <u> </u> | |
| Š | - | b | | | 300033 | 3,343,304. | 5,545,504. | | |
| Ser | Ì | c | | | | | | | |
| E 8 | | d | | | | | | | |
| Program Service | 1 | е | | | | | | | |
| ď | | f | All other program service reve | nue | | | | | |
| | <u> </u> | | Total. Add lines 2a-2f | | | 3,545,904. | | | |
| | 3 | | Investment income (including | dıvıdends, ıntere | est, and | 5,796. | | | |
| | ١. | | other similar amounts) | | . P | | | | 5,796. |
| | 4 | | Income from investment of tax | exempt bond p | roceeds | | | | <u> </u> |
| ļ | 5 | | Royalties | (ı) Real | (u) Porsonal | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | | | 7 8 WAR T A M |
| | ۱ ۾ | а | Gross rents | (i) neai | (II) Personal | | | | |
| | ľ | | Less. rental expenses | | | | | | |
| | | | Rental income or (loss) | | | | | | |
| | | | Net rental income or (loss) | | | # 40 W Karit | | X 2000 X X X X X | |
| | 7 | а | Gross amount from sales of | (ı) Secunties | (ii) Other | | | | 1 N N 1 |
| | | | assets other than inventory | | | | | | |
| | | b | Less: cost or other basis | | | | | | |
| | | | and sales expenses . | | 1,466. | | | | |
| | | | Gain or (loss) | | -1,466. | > | | | |
| | _ | | Net gain or (loss) | | | -1,466. | | | -1,466. |
| e | 8 | | Gross income from fundraising | • | | | | | |
| Ven | | | including \$contributions reported on line | of | | | * : | | |
| R | | | Part IV, line 18 | 10). 300 | | | | | |
| Other Revenue | | | Less: direct expenses | a | | | | | |
| ō | | | Net income or (loss) from fundi | | • | | | '\$ ° ' | |
| - | 9 | | Gross income from gaming act | • | | | | | |
| | | | Part IV, line 19 | а | | | | | |
| l | | b | Less: direct expenses | b | | | | | |
| | | | Net income or (loss) from gami | _ | | | | | |
| ł | 10 | | Gross sales of inventory, less r | eturns | | | | | |
| | | | and allowances | а | | | | | |
| ĺ | | | Less cost of goods sold | b | | | | | |
| ŀ | | C | Net income or (loss) from sales | | | 2 2 2 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | ¥ | 3 8 4 2 2 2 3 3 3 |
| ŀ | 11 | | Miscellaneous Revenue | | Business Code | | | * \$2 ** * * * * * * * * * * * * * * * * | |
| | | a. b | | | | | | | |
| | | ~ . C | | - | | | | | |
| | | d i | All other revenue | | - | | | | |
| | | e · | Total. Add lines 11a-11d | | • | - | | | |
| | 12 | _ | Total revenue. See instructions. | | | 3,894,790. | 3,545,904. | 0. | 4,330. |
| 332009 10-2 9 - | 13 | | | <u>-</u> | | <u></u> | | | Form 990 (2013) |

| | van 501/c/(2) and 501/c/(4) arresizations must come | | or organizations must so | molete column (A) | |
|-------------|--|--------------------|--|---------------------------------------|--|
| Seci | ion 501(c)(3) and 501(c)(4) organizations must comi Check if Schedule O contains a respon | | | тріете соішнії (А). | X |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 918. | 918. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | _ | |
| | trustees, and key employees | 79,742. | | 79,742. | |
| 6 | Compensation not included above, to disqualified | | | İ | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages . | 2,422,951. | 2,229,115. | 193,836. | |
| 8 | Pension plan accruals and contributions (include | 00.000 | | 4 000 | |
| | section 401(k) and 403(b) employer contributions) | 22,860. | 21,031. | 1,829. | <u> </u> |
| 9 | Other employee benefits | 261,179. | 240,285. | 20,894. | |
| 10 | Payroll taxes . | 196,618. | 180,889. | 15,729. | <u> </u> |
| 11 | Fees for services (non-employees): | | | | Į. |
| a | Management | 42. | 42. | | |
| b | Legal . | 19,950. | 42. | 19,950. | |
| C | Accounting | 19,950. | | 19,930. | |
| d | Lobbying | | | | |
| e | Professional fundraising services. See Part IV, line 17 | | 7835583 Y Y 3888 Y | | |
| f ~ | Investment management fees Other. (If line 11g amount exceeds 10% of line 25, | | | | |
| g | column (A) amount, list line 11g expenses on Sch 0.) | 350,128. | 350,128. | | |
| 12 | Advertising and promotion | | 330,1201 | | |
| 13 | Office expenses | 41,600. | 8,378. | 33,222. | |
| 14 | Information technology | | | | † |
| 15 | Royalties | | | | |
| 16 | Occupancy | 89,585. | 89,585. | | |
| 17 | Travel | 65,992. | 65,992. | | |
| 18 | Payments of travel or entertainment expenses | | | · · · · · · · · · · · · · · · · · · · | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 60,054. | 60,054. | | |
| 23 | Insurance | 83,991. | 70,181. | 13,810. | |
| 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 0.) | | | | |
| а | MEDICAL, LAB & THERAPY | 47,736. | 47,736. | | |
| b | TELEPHONE | 33,203. | 33,203. | | |
| С | AMBULANCE COSTS | 30,346. | 30,346. | | |
| d | EQUIPMENT RENTAL & MAIN | 29,768. | 29,768. | | |
| | All other expenses | 128,978. | 128,978. | 250 040 | |
| <u>25</u> _ | Total functional expenses Add lines 1 through 24e | 3,965,641. | 3,586,629. | 379,012. | 0. |
| 26 | Joint costs. Complete this line only if the organization | 18 | [| | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | L | L | <u></u> | Form 990 (2012) |

