

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2018**

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **APR 1, 2018** and ending **MAR 31, 2019**

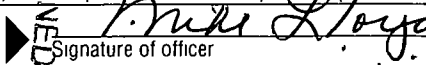
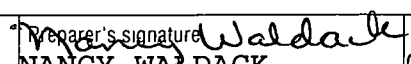
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>COMMUNITY EMERGENCY SERVICE, INC.</b> Doing business as <b>CES, INC.</b> Number and street (or P O box if mail is not delivered to street address) Room/suite <b>.1900 11TH AVENUE SOUTH</b> City or town, state or province, country, and ZIP or foreign postal code <b>MINNEAPOLIS, MN 55404</b>		<b>D</b> Employer identification number <b>41-1728341</b>
	<b>F</b> Name and address of principal officer <b>MIKE LLOYD</b> <b>1900 11TH AVENUE SOUTH, MINNEAPOLIS, MN 554</b>		<b>E</b> Telephone number <b>612-870-1125</b>
	<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>2,629,166.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
	<b>J</b> Website: <b>WWW.CESMN.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1992</b> <b>M</b> State of legal domicile <b>MN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities	<b>PROVIDE DIRECT SERVICE TO ASSIST PEOPLE IN MEETING BASIC PHYSICAL, EMOTIONAL AND SPIRITUAL NEEDS.</b>	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	26
	6	Total number of volunteers (estimate if necessary)	6	9100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,846,527.	2,118,721.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	572,140.	506,729.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,082.	3,716.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,420,749.	2,629,166.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,487,656.	1,565,099.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	654,051.	647,553.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	237,072.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	389,771.	412,523.	
18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	2,531,478.	2,625,175.	
19	Revenue less expenses - Subtract line 18 from line 12	-110,729.	3,991.	
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	1,297,733.	1,290,910.
	22	Net assets or fund balances - Subtract line 21 from line 20	89,398.	78,584.
			1,208,335.	1,212,326.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date <b>8/15/19</b>		
	Type or print name and title <b>MIKE LLOYD, EXECUTIVE DIRECTOR</b>			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>NANCY WALDACK</b>	Preparer's signature 	Date <b>08/14/19</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00793722</b>
	Firm's name <b>SMITH, SCHAFFER &amp; ASSOCIATES, LTD.</b>		Firm's EIN <b>41-1489071</b>	
Firm's address <b>7500 HIGHWAY 55, SUITE 350</b> <b>MINNEAPOLIS, MN 55427</b>		Phone no <b>952-920-1455</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission

ROOTED IN GOD'S LOVING GRACE, COMMUNITY EMERGENCY SERVICE TRANSFORMS LIVES BY SERVING NEIGHBORS, SHARING RESOURCES AND BECOMING COMMUNITY - A PLACE WHERE PEOPLE COME HUNGRY AND LEAVE HOPEFUL.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

X Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes X No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code ) (Expenses \$ 1,394,078. including grants of \$ 986,012.) (Revenue \$ )

FOOD SHELF: CES SERVES SOUTH, SOUTHEAST AND NORTH MINNEAPOLIS WITH A SPECIAL FOCUS ON THE HISTORICALLY CHALLENGED PHILLIPS NEIGHBORHOOD, WHICH IS WHERE WE MAKE OUR HOME. DURING FISCAL YEAR 2019, CES HAD OVER 123,500 CLIENT ASSISTS AND DISTRIBUTED OVER 715,000 POUNDS OF FOOD. IT TAKES AROUND 2,200 VOLUNTEERS TO ASSIST THE FOOD SHELF PROGRAMS, EQUALING OVER 6,550 HOURS OF SERVICE. OUR FOOD PROGRAM INCLUDES AID FROM OUR CLIENT CHOICE FOOD SHELF FOR RECIPIENTS ONE TIME A MONTH, SPECIAL FOOD ASSISTANCE FOR THE EAST AFRICAN IMMIGRANT AND REFUGEE COMMUNITY, BONUS FRIDAY FOOD DISTRIBUTION, FOOD BOXES THROUGH THE NAPS PROGRAM, OTHER SPECIAL DISTRIBUTIONS THROUGHOUT THE YEAR AND LIMITED FINANCIAL AID TO INDIVIDUALS FOR EMERGENCY ASSISTANCE AFTER AN EXTENSIVE INTERVIEW PROCESS. BONUS FRIDAY DISTRIBUTION PROVIDES WEEKLY