| _k H _a | rŧ X | Balance Sheet | | | |
|-----------------------------|------|---|---|----------|--|
| | | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | | | (A) | | (B) End of year |
| | т_ | - | Beginning of year | - | End of year |
| | 1 1 | Cash · non-interest-bearing | 600 700 | 1 | 660 441 |
| | 2 | Savings and temporary cash investments | 690,798. | 2 | 669,441. |
| | 3 | Pledges and grants receivable, net | 448,728. | 3 | 358,564. |
| | 4 | Accounts receivable, net | 440,720. | 4 | 330,304. |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | ļ | trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 3888 3383 3888 | 5 | 86.88.89.89.89.89.89.89.89.89.89.89.89.89. |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | 3 | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | l | employees' beneficiary organizations (see instr). Complete Part II of Sch L | 8.866, 9.88867, 7.8888 | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| As | 8 | Inventories for sale or use | · | 8 | |
| | 9 | Prepaid expenses and deferred charges | 47,550. | 9 | 59,378. |
| | | Land, buildings, and equipment cost or other | | 10.1 | |
| | | basis. Complete Part VI of Schedule D 10a 1,623,369. | | *** | |
| | ь | Less: accumulated depreciation 10b 1,057,449. | 540,059. | 10c | 565,920. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 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 | 2,627. | 15 | 2,627. |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 1,729,762. | 16 | 1,655,930. |
| | 17 | Accounts payable and accrued expenses | 222,113. | 17 | 239,229. |
| | 18 | Grants payable | 23,660. | 18 | 3,563. |
| | 19 | Deferred revenue | 23,000. | 19 | 3,363. |
| | 20 | Tax-exempt bond liabilities | | 20 21 | <u> </u> |
| | 21 | Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, | | 21 | |
| Liabilíties | 22 | key employees, highest compensated employees, and disqualified persons. | | | |
| Ξ | 1 | Complete Part II of Schedule L | 7 8 8489 889 * - (3.254.5.) | 22 | 8.000 |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24). Complete Part X of | | | |
| | | Schedule D | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | 245,773. | 26 | 242,792. |
| | | Organizations that follow SFAS 117 (ASC 958), check here X and | | | |
| တ္တ | | complete lines 27 through 29, and lines 33 and 34. | | | |
| ğ | 27 | Unrestricted net assets | 1,483,989. | 27 | 1,408,138. |
| 3ala | 28 | Temporarily restricted net assets | | 28 | 5,000. |
| βE | 29 | Permanently restricted net assets | 2000/200 7.75/2007/2007/2007/2007/2007/2007/2007/20 | 29 | \$3000 300 1 200 0 4 1 00 00 00 00 00 00 00 00 00 00 00 00 0 |
| Fu | | Organizations that do not follow SFAS 117 (ASC 958), check here | | | |
| ō | | and complete lines 30 through 34. | | 2,000 | |
| sets | 30 | Capital stock or trust principal, or current funds | ļ | 30 | |
| Ass | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| Net Assets or Fund Balances | 32 | Retained earnings, endowment, accumulated income, or other funds | 1,483,989. | 32 | 1 /12 120 |
| _ | 33 | Total liabilities and not assets/fund balances | 1,729,762. | 33 34 | 1,413,138. 1,655,930. |
| نــــ | 34 | Total liabilities and net assets/fund balances | 1 127,1020 | 34 | Form 990 (2013) |

| | 990 (2013) COMMUNITY MENTAL HEALTHCARE INC. | 34-11 | 35374 | Page 12 |
|----|---|-------------|---------------------------------------|----------------|
| Pa | 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 | | ,790. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | ,641. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | ,851. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 1,483 | <u>,989.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | |
| 6 | Donated services and use of facilities | 6 | | |
| 7 | Investment expenses | 7 | | |
| 8 | Prior penod adjustments | 8 | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 1,413 | ,138. |
| Pa | t XII Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | . X |
| | | | | Yes No |
| 1 | Accounting method used to prepare the Form 990. | | - | |
| 2a | | J. | 2a | X |
| ~u | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | on a | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 3.7 May 24 |
| | separate basis Consolidated basis Both consolidated and separate basis | 017 u | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis | basis, | | |
| C | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audıt, | × 355 × | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Scher | dule O. | 10/ | arii. Ir i |
| 3а | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing | gle Audıt | <u> </u> | 11 84 3 |
| | Act and OMB Circular A-133? | | 3a | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | ed audit | | Ì |
| | or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | |
| | | | Form 9 | 90 (2013) |