4b (Code ) (Expenses \$ 172,427. including grants of \$ 125,208.) (Revenue \$ )

HOME DELIVERY: CES DELIVERS FREE GROCERIES FROM ITS FOOD SHELF TO HOMEBOUND SENIORS AND DISABLED NEIGHBORS HELPING THEM REMAIN INDEPENDENT. GROCERY ORDERS ARE TAKEN OVER THE PHONE; VOLUNTEERS PRE-PACK THE GROCERIES FOR EACH CLIENT AND DELIVER THEM TO RECIPIENTS ON A SPECIFIED DAY, PROVIDING FREE NUTRITIOUS FOOD ALONG WITH A FRIENDLY VISIT BY VOLUNTEERS. ALTOGETHER, IT TAKES AROUND 1,100 VOLUNTEERS TO TAKE AND FILL THE ORDERS, PACK, DELIVER AND SERVE THE FOOD. THIS EQUALS OVER 2,500 VOLUNTEER HOURS OF SERVICE. THE RECIPIENTS RECEIVE 30-35 POUNDS OF FOOD AND HYGIENE ONCE A MONTH, INCLUDING MEAT, EGGS AND DAIRY PRODUCTS, AS WELL AS ADDITIONAL FRESH PRODUCE. CURRENTLY, HOME DELIVERY PROVIDES DELIVERIES OF GROCERIES TO AROUND 320 HOMEBOUND SENIORS AND ADULTS WITH DISABILITIES EACH MONTH, WITH AN

4c (Code ) (Expenses \$ 648,029. including grants of \$ 453,879.) (Revenue \$ 506,140.)

MOW: THE LARGEST MEALS ON WHEELS (MOW) PROGRAM IN MINNESOTA, DELIVERS A DAILY HOT MEAL, FRIENDLY SMILE AND WELLNESS CHECK TO NEARLY 300 HOMEBOUND SENIORS AND DISABLED ADULTS. THE PURPOSE IS TO ASSIST PEOPLE TO LIVE IN THEIR HOMES RATHER THAN INSTITUTIONS, PROVIDING THEM A QUALITY OF LIFE WHILE AT THE SAME TIME A SAVINGS TO GOVERNMENT SOCIAL PROGRAMS. CES CHOICE MEALS, OUR FROZEN MEALS PLAN, OFFERS MORE SCHEDULING FLEXIBILITY TO OUR MORE ACTIVE RECIPIENTS. ANI-MEALS IS A FREE FOOD DISTRIBUTION FOR 165+ COMPANION ANIMALS OF NEARLY 90 SENIOR AND DISABLED CLIENTS WITH THE HELP OF 220 VOLUNTEERS EQUALING OVER 800 HOURS OF VOLUNTEER TIME. WITHOUT THIS PROGRAM, MANY CLIENT FOREGO SIGNIFICANT PORTIONS OF THEIR FOOD TO FEED THEIR COMPANION PETS. DURING FISCAL YEAR 2019, THERE WERE ALMOST 80,000 MEALS SERVED TO AROUND 520

4d Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,214,534.

ABDIMO

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1-21 with 'X' marks in Yes/No columns.

**Part IV Checklist of Required Schedules** (continued)

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G 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?	X	



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

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

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	13		
b	Enter the number of voting members included in line 1a, above, who are independent		
	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

	Yes	No
10a		X
b		
10b		
11a	X	
b		
11b		
12a	X	
b	X	
12b	X	
c	X	
12c	X	
13	X	
14	X	
15		
a	X	
b	X	
15a	X	
b	X	
15b	X	
16a		X
b		
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **MN**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **STEVE ANDERSON - 612-870-1125**  
**1900 11TH AVENUE SOUTH, MINNEAPOLIS, MN 55404**