SCHEDULE A

(Form. 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public

| Name of t | he organizat | ion | | | | | | | | Employer | identification number |
|--|--|--|-----------------------|--|-----------------|-------------|--|---------------------------|------------|-------------------------|---------------------------------------|
| | | | COMMUNI | TY MENTAL HE | ALTHC | ARE I | NC. | | | 3 | 4-1135374 |
| Part I | Reason | for P | ublic Char | rity Status (All organiz | zations mu | st comple | te this par | t) See inst | ructions | | |
| The organ | izatıon ıs not | a priva | te foundation | because it is: (For lines 1 | 1 through 1 | 1, check o | only one b | ox.) | | | |
| 1 🖳 | A church, co | nventi | on of churche | s, or association of chur | ches descr | ibed in se | ection 170 |)(b)(1)(A)(i) |). | | |
| 2 🖳 | A school des | scribed | in section 1 | 70(b)(1)(A)(ii). (Attach So | chedule E.) | | | | | | |
| з 🖳 | A hospital or | a coo | perative hosp | ital service organization (| described i | n section | 170(b)(1) | (A)(iii). | | | |
| 4 🔲 | A medical re | search | organization | operated in conjunction | with a hosi | pital descr | ibed in se | ection 170 | (b)(1)(A) | (iii). Enter | the hospital's name, |
| | city, and sta | | | | | | | | | | |
| 5 | An organizat | ion op | erated for the | benefit of a college or ur | niversity ov | vned or op | erated by | a governn | nental ur | nt describe | ed in |
| | Service and the service of the servi | | | | | | | | | | |
| 6 | · · | | • | • | | | | | | | |
| 7 📖 | | | | ceives a substantial part | of its suppo | ort from a | governme | ntal unit o | r from th | e general p | oublic described in |
| - [| | | A)(vi). (Compl | | | | | | | | |
| A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) X An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from | | | | | | | | | | | |
| 9 X | • | | - | ` . | | | | | | • | - |
| | | | • | nctions - subject to certa | • | • | • | | | | <u> </u> |
| | | | | axable income (less sect | uon 511 tax | d) from bus | sinesses a | cquirea by | rine org | anization a | iter June 30, 1975. |
| 10 | | | (2). (Complet | e Fart III.) perated exclusively to te | et for publi | o pofotu. S | ee cootic | n 500(a)(| 41 | | |
| 11 | | | | perated exclusively to te | | | | | | ny out the | nurnoses of one or |
| •• | _ | _ | | ations described in section | | • | | | | - | • |
| | * | | _ | organization and comple | | • | | ,. 555 65. | | - (-)(-), - · · · | |
| | а 🔲 Туре | | ь 🔲 т | | ype III - Fu | - | | (| л 🗀 t | ype III - No | n-functionally integrated |
| е 🔲 | | | | at the organization is not | * - | - | _ | | | • | |
| | | | | than one or more publicly | | | | | | | |
| f | | | | tten determination from t | | | | | | | |
| | supporting o | rganıza | ation, check t | nis box | | | | | | | . 🗀 |
| g | Since Augus | t 17, 26 | 006, has the o | organization accepted an | ny gift or co | ntribution | from any | of the follo | wing pe | rsons? | |
| | (i) A perso | n who | directly or inc | lirectly controls, either al | one or toge | ether with | persons d | escribed ii | n (iı) and | (III) below, | Yes No |
| | the gov | ernıng | body of the s | upported organization? | | | - | | | | 11g(i) |
| | (ii) A family | / memt | per of a perso | n described in (i) above? | • | | | ••• | | | 11g(ii) |
| | | | - | person described in (i) o | | | • | | - | | 11g(iii) |
| h | Provide the f | ollowin | ig information | about the supported or | ganization(| s) | | | | | |
| | | | | | I | <u> </u> | 1 | | () | la tha | |
| | of supported | 1 | (ii) EIN | (iii) Type of organization | in col. (i) lis | | | u notify the tion in col. | lorganiza | Is the ition in col. | (vii) Amount of monetary |
| orga | nization | | | (described on lines 1-9 above or IRC section | governing | document? | (i) of you | r support? | (i) organ | nized in the | support |
| | | , | | (see instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | - | | 1.55 | | | | '' | 1 | · · · · · · · · · · · · · · · · · · · |
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Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013 COMMUNITY MENTAL HEALTHCARE INC.

34-1135374 Page 2

| H | Support Schedule for | - | | - | | | - |
|------|---|-----------------------|----------------------|------------------------|-----------------------|------------------------|--------------|
| | (Complete only if you checke | | | • | n failed to qualify u | under Part III. If the | organization |
| _ | fails to qualify under the tests | s listed below, plea | se complete Part I | II.) | | | |
| Se | ction A. Public Support | | | | · | | |
| Cal | endar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | ĺ | |
| | membership fees received. (Do not | | | | |] | |
| | include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organ- | Ì | | | | | |
| | ization's benefit and either paid to | | | } | | 1 | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | į į | |
| | furnished by a governmental unit to | l | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| _6 | Public support. Subtract line 5 from line 4 | | | | | | |
| Se | ction B. Total Support | , | | | | , | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, | } | | | | 1 | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | ļ | | į | | į į | |
| | and income from similar sources | L | | | | | |
| 9 | Net income from unrelated business | | | | | | |
| | activities, whether or not the | j | | | | | |
| | business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain | | 1 | | | l l | |
| | or loss from the sale of capital | | | | | | |
| | assets (Explain in Part IV.) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| 13 | First five years. If the Form 990 is for | r the organization's | first, second, third | d, fourth, or fifth ta | x year as a section | 501(c)(3) | |
| | organization, check this box and stor | o here | | | | | ▶□ |

b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

14

15

Schedule A (Form 990 or 990-EZ) 2013

16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and

b 33 1/3% support test - 2012. 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

17a 10% -facts-and-circumstances test - 2013. 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 IV how the 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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Section C. Computation of Public Support Percentage

15 Public support percentage from 2012 Schedule A, Part II, line 14

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))

and stop here. The organization qualifies as a publicly supported organization

stop here. The organization qualifies as a publicly supported organization

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

| Sec | qualify under the tests listed be tion A. Public Support | elow, please comp | olete Part II.) | | | | |
|--------------------|---|--------------------------|-----------------------|------------------------|---------------------|--------------------|------------|
| | | (-) 2000 | (b) 2010 | (=) 2011 | (4) 2012 | (-) 2012 | (O Total |
| | dar year (or fiscal year beginning in) | (a) 2009 | (B) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Gifts, grants, contributions, and membership fees received (Do not | | i · | | | | 1 |
| | nclude any "unusual grants.") | 468,467. | 319,074. | 259 283 | 312,476. | 344,556. | 1703856. |
| | , , | 400,407. | 313,074. | 239,203. | 312,470. | 344,330. | 17030300 |
| 1 1 4 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | 4015289. | 3500255. | 3571635. | 3309823. | 3545904. | 17942906. |
| 3 (| Gross receipts from activities that | | | | | | |
| 6 | are not an unrelated trade or bus- | | | ı | | ļ | 1 |
| 1 | ness under section 513 | | | | | | |
| 1 | Fax revenues levied for the organ- zation's benefit and either paid to or expended on its behalf | | | | | | |
| f | The value of services or facilities urnished by a governmental unit to he organization without charge | | | | | | |
| | Fotal. Add lines 1 through 5 | 4483756. | 3819329. | 3830918. | 3622299. | 3890460. | 19646762. |
| 7a A | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0. |
| b A fi | vmounts included on lines 2 and 3 received rom other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year | | | | | | 0. |
| c A | Add lines 7a and 7b | | | | | | 0. |
| <u>8 F</u> Sect | Public support (Subtract line 7c from line 6) ion B. Total Support | | ,0 (,1, ,) | Mic Million | | | 19646762. |
| | lar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Amounts from line 6 | 4483756. | 3819329. | 3830918. | 3622299. | 3890460. | 19646762. |
| 10a (| Gross income from interest, lividends, payments received on ecurities loans, rents, royalties and income from similar sources | 6,351. | 9,282. | 7,092. | 5,706. | 5,796. | 34,227. |
| bι | Inrelated business taxable income | | | | | | |
| - | ess section 511 taxes) from businesses cquired after June 30, 1975 | | | | | | |
| c A | dd lines 10a and 10b | 6,351. | 9,282. | 7,092. | 5,706. | 5,796. | 34,227. |
| a w | let income from unrelated business ctivities not included in line 10b, hether or not the business is egularly carried on | | | | | | |
| 0 | other income. Do not include gain r loss from the sale of capital ssets (Explain in Part IV.) | | | | | | |
| | Otal Support. (Add lines 9, 10c, 11, and 12) | 4490107. | 3828611. | 3838010. | 3628005. | 3896256. | 19680989. |
| 14 F | irst five years. If the Form 990 is for | r the organization's | first, second, third | d, fourth, or fifth ta | x year as a section | 501(c)(3) organiza | ation, |
| c | heck this box and stop here | | | | | | |
| Sect | on C. Computation of Publi | c Support Per | centage | | | | |
| 15 P | ublic support percentage for 2013 (li | ine 8, column (f) di | vided by line 13, co | olumn (f)) | | 15 | 99.83 % |
| 16 P | ublic support percentage from 2012 | Schedule A, Part | III, line 15 | | | 16 | 99.83 % |
| Sect | on D. Computation of Inves | tment Income | Percentage | | | | |
| 17 Ir | ivestment income percentage for 20 |)13 (line 10c, colun | nn (f) divided by lin | e 13, column (f)) | | 17 | .17 % |
| | vestment income percentage from | • | • | | | 18 | .17 % |
| 19a 3 | 3 1/3% support tests - 2013. If the | organization did n | ot check the box o | on line 14, and line | 15 is more than 3 | 3 1/3%, and line 1 | 7 is not |
| m | nore than 33 1/3%, check this box ar 3 1/3% support tests - 2012. If the | nd stop here. The | organization quali | fies as a publicly s | upported organiza | ition | ► X |
| | ne 18 is not more than 33 1/3%, che | | | | | | ▶ □ |
| | rivate foundation. If the organizatio | | • | • | | • | |