**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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE CARLSON MEMBER	2.00	X					0.	0.	0.	
(2) JOAN MACLIN CHAIR	2.00	X		X			0.	0.	0.	
(3) LINDA BERG MEMBER	2.00	X					0.	0.	0.	
(4) J. PAUL CARLSON MEMBER	2.00	X					0.	0.	0.	
(5) JOHN KINGERY VICE CHAIR	2.00	X		X			0.	0.	0.	
(6) JOE CLIFFORD MEMBER	2.00	X					0.	0.	0.	
(7) MIKE LLOYD EXECUTIVE DIRECTOR	45.00	X		X			91,600.	0.	0.	
(8) PASTOR BILL RUSSELL MEMBER	2.00	X					0.	0.	0.	
(9) STEVE ANDERSON TREASURER	2.00	X		X			0.	0.	0.	
(10) RYAN HANSEN MEMBER	2.00	X					0.	0.	0.	
(11) RICHARD WISLAND MEMBER	2.00	X					0.	0.	0.	
(12) KANDE NGALAMULUME MEMBER	2.00	X					0.	0.	0.	
(13) DAN O'KEEFE MEMBER	2.00	X					0.	0.	0.	
(14) KATIE SCHOEPPNER MEMBER	2.00	X					0.	0.	0.	
(15) BRIAN WOHLRABE MEMBER	2.00	X					0.	0.	0.	





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,118,721.			
	g	Noncash contributions included in lines 1a-1f \$		1,201,402.			
	h	<b>Total.</b> Add lines 1a-1f		<b>2,118,721.</b>			
	<b>Program Service Revenue</b>	2 a	<b>MEAL REIMBURSEMENTS</b>	Business Code	900099	506,729.	506,729.
b							
c							
d							
e							
f		All other program service revenue					
g		<b>Total.</b> Add lines 2a-2f		<b>506,729.</b>			
<b>Other Revenue</b>		3	Investment income (including dividends, interest, and other similar amounts)		3,716.		3,716.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
			b	Less rental expenses			
			c	Rental income or (loss)			
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b	Less cost or other basis and sales expenses			
			c	Gain or (loss)			
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
			b	Less direct expenses			
c			Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11 a		a					
		b					
		c					
		d	All other revenue				
		e	<b>Total.</b> Add lines 11a-11d				
12	<b>Total revenue.</b> See instructions		<b>2,629,166.</b>	<b>506,729.</b>	<b>0.</b>	<b>3,716.</b>	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,565,099.	1,565,099.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	586,612.	346,741.	99,369.	140,502.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,705.	3,828.	2,241.	2,636.
9 Other employee benefits				
10 Payroll taxes	52,236.	30,678.	9,087.	12,471.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	68,026.	23,642.	30,838.	13,546.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2,860.			2,860.
13 Office expenses	40,152.	5,519.	9,438.	25,195.
14 Information technology	20,138.	11,831.	3,657.	4,650.
15 Royalties				
16 Occupancy	35,021.	32,263.	1,596.	1,162.
17 Travel				
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	60,938.	56,064.	3,046.	1,828.
23 Insurance	31,815.	24,379.	6,309.	1,127.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>HEALTH AND LIFE INSURANCE</b>	45,298.	20,004.	3,824.	21,470.
b <b>SUPPLIES</b>	32,962.	32,762.	200.	0.
c <b>COMMUNITY SERVICE</b>	30,679.	29,002.	116.	1,561.
d <b>REPAIRS AND MAINTENANCE</b>	14,336.	14,269.	20.	47.
e All other expenses	30,298.	18,453.	3,828.	8,017.
25 <b>Total functional expenses</b> Add lines 1 through 24e	2,625,175.	2,214,534.	173,569.	237,072.
26 Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash - non-interest-bearing	250,096.	1	220,916.
	2	Savings and temporary cash investments	113,859.	2	212,605.
	3	Pledges and grants receivable, net	11,874.	3	21,874.
	4	Accounts receivable, net	82,280.	4	61,650.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
	7	Notes and loans receivable, net	46,703.	7	36,064.
	8	Inventories for sale or use	58,404.	8	52,782.
	9	Prepaid expenses and deferred charges	10,816.	9	7,167.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,030,238.		
	10b	Less accumulated depreciation	352,386.	10c	677,852.
	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		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,297,733.	16	1,290,910.	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	89,398.	17	78,584.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	89,398.	26	78,584.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,168,171.	27	1,160,565.
	28	Temporarily restricted net assets	40,164.	28	51,761.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	<b>Total net assets or fund balances</b>	1,208,335.	33	1,212,326.
	34	<b>Total liabilities and net assets/fund balances</b>	1,297,733.	34	1,290,910.