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Schedule A (Form 990 or 990-EZ) 2013

| chedule A | (Form 990 or 990-EZ) 2013 COMMUNITY MENTAL HEALTHCARE INC. | 34-1135374 Pag |
|-----------|--|--------------------------------|
| Part V | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a | or 17b; and Part III, line 12. |
| | Also complete this part for any additional information. (See instructions). | · |
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SCHEDULE D

(Form .990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

Name of the organization Employer identification number COMMUNITY MENTAL HEALTHCARE INC. 34-1135374 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 ... (ii) Assets included in Form 990, Part X 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: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Schedule D (Form 990) 2013

| Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Continued | <u>Sche</u> | edule D (Form 990) 2013 COMMUNI | TY MENTAL | HEAL | THCARE | INC. | | | 34- | 1135374 | Page 2 |
|--|--------------|---|------------------------------|-------------|---------------|--|--|--|---------------|--------------------------|--------------|
| a | Pa | rt III. Organizations Maintaining C | ollections of Ar | t, Hist | orical Tre | asures, o | r Othe | r Sim | ilar Ass | sets _{(continu} | ed) |
| a Public exhibition d | 3 | Using the organization's acquisition, accession | on, and other record | ls, check | any of the f | following tha | t are a si | gnifica | nt use of | its collection it | ems |
| b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to 19-bid for passe funds after than to be maintained as part of the organization answered "Yes" to Form 990, Part IX, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1b Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21 1c Beginning balance 1c Beginning of year balance | | ` | | | | | | | | | |
| c | а | Public exhibition | • | d 🔛 | Loan or exc | hange progr | ams | | | | |
| Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets Description Describe in Part XIII to Intended organization and programs. | b | | • | • 🔲 | Other | | | | _ | | |
| 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 | С | Preservation for future generations | | | | | | | | | |
| to be sold to raise funds rather than to be manitained as part of the organization's collection? Part IV. Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X Pes | 4 | , - | | | • | • | | | • | Part XIII. | |
| Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves | 5 | | | | | | er sımılar | asset | 3 | | |
| 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? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Distributions during the year 2 Distributions during the year 2 Distributions Complete if the organization answered "Yes" to Form 990, Part X, line 10. 2 Beginning of year balance 3 Distributions 2 Net investment earnings, gains, and losses 3 Grants or scholarships 4 Other expenditures for facilities and programs 5 Administrative expenses 9 End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board despinated or quasisendowment | - | | | | | | | | | | <u>No</u> |
| Ta is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form \$90, Part X? □ Yes □ No b if Yes, explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Additions during the year □ Distributions during the year □ Ending balance □ Distributions during the year □ Ending balance □ Distributions during the year to Form 990, Part V, line 10. □ Distributions during the year □ | <u>.</u> Ра | | | ete if the | organizatio | n answered | "Yes" to | Form 9 | 990, Part | IV, line 9, or | |
| on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning blailance d Additions during the year e Distributions during the year e Distributions during the year 1 Ending balance 2 Distributions during the year 1 Ending balance 3 Distributions during the year Interest of the expansion answered "Yes" to Form 990, Part IX, line 10. Part V* Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V* Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V* Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V* Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V* Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V* Endowment Funds. Complete if the organization is endownent Part XIII Check here if the expansion is listed as required on Schedule R? Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Part V* Endowment Funds not in the possession of the organization that are held and administered for the organization by: Part V* Endowment Funds not in the possession of the organization that are held and administered for the organization is listed as required on Schedule R? Part V* Endo Graphization answered "Yes" to Form 990, Part IX, line 10. Part V* Endowment Funds. Endowment Funds. Part X, line 10. Part V* Endowment Funds. Pa | | | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V ■ Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V ■ Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V ■ Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V ■ Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V ■ Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V ■ Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V ■ Endowment | 1a | | an or other intermed | diary for o | contributions | s or other as | sets not | include | ed | , | |
| C Beginning balance C | | - | | | _L(| | | | • | ∟ Yes | ∟ No |
| c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? bit Yes, explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered Yes* to Form 990, Part IV, line 10. Ca) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back | b | if "Yes," explain the arrangement in Part XIII | and complete the to | llowing t | able: | | | | -1 | A | |
| d Additions during the year Distributions during the year | | De amount halones | | | | | | | | Amount | |
| e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21? 2 Did the organization include an amount on Form 990, Part X, line 21? 3 Did the organization include an amount on Form 990, Part X, line 21? 4 Distributions 5 Diff "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Diff Part V | | | • • | | | | | | | | |