**Part XI Reconciliation of Net Assets**

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

1. Total revenue (must equal Part VIII, column (A), line 12)	1	2,629,166.
2. Total expenses (must equal Part IX, column (A), line 25)	2	2,625,175.
3. Revenue less expenses Subtract line 2 from line 1	3	3,991.
4. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,208,335.
5. Net unrealized gains (losses) on investments	5	
6. Donated services and use of facilities	6	
7. Investment expenses	7	
8. Prior period adjustments	8	
9. Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10. Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,212,326.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1. Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b. Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b. If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,739,573.	1,866,044.	2,080,543.	1,846,527.	2,118,721.	9,651,408.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,739,573.	1,866,044.	2,080,543.	1,846,527.	2,118,721.	9,651,408.
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)						1,740,480.
6 Public support. Subtract line 5 from line 4						7,910,928.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,739,573.	1,866,044.	2,080,543.	1,846,527.	2,118,721.	9,651,408.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,857.	2,146.	2,029.	2,082.	3,716.	12,830.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						9,664,238.

12 Gross receipts from related activities, etc (see instructions) 12

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

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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	81.86 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	90.15 %

- 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
- 17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 <b>Total annual distributions.</b> Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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



**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2018**

Open to Public Inspection

Name of the organization **COMMUNITY EMERGENCY SERVICE, INC.** Employer identification number **41-1728341**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10

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

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Temporarily restricted endowment  \_\_\_\_\_ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		73,603.		73,603.
b Buildings		800,159.	221,994.	578,165.
c Leasehold improvements				
d Equipment		156,476.	130,392.	26,084.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  677,852.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely-held equity interests, (3) Other (A-H), and a Total row.

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and a Total row.

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and a Total row.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, rows (2) through (9), and a Total row.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,629,166.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		2,629,166.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		2,629,166.

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

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

1	Total expenses and losses per audited financial statements		1	2,625,175.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3		2,625,175.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b	4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5		2,625,175.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS A RESULT, THE ORGANIZATION DOES NOT PAY FEDERAL INCOME TAX. THEREFORE NO PROVISION OR LIABILITY FOR FEDERAL INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS.

MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS AND ASSOCIATED UNRECOGNIZED BENEFITS THAT MATERIALLY IMPACT THE FINANCIAL STATEMENTS OR RELATED DISCLOSURES.

THE ORGANIZATION'S FEDERAL INFORMATIONAL RETURNS ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.







**COMMUNITY EMERGENCY SERVICE, INC.**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FOOD DISTRIBUTED TO INDIVIDUALS	125117	0.	1,565,099	FMV OR INDUSTRY STANDARD	VARIOUS FOOD ITEMS

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

**SCHEDULE I PART III**

GRANTS ARE RECEIVED THROUGHOUT THE YEAR, SOME MONTHLY WHILE OTHERS ONCE A YEAR AND REVIEWED BY THE FINANCIAL DEPARTMENT. DOCUMENTATION IS KEPT FOR INCOMING NON-CASH FOOD DONATIONS WITH REGULAR IN HOUSE WORKBOOKS TO DOCUMENT INCOMING AND OUTGOING DISTRIBUTION. AS CASH DISBURSEMENTS ARE RECEIVED, THEY ARE COMPARED TO THE GRANT APPLICATION AND THE AREA OF FUNDING REQUESTED BY THE DONOR FOR COMPLIANCE. RECORDS ARE KEPT TO ENSURE CORRECT DOCUMENT EXPENDITURES WITH REGULAR MONITORING, WHICH MAY INCLUDE REPORTS AND SITE VISITS.

**Part IV** Supplemental Information

FOOD TO INDIVIDUALS IS DISTRIBUTED THROUGH NUMEROUS PROGRAMS, INCLUDING THE CES FOOD SHELF, HOME DELIVERY OF GROCERIES TO SHUT-IN'S, EAST AFRICAN FOOD DISTRIBUTION AND MEALS ON WHEELS DELIVERY OF MEALS TO SENIORS AND HANDICAPPED.

CLIENT ASSISTANCE TO INDIVIDUALS INCLUDES DISTRIBUTION OF FUNDS FOR THE FOLLOWING: HOUSING AID, UTILITY BILLS, TRANSPORTATION NEEDS AND OTHER EMERGENCY ASSISTANCE. ALL THESE ARE DISTRIBUTED AFTER AN INTERVIEW PROCESS TO DETERMINE NEED AND PAID DIRECTLY TO THE VENDOR WITH RECORD OF VERIFICATION OF EXPENDITURES. THE FASTER ACCOUNT IS A GRANT FOR THE EXPRESS PURPOSE OF SPECIAL NEEDS FOR INDIVIDUALS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **COMMUNITY EMERGENCY SERVICE, INC.** Employer identification number **41-1728341**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		29,470.	ESTIMATED FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	178	1,164,266.	VALUE PER POUND
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( T-1B SCRUBBER )	X	1	5,541.	ESTIMATED FMV
26	Other ▶ ( 2005 FORD ESC )	X	1	2,125.	ESTIMATED FMV
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

**COMMUNITY EMERGENCY SERVICE, INC.**

Employer identification number

**41-1728341**

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

**WE OPERATE IN A NEIGHBORHOOD THAT IS CULTURALLY, ETHNICALLY AND  
RELIGIOUSLY DIVERSE. WE STRIVE TO SERVE ALL OUR NEIGHBORS IN NEED, AS  
CHRIST WOULD HAVE US DO, WITHOUT DISTINCTION OR TEST. WE INVITE  
SUPPORT FROM VOLUNTEERS AND DONORS AND ARE OPEN TO COLLABORATION WITH  
OTHER AGENCIES, REGARDLESS OF RELIGIOUS AFFILIATION. WE RESPECT THE  
DIGNITY OF EACH PERSON. WE ARE SERVANTS. WE ARE STEWARDS. WE ARE  
GOOD NEIGHBORS.**

**FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:**

**AS PART OF OUR MISSION - BUILDING COMMUNITY - WE CONTINUE TO WORK WITH  
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP), WHICH PROVIDES  
GOVERNMENT COMMODITIES AND THE NUTRITION ASSISTANCE PROGRAM FOR SENIORS  
(NAPS), PROVIDING FOOD BOXES IN PARTNERSHIP WITH SECOND HARVEST  
HEARTLAND FOOD BANK FOR THOSE OVER 60. WHILE FAMILIES AND INDIVIDUALS  
WAIT FOR THE BONUS FRIDAY DISTRIBUTION FELLOWSHIP TAKES PLACE ALONG  
WITH SOME NEIGHBORS GIFTING OTHERS WITH INSTRUMENTAL MUSIC OR SONG.  
FRIDAY SUMMER YOUTH PROGRAM EXPANDED TO OCCUPY CHILDREN WITH CRAFTS AND  
PLAY TIME WHILE THEIR PARENT SHOPPED.**

**HENNEPIN COUNTY CAME OCCASIONALLY TO TALK WITH CLIENTS ABOUT ASSISTANCE  
PROGRAMS THEY OFFER. COMMUNITY ACTION PARTNERSHIP - HENNEPIN COUNTY  
(CAP-HS) BEGAN OFFERING INFORMATION REGARDING ENERGY ASSISTANCE, MN  
SURE HEALTH INSURANCE AND SNAP - SUPPLEMENTAL NUTRITION ASSISTANCE  
PROGRAM.**

Name of the organization

COMMUNITY EMERGENCY SERVICE, INC.