| t Ending balance 2a Dd the organization include an amount on Form 990, Part X, line 217 | a | | | | | | - | · — | _ | | |
| Date the organization include an amount on Form 990, Part X, line 21? Yes No No No No No No No N | • | • • | • • | | • | | ÷ | ļ | | | |
| Buildings Buil | 22 | | orm 990 Part Y line | 212 | • | | • | <u> </u> | <u> </u> | Ves | No |
| Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. A Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back | | • | | | n has been | provided in F | Part XIII | | | res | |
| a Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years | | | | | | | | 0. | | | |
| 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % c Temporanly restricted endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (ii) unrelated organizations (iii) related organizations b If "Yes" to 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 XII Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. Describe in Part XIII the intended uses of the organization's endowment funds. 1a Land b Buildings 1,052,862. 7117,196. 335,666. b Buildings 1,052,862. 7177,196. 335,666. c Leasehold improvements d Equipment 421,359. 241,732. 179,627. e Other | | | | | | | | | ee vears b | ack (e) Four v | ears back |
| b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations (iii) related organizations b if "Yes" to 3a(i), 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 VII Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990. Part X, line 10. Describe of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (e) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (e) Accumulated depreciation (f) Book value depreciati | 1a | Beginning of year balance | | | | | | | <u> </u> | | |
| d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | b | - | | | | | | | | | |
| e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment | С | Net investment earnings, gains, and losses | | | | | | | | | |
| and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment | d | Grants or scholarships | | | | | | | | | |
| f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | е | Other expenditures for facilities | | | | | | | | | |
| g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | | and programs . | | | | | | | | | |
| Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ | f | Administrative expenses | | | | | | | | | |
| a Board designated or quasi-endowment | g | End of year balance . | | | | | | | | | |
| b Permanent endowment \ | 2 | Provide the estimated percentage of the curr | ent year end balanc | e (line 1ç | g, column (a) |) held as: | | | | | |
| Temporarily restricted endowment ► | а | Board designated or quasi-endowment | | % | | | | | | | |
| The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 45,200. Buildings 1,052,862. 717,196. 335,666. c Leasehold improvements d Equipment 421,359. 241,732. 179,627. e Other | b | Permanent endowment | % | | | | | | | | |
| Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 1,052,862. 717,196. 335,666. c Leasehold improvements d Equipment 421,359. 241,732. 179,627. e Other Other | С | Temporarily restricted endowment ▶ | % | | | | | | | | |
| Yes No (i) unrelated organizations 3a(i) | | | - | | | | | | | | |
| (ii) unrelated organizations (iii) related organizations b If "Yes" to 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 VII Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) 4 5, 200 4 4 5, 200 4 5 7 17, 196 5 335, 666 5 5 1, 052, 862 5 7 17, 196 5 335, 666 5 5 427 5 6 0 5 5 4 27 5 6 0 5 5 4 27 5 6 0 5 5 4 27 5 6 0 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | За | Are there endowment funds not in the posses | ssion of the organiz | ation tha | t are held an | nd administer | red for th | ie orga | nızatıon | _ | |
| (ii) related organizations b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 45,200. 45,200. 45,200. 5 Buildings 1,052,862. 717,196. 335,666. c Leasehold improvements d Equipment e Other 103,948. 98,521. 5,427. | | - | | | | | | | | | es No |
| b If "Yes" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land 45,200. Buildings 1,052,862. 717,196. 335,666. c Leasehold improvements d Equipment e Other Other | | | | | | | | | | | |
| Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | | • | | _ | | | | | | | _ |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 45,200. 45,200. b Buildings 1,052,862. 717,196. 335,666. c Leasehold improvements 421,359. 241,732. 179,627. e Other 103,948. 98,521. 5,427. | b | - · · · · - | • | | - | | | | | . [3b] | |
| Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 45,200. 45,200. 45,200. 45,200. Leasehold improvements (Equipment 421,359. 241,732. 179,627. e Other | <u>4</u> | | | wment f | unds. | | | | | | |
| Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 45,200. 45,2 | Rar | 2.23 3.3 | | | | | 5 | | | | |
| basis (investment) basis (other) depreciation 1a Land 45,200. 45,200. b Buildings 1,052,862. 717,196. 335,666. c Leasehold improvements 421,359. 241,732. 179,627. e Other 103,948. 98,521. 5,427. | | | | | | | | | | (22 | |
| 1a Land 45,200. 45,200. b Buildings 1,052,862. 717,196. 335,666. c Leasehold improvements 421,359. 241,732. 179,627. e Other 103,948. 98,521. 5,427. | | Description of property | 1 '' | | | | | | | (d) Book v | /alue |
| b Buildings c Leasehold improvements d Equipment e Other 1,052,862. 717,196. 335,666. 421,359. 241,732. 179,627. 103,948. 98,521. 5,427. | | | Dasis (ITIV U STI | nerry | | <u>` </u> | | | | <i>1</i> E | 200 |
| c Leasehold improvements d Equipment 421,359. 241,732. 179,627. e Other 103,948. 98,521. 5,427. | | • | . | | | | | | | | |
| d Equipment 421,359. 241,732. 179,627. e Other 103,948. 98,521. 5,427. | | - | | | 1,05 | 4,004. | | <u>, </u> | 130. | 333 | , 000. |
| e Other 103,948. 98,521. 5,427. | | • | | | 12 | 1 350 | | 2/11 | 732 | 170 | 627 |
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| | | | Tuel Form 200 Part | V astre | | | | , ט כ | 2210 | | |