Employer identification number

41-1728341

## FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FREE PRODUCE TO 22,000 ANNUALLY AND THE EAST AFRICAN FOOD DISTRIBUTION PROVIDES CULTURALLY SPECIFIC FOOD ASSISTANCE FOR 1,800 PEOPLE. CES FOOD SHELF OFFERS AN EXTENSIVE INTERVIEW PROCESS WITH AN EMPHASIS ON CARING ABOUT EACH INDIVIDUAL. AS A NEWLY CERTIFIED SUPERSHELF WITH A HEALTHY FOODS POLICY, CES ENSURES MORE PEOPLE IN OUR COMMUNITY CAN EAT HEALTHY MEALS. IN JUNE 2019, CES FOOD SHELF TRANSFORMED INTO A CERTIFIED SUPERSHELF AS PART OF A NATIONAL INSTITUTE OF HEALTH (NIH) RESEARCH EVALUATION GRANT LED BY THE UNIVERSITY OF MINNESOTA. AS A SUPERSHELF, CES PROMOTES HEALTHY FOOD CHOICES, MEETS SPECIFIC FOOD STOCKING STANDARDS AND VALUES, AND HAS TRANSFORMED THE SPACE TO CREATE AN APPEALING ENVIRONMENT FOR CLIENTS.

## FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

ONGOING WAITING LIST. DURING FISCAL YEAR 2019, 3879 INDIVIDUALS WERE SERVED, DISTRIBUTING 133,384 POUNDS OF FOOD EQUALING OVER 111,100 OF MEAL EQUIVALENTS.

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

SPECIFIC INDIVIDUALS BY AROUND 4,900 VOLUNTEERS, MANY WHO COME FROM THE BUSINESS SECTOR OF DOWNTOWN MINNEAPOLIS AS WELL AS FROM MANY CONGREGATIONS. THESE VOLUNTEERS, SOME ONCE A MONTH AND OTHERS ONCE A WEEK VOLUNTEERED OVER 5,800 HOURS. THE SERVICE AREA INCLUDES SOUTH MINNEAPOLIS, NORTH MINNEAPOLIS AND THE LORING/NICOLET NEIGHBORHOODS. CES, ALONG WITH AREA ORGANIZATIONS, OPENED A CENTRAL COMMISSARY TO PREPARE AND PACKAGE CATERED MEALS FOR A COALITION OF MOW PROGRAMS THAT HAS SAVED COUNTLESS FUNDS.



Name of the organization

COMMUNITY EMERGENCY SERVICE, INC.

Employer identification number

41-1728341

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

ONE THING THAT SETS CES APART, IS OUR ONE-TO-ONE CARING. CES SEEKS TO HELP CLIENTS MEET THEIR NEEDS THROUGH SUPPORT TO MOVE BEYOND CRISIS BY TAKING TIME TO BUILD RELATIONSHIPS WHEREBY PEOPLE ARE ENCOURAGED TO MOVE INTO A PRODUCTIVE LIFE. ONLY AS FUNDS ARE AVAILABLE, CES PROVIDES GAS OR BUS TOKENS FOR A CLIENT TO GET TO WORK, GIFTS FOR SENIORS, BIBLES, YEARLY BACKPACKS AND SCHOOL SUPPLIES, OCCASIONAL GIFT CARDS, UTILITY ASSISTANCE SPECIFICALLY FOR WATER AND OCCASIONALLY FOR ELECTRICITY TO KEEP PEOPLE IN THEIR HOMES AND MONETARY HOUSING ASSISTANCE TO PREVENT HOMELESSNESS. IF CES IS UNABLE TO PROVIDE A SERVICE, WE HAVE AN EXTENSIVE LIST OF OTHER RESOURCES/ORGANIZATIONS THAT MIGHT BE ABLE TO HELP THAT PERSON'S SPECIFIC NEED. IN FISCAL YEAR 2019, 1,694 INDIVIDUALS AND FAMILIES RECEIVED OVER \$18,000 IN AID, 3,462 RECEIVED NON-CASH ASSISTANCE AND ALMOST 1,000 REFERRALS WERE MADE TO OTHER ORGANIZATIONS.

## FORM 990, PART VI, SECTION A, LINE 2:

J. PAUL CARLSON, ANNE CARLSON &amp; KATE SCHOEPPNER - FAMILY RELATIONSHIP

## FORM 990, PART VI, SECTION A, LINE 7A:

THE PASTOR OF AUGUSTANA LUTHERAN CHURCH SERVES AS A NON-VOTING MEMBER OF THE BOARD, AND AUGUSTANA LUTHERAN CHURCH HAS THE RIGHT TO APPOINT ONE VOTING MEMBER OF THE BOARD.

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

THE BOARD WILL BE PROVIDED A COMPLETE COPY OF THE FORM 990 PRIOR TO FILING THE REPORT.

Name of the organization

COMMUNITY EMERGENCY SERVICE, INC.

Employer identification number

41-1728341

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

IT IS THE RESPONSIBILITY OF EACH OFFICER AND DIRECTOR OF THE ORGANIZATION'S BOARD TO DISCHARGE HIS OR HER DUTIES AS A DIRECTOR IN GOOD FAITH, IN A MANNER THE PERSON REASONABLE BELIEVES TO BE IN THE BEST INTEREST OF THE ORGANIZATION, AND WITH THE CARE AN ORDINARILY PRUDENT PERSON IN A LIKE POSITION WOULD EXERCISE UNDER SIMILAR CIRUMSTANCES.

A CONTRACT OR OTHER TRANSACTION BETWEEN THIS ORGANIZATION AND ONE OR MORE OF ITS DIRECTORS, OR BETWEEN THIS ORGANIZATION AND AN ORGANIZATION IN OR OF WHICH ONE OR MORE OF THIS ORGANIZATION'S DIRECTORS ARE DIRECTORS, OFFICERS OR LEGAL REPRESENTATIVE OR HAVE A MATERIAL FINANCIAL INTEREST, IS NOT VOID OR VOIDABLE BECAUSE THE DIRECTOR OR DIRECTORS OR THE OTHER ORGANIZATION ARE PARTIES OR BECAUSE THE DIRECTOR OR DIRECTORS ARE PRESENT AT THE MEETING OF THE BOARD OF DIRECTORS OR A COMMITTEE AT WHICH THE CONTRACT OR TANSACTION IS AUTHORIZED, APPROVED OR RATIFIED, IF:

A. THE CONTRACT OR TRANSACTION WAS, AND THE PERSONAL ASSERTING THE VALIDITY OF THE CONTRACT OR TRANSACTION SUSTAINS THE BURDEN OF ESTABLISHING THAT THE CONTRACT WAS, FAIR AND REASONABLE AS TO THE ORGAINZATION AT THE TIME IT WAS AUTHORIZED, APPROVED OR RATIFIED; OR

B. THE MATERIAL FACTS AS TO THE CONTRACT OR TRANSACTION AND AS TO THE DIRECTOR'S OR DIRECTORS' INTEREST ARE FULLY DISCLOSED OR MADE KNOWN TO THE BOARD OR COMMITTEE, AND THE BOARD OR COMMITTEE AUTHORIZES, APPROVES OR RATIFIES THE CONTRACT OR TRANSACTION IN GOOD FAITH BY A MAJORITY OF THE BOARD OR COMMITTEE, NOT COUNTING THE INTERESTED DIRECTOR OR DIRECTORS IN DETERMINING THE PRESENCE OF A QUORUM AND SHALL NOT VOTE.

Name of the organization

COMMUNITY EMERGENCY SERVICE, INC.

Employer identification number

41-1728341

ALL PROCEEDINGS ARE DOCUMENTED IN THE MEETING MINUTES.

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

THE EXECUTIVE DIRECTOR RECOMMENDS SALARY LEVELS FOR ALL EMPLOYEES TO THE EXECUTIVE COMMITTEE. SALARY RECOMMENDATIONS ARE DETERMINED BY EMPLOYEE PERFORMANCE AND AN INFORMAL ANALYSIS OF WAGES OFFERED BY SIMILAR ORGANIZATIONS AS DETERMINED BY THE EXECUTIVE DIRECTOR. THE EXECUTIVE COMMITTEE REVIEWS THE SALARY RECOMMENDATIONS, MAKES ADJUSTMENTS IF NECESSARY AND RECOMMENDS A FINAL LEVEL LIST FOR EXECUTIVE COMMITTEE APPROVAL. THE BOARD REVIEWS WAGES AS PART OF THE BUDGET APPROVAL PROCESS.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.