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

| | dule D (Form 990) 2013 COMMUNITY MENTAL HEALTHCARE | | | 135374 Page 4 |
|-------|--|----------------------------------|--|--------------------|
| Pai | TXI Reconciliation of Revenue per Audited Financial Statemen | its With Revenue per R | leturn. | |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 3,894,790. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| а | Net unrealized gains on investments | 2a | | |
| b | Donated services and use of facilities | 2b | | |
| С | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | • | 3 | 3,894,790. |
| 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 | $\dashv : \mathbb{N}$ | |
| | Add lines 4a and 4b | 40 | 40 | 0. |
| - | • | | 4c | 3,894,790. |
| Pai | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) tixII. Reconciliation of Expenses per Audited Financial Stateme | nte With Evnenses per | | |
| r; çı | | ilis With Expenses per | netuiii |)• |
| | Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. | | - | 2 065 641 |
| 1 | Total expenses and losses per audited financial statements | | 1 | 3,965,641. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 t | | |
| а | Donated services and use of facilities | 2a | - | |
| þ | Prior year adjustments . | 2b | | |
| С | Other losses | 2c | _ \\\\ | |
| d | Other (Describe in Part XIII.) | 2d | | |
| е | Add lines 2a through 2d | | 2e | 0. |
| 3 | Subtract line 2e from line 1 | | 3 | 3,965,641. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| а | investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII) | 4b | | |
| С | Add lines 4a and 4b | | 4c | 0. |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | •• | 5 | 3,965,641. |
| Par | t XIII Supplemental Information. | | | |
| Provi | de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV | V. lines 1b and 2b; Part V. line | 4: Part X | . line 2: Part XI. |
| | 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additi | | ., | , =,, |
| | and 45, and 1 are fin, into 2d and 45 7 100 complete this part to provide any additi | onal information. | | |
| | | | | |
| PΔR | T X, LINE 2: | | | |
| | 1 M, DING 2. | | | |
| אשב | ERALLY ACCEPTED ACCOUNTING PRINCIPLES REQU | יסט שטס | | |
| 31517 | ERADDI ACCEPTED ACCOUNTING PRINCIPLES REQU. | IRE INE | | |
| מם כ | ANTEANTON NO EVALUADE MUE LEVEL OF INCERNA | TAIMY DELAMED MA | MURT | ינים מאע |
| JRG | ANIZATION TO EVALUATE THE LEVEL OF UNCERTA | INTY RELATED TO | WUEI | TEK TAA |
| | ************************************** | | TMT/\ | C marrie |
| 208 | ITIONS TAKEN WILL BE SUSTAINED UPON EXAMINA | ATION. ANY POS | TATON | IS TAKEN |
| | | | | |
| CHA | T DO NOT MEET THE MORE-LIKELY-THAN-NOT THR | ESHOLD MUST BE | QUANT | IFIED AND |
| | | | | |
| REC | ORDED AS A LIABILITY FOR UNRECOGNIZED TAX | BENEFITS IN THE | ACCO | MPANYING |
| | | | | |
| TA | TEMENTS OF FINANCIAL POSITION ALONG WITH A | NY ASSOCIATED I | NTERE | ST AND |
| | | | | |
| EN | ALTIES THAT WOULD BE PAYABLE TO THE TAXING | AUTHORITIES UP | ON | |
| | | <u></u> | | |
| EXA | MINATION. MANAGEMENT BELIEVES THAT NONE OF | F THE TAX POSIT | IONS | TAKEN |

WOULD MATERIALLY IMPACT THE FINANCIAL STATEMENTS AND NO SUCH LIABILITIES

HAVE BEEN RECORDED. WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER

SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX

SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX

| Schedule D (Form 990) 2013 Part XIII Supplemental Infor | COMMUNITY MENTAL | HEALTHCARE INC. | 34-1135374 Page 5 |
|---|--------------------|-----------------------|-------------------|
| Part XIII Supplemental Infor | mation (continued) | | |
| AUTHORITIES FOR THE | YEARS ENDED JUNE | 30, 2010 AND PRIOR. | |
| 1.02.1101.11.11.11.11.11.11.11.11.11.11.11.1 | TEIRES ENDED CONE | 307 2020 1240 1111011 | |
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SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

➤ Attach to Form 990. ➤ See separate instructions. Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

COMMUNITY MENTAL HEALTHCARE INC.

34-1135374

Employer identification number

| P | art 🎉 Questions Regarding Compensation | | | |
|----|---|---|---------------------|----------|
| | | | Yes | No |
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | | |
| | Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | 4.3 | |
| | | | 100 | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | \$₹ |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | | . | N. | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | 30 % 3 % 1 3 % | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | (4) | | |
| | Compensation committee Written employment contract | L. | | |
| | Independent compensation consultant Compensation survey or study | | | , i |
| | Form 990 of other organizations Approval by the board or compensation committee | | | |
| | | 3 | | 33.5 |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing |) 3.38 | | |
| | organization or a related organization: | | Y. | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| C | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. | :- | \$5.1 ^ | |
| | | | | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | 1100 | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | \$: E | |
| а | The organization? | 5a | | X |
| b | Any related organization? | 5b | | X |
| | If "Yes" to line 5a or 5b, describe in Part III | \$ 1.00 4.00 4.00 4.00 4.00 4.00 4.00 4.00 | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | 17.3 | |
| | contingent on the net earnings of: | 1. N. C. | 402 | 7.5 |
| | The organization? | 6a | -{ | X |
| b | Any related organization? | 6b | V 2005 | X > 3 |
| | If "Yes" to line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | <i>₹</i> •***,3 | **** |
| _ | not described in lines 5 and 6? If "Yes," describe in Part III | 7 | * | X |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | * (; ; | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8_ | . wys.s. | X |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | W.Y. | |
| | Regulations section 53.4958-6(c)? | 9 | | |

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

Schedule J (Form 990) 2013

COMMUNITY MENTAL HEALTHCARE INC.

Schedule J (Form 990) 2013

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. Do not list any individuals that are not listed on Form 990, Part VII

reported as deferred (F) Compensation in prior Form 990 (E) Total of columns 237,150. 0 (B)(i)(D) 0. (D) Nontaxable benefits 0 0 (C) Retirement and other deferred compensation 。 . (B) Breakdown of W-2 and/or 1099-MISC compensation (iii) Other reportable compensation 0. (ii) Bonus & incentive compensation 0 237,150. (i) Base compensation \equiv € 🖹 ≘ ≘ € € (A) Name and Title GEORGE MOSES PSYCHIATRIST

332112 09-13-13

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Schedule J (Form 990) 2013

332113 09-13-13

SCHEDULE O (Form 990 or 990-EZ)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

| FOUND IN EXPENSE CLASSIFICATIONS. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched | ule O (Form 990 or 990-EZ) (2013) |
|--|-----------------------------------|
| STATEMENT OF FUNCTIONAL EXPENSES WAS AMENDED DUE TO ERRORS | |
| FORM 990, PART IX: | |
| REQUEST. | |
| POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC | INSPECTION UPON |
| THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE | ST |
| FORM 990, PART VI, SECTION C, LINE 19: | |
| | |
| EXECUTIVE DIRECTOR COMPENSATION. | |
| RECOMMENDATION MADE TO FULL BOARD FOR APPROVAL FOR THE ORG | ANIZATION'S |
| CONTRACTS COMMITTEE REVIEWS THIS COMPARABLE DATA ON AN ANN | UAL BASIS WITH |
| BEHAVIORAL HEALTHCARE PROVIDERS SALARY AND BENEFITS SURVER | Y REPORT. THE |
| DATA AND REFERENCES THE MOST CURRENT EDITION OF THE OHIO C | OUNCIL OF |
| THE CONTRACTS COMMITTEE OF THE CMH BOARD OBTAINS COMPARABL | Е |
| FORM 990, PART VI, SECTION B, LINE 15A: | |
| | |
| COULD GIVE RISE TO CONFLICT. | |
| BOARD MEMBERS ARE REQUIRED TO DISCLOSE ANNUALLY INTERESTS | ТНАТ |
| FORM 990, PART VI, SECTION B, LINE 12C: | |
| | |
| MEETING OF THE FULL BOARD. | |
| ORGANIZTION'S 990 IS REVIEWED, DISCUSSED, AND VOTED TO ACC | EPT AT THE |
| ORGANIZATION'S 990 VIA EMAIL PRIOR TO THE NEXT BOARD MEETI | NG. THE |
| EACH BOARD MEMBER IS PROVIDED WITH A COPY OF THE | |
| FORM 990, PART VI, SECTION B, LINE 11: | |
| COMMUNITY MENTAL HEALTHCARE INC. | 34-1135374 |

332211 09-04-13

| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
|--|---|
| Name of the organization COMMUNITY MENTAL HEALTHCARE INC. | Employer identification number 34-1135374 |
| TOTAL FUNCTIONAL EXPENSES DID NOT CHANGE. | |
| | |
| | |
| FORM 990, PART XII, LINE 2C: | |
| THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES | |
| RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. | |
